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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Toolkit: Value Clarification and Attitude Transformation for Family Planning

FEBRUARY/2020



VALUE CLARIFICATION AND ATTITUDE
TRANSFORMATION FOR FAMILY PLANNING

Toolkit

FEDERAL MINISTRY OF HEALTH

ADAPTED FROM IPAS ABORTION ATTITUDE
TRANSFORMATION: VCAT FOR GLOBAL
AUDIENCES

Foreword

Voluntary family planning is one of the most cost effective and powerful intervention recorded improvements in reduction of maternal and child mortalities. Family planning enables couples to decide when and how many children to have in their reproductive life. According to 2012 WHO study, family planning has reduced maternal deaths by 40 percent, infant mortality by 10 percent, and childhood mortality by 21 percent. Most importantly, it empowers women and girls to stay in school as well as employment and it gives them a chance to contribute for the country's economic development. A large gain has been observed in family planning coverage since the early 1990s and contraceptive prevalence rate has risen from 4 percent to 41 percent in 2019.

However, according to 2016 EDHS, the unmet need for family planning is still 22 percent and there is regional disparity in accessing quality family planning services. On the other hand, evidences showed that myths, misconceptions and biases are affecting the provision of quality family planning services especially in pastoralist regions.

In order to provide quality family planning services and to address misconceptions that affect the provision family planning services, it is very critical to have service providers, community leaders, health leaders, religious leaders and clan leaders who have clarified their value on SRH and fully respected client's rights. Family planning clients have a full right for choosing any contraceptive method after receiving correct information of the available contraceptive methods. Therefore; MCH directorate, family planning case team has developed this tool kit for clarifying values, addressing myths, misconceptions as well as biases associated with family planning program.

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ACRONYMS

SBC: Social & Behavioral Change Communication

EDHS: Ethiopian Demographic Health Survey

FP: Family Planning

IEC: Information, Education and Communication

IUCD: Intra Uterine Contraceptive Device

IPPF: International Planned Parenthood Federation

ORID: Objective, Reflective, Interpretive and Decisional

SHOWED: See, Happening, Our, Why, Empower and DO

VCAT: Value Clarification for Attitude Transformation

Introduction

There are many reasons for giving attention to family planning program worldwide. In response to the high, rate of maternal deaths in developing countries, in 1996 the WHO identified Family Planning (FP) services as one of the key strategies of the safe motherhood initiative aimed to reduce maternal deaths. This followed the outcome of the 1994 International Conference on Population and Development (ICPD) where family planning was seen as important factor in meeting reproductive health needs for couples and families.

In 2012, analysis of data from 172 countries done by WHO, UNICEF, WORLD BANK & UNFPA showed that contraceptive use had averted 44% of maternal deaths. In addition, evidences showed that family planning has a key role in reducing infant mortality. For example, a study focusing on developing countries found that it reduced infant mortality by 10%, and childhood mortality by 21%. The contribution of family planning in reducing maternal mortality is due to its role in preventing unintended pregnancy and complications such as abortions and preventing teen's pregnancy. Moreover, the adequate interval between consecutive pregnancies gained from use of family planning helps to prevent preterm, low birth weight, and small-for-gestational age infants, which are the major factors associated with early infant mortality.

Despite the good progresses in Family planning use in Ethiopia, there are still areas for improvement in which, more than one third (37%) of Ethiopian women who commence contraception discontinue using within 12 months and the discontinuation rate varies by the method of contraception. According to the EDHS 2011 report, the discontinuation rate for oral contraceptive pills was 70%, 62%, for male condoms, and 34% for injectable methods the reasons for such high discontinuation rates are not clearly understood. However, several studies from developing countries have found that poor quality of care and misconceptions in family planning service are prime reasons for poor utilization. Most importantly the unmet need for family planning in Ethiopia is still 22% and its much higher among young and adolescent girls.

Background information of Value clarification for Attitude transformation on Family planning

Evidences showed that, there are population groups who have values that discourages family planning services and this has implication on quality of family planning services. On the other hand, provider bias, misconceptions, current knowledge and experience in providing modern contraceptives are affecting the service quality. This Personal bias against particular family planning methods (e.g., IUCD) and against the use of family

planning in specific situations or populations (e.g., unmarried adolescents) is high. A study conducted by Alemayehu et al,2013 on family planning use and associated factors among pastoralist of Afar community showed that, attitude of women and religion were identified as barriers towards use of family planning.

Addressing the myriad factors hindering access to family planning service requires a multi-pronged strategy. Therefore, this document is aimed at clarifying values and will be useful for addressing barriers to access family planning services due to misinformation and negative attitudes towards the service uptake.

Values clarification involves three main steps: choosing, prizing and acting (Raths et al., 1966):

Choosing: A value must be chosen freely from alternatives with an understanding of both positive and negative consequences of that choice.

Prizing: A chosen value must be associated with some level of satisfaction and affirmation, as well as confidence in the value.

Acting: A freely chosen, affirmed value must translate into action. Ideally, the action will lead to some positive outcome and be done repeatedly.

The process of values clarification relies on a skilled facilitator who can create a safe, comfortable space and assist participants to: Use rational thinking and emotional awareness to examine personal belief systems and behavior patterns; Relate their thoughts and feelings to enrich their awareness of their own values; as well as identify and analyze issues for which their values may conflict through thoughtful reflection and honest self-examination; Specify how they can act in a manner consistent with their clarified value(s).

Rationale of Values Clarification and Attitude Transformation for family planning

In order to provide quality family planning services and to address misconceptions related to family planning services provision, it is very critical to have service providers who have clarified their value on SRH and fully respected client's rights. Family planning clients have a full right for choosing any contraceptive method after receiving correct information of the available contraceptive methods.

According to IPPF rights principle, choice refers to the right of the women to have decision about her body and health without the interference of others Having the opportunity to choose, depends on various broad factors including favorable policy environment and a well-functioning health system, a woman has the right to decide when to get pregnant and which available contraceptives as well as facilities to use. For a client to use and have rational choice of contraception, knowledgeable healthcare professional must provide the client with complete and accurate information on the available methods. Thus, for minimizing the issues

related to quality family planning service provision, clarifying value of healthcare workers leaders and other influential population groups is recommended.

Goal of family planning VCAT workshop

This one-day workshop is aimed at helping workshop participants to clarify their values and beliefs regarding contraceptives use

Objectives of the workshop:

Upon completion of the workshop, participants will:

- Clarify their value around contraception and contraceptive use
- Recognize why women and couples use contraceptive and the overall benefits of contraception
- Identify personal values that may act as barriers to quality family planning service provision
- Distinguish and separate their personal beliefs from their professional roles and responsibilities in providing family planning services

HOW TO USE THIS FAMILY PLANNING VCAT TOOL KIT?

This Value Clarification and Attitude Transformation toolkit for Family Planning was designed to be a flexible resource that can be used as awareness raising tool for a variety of audiences and settings. It is not a structured training manual, but rather a collection of activities and materials that can be used for standalone training or integrated with family planning trainings.

Facilitators can give one-day stand -alone training for the following audiences using agenda 1

- Health managers
- Religious leaders
- Political leaders
- Women groups
- HDAs
- Community leaders

This tool kit can be integrated with comprehensive family planning training package by extending the training duration by one-day using agenda 2 to be given for healthcare providers

When considering integrating VCAT into family planning training modules, it is good to know the following facts

- VCAT requires participant focused exercises. This is different from some clinical training, where practicum exercises revolve around interactions between a Healthcare Worker/Service Provider and Client.
- VCAT is discussion based and requires deep introspective reflection rather than practical and skill-based activities.
- VCAT employs adult learning principles and methodologies, including large and small group discussion, expressive activities, case studies, individual and group work, and self-analysis worksheets.
- VCAT needs to be conducted in an emotionally safe environment; given the varying comfort level with these topics for participants, it is necessary to ensure privacy and confidentiality.
- Clinical trainers should get full orientation and training on the facilitation style of this FP VCAT tool kit for cascading the training in their respected regions.

Target Audiences/Intended participants for family planning VCAT workshop

- Healthcare workers at all level
- Health managers
- Religious leaders
- Political leaders
- Women groups
- HDAs
- Community leaders

Family Planning VCAT workshop agenda 1

Time	Activities	Facilitator
8:00 am-8:30 am	<ul style="list-style-type: none"> Registration of participants Logistics 	
8:30 am-8:50 am	<ul style="list-style-type: none"> Introduction of participants 	
8:50 am-8:55 am	<ul style="list-style-type: none"> Opening remarks 	
8:55-9:00am	<ul style="list-style-type: none"> Developing group norms 	
9:00 am-9:30am	<ul style="list-style-type: none"> Hopes and Hesitations 	
9:30 am-9:50 am	<ul style="list-style-type: none"> Overview of Family Planning(presentation) 	
9:50 am-10:05 am	<ul style="list-style-type: none"> Health Break 	
10:05 am -10:55 am	<ul style="list-style-type: none"> Facilitating dialogue 	
10:55am-11:35am	<ul style="list-style-type: none"> Cross the line 	
11:35 am-12:30pm	<ul style="list-style-type: none"> Reasons why 	
12:30 pm -1:30 pm	<ul style="list-style-type: none"> Lunch break 	
1:30 pm-2:40 pm	<ul style="list-style-type: none"> Thinking about my value 	
2:40pm-3:20 pm	<ul style="list-style-type: none"> Why did she die? 	
3:20 pm-3:40 pm	<ul style="list-style-type: none"> Health Break 	
3:40 pm-4:20 pm	<ul style="list-style-type: none"> What would you do? 	
4:20 pm-4:50 pm	<ul style="list-style-type: none"> Hopes and hesitation revision & closing 	

Family Planning VCAT workshop agenda 2

Time	Activities	Facilitator
8:00 am-8:30 am	<ul style="list-style-type: none"> Registration of participants Logistics 	
8:30 am-8:50 am	<ul style="list-style-type: none"> Introduction of participants 	
8:50 am-8:55 am	<ul style="list-style-type: none"> Opening remarks 	
8:55-9:00am	<ul style="list-style-type: none"> Developing group norms 	
9:00 am-9:30am	<ul style="list-style-type: none"> Hopes and Hesitations 	
9:30 am-9:50 am	<ul style="list-style-type: none"> Overview of Family Planning(presentation) 	
9:50 am-10:05 am	<ul style="list-style-type: none"> Health Break 	
10:05 am -10:55 am	<ul style="list-style-type: none"> Facilitating dialogue 	
10:55am-11:35am	<ul style="list-style-type: none"> Cross the line 	
11:35 am-12:30pm	<ul style="list-style-type: none"> Reasons why 	
12:30 pm -1:30 pm	<ul style="list-style-type: none"> Lunch break 	
1:30 pm-2:40 pm	<ul style="list-style-type: none"> Thinking about my value 	
2:40 pm-3:20 pm	<ul style="list-style-type: none"> Four corners 	
3:20 pm-4:00 pm	<ul style="list-style-type: none"> Why did she die? 	
4:00 pm-4:15 pm	<ul style="list-style-type: none"> Health Break 	
4:15 pm-4:55 pm	<ul style="list-style-type: none"> What would you do? 	
4:55 pm-5:15 pm	<ul style="list-style-type: none"> Personal beliefs VS professional responsibilities 	
5:15 pm-5:30 pm	<ul style="list-style-type: none"> Hopes and hesitation revision & closing 	

Facilitation Methods Used in VCAT exercise

As with any effective training event, family planning VCAT workshops should employ adult learning principles. The following facilitation methods are commonly used in VCAT workshop

- Large- and small-group discussion
- Individual and group work
- Hypothetical and case studies

Activities

Workshop Introduction

The purpose of this activity is to welcome participants to the workshop and solicit their expectations; orient them to the workshop goal, objectives and agenda, facilitator, participant roles and group norms; and invite them to provide ongoing evaluation of the workshop. The aim is to create a safe and productive learning environment that enables facilitators and participants to achieve workshop objectives.

Objectives

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

- List their expectations for the workshop;
- Describe the workshop goal, objectives and agenda;
- Identify facilitators' and participants' roles and responsibilities;

Materials

- Flipchart
- Markers
- Note book and pen
- LCD projector and computer
- Abrotape
- Prepared flipcharts with workshop goal and objectives,
- workshop agenda, facilitator roles, participant roles
- Labeled flipchart with workshop expectations, Group norms and parking lot
- Evaluation materials, such as workshop evaluation forms

Timeline

7:40 hours Total for the overall workshop

1) Hopes and Hesitations

This introductory activity can be completed as an icebreaker at the beginning of a workshop and then revisited at the end as one form of evaluation. This activity helps participants identify their hopes (or expectations) and hesitations (or concerns and discomforts) for the workshop and whether there is a change in these feelings because of the training they have undergone. The activity allows facilitators to identify additional expectations participants have and address any concerns about the workshop topic and contents.

Objectives

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

- List their hopes and hesitations about the workshop, particularly concerning the topic of family planning;
- Describe how other participants are feeling about the workshop.

Materials

Index cards

Pens or pencils

Flipchart, abrotape and paper

Timeline

5 minutes for writing on cards 5 minutes to discuss in pairs 20 minutes to discuss responses

Total: 30 minutes

Advance Preparation

On a flipchart, write the following statements:

– My overall hope for this workshop is ... – Right now, I feel hesitant about ...

In another flipchart, write the headings “Hopes” and “Hesitations” in separate columns. Categorize responses accordingly

Instructions

Introduce the activity as an opportunity to discuss what people hope to gain from the workshop or day’s sessions and what concerns or discomforts they may have about the workshop

Hopes and Hesitations

1. Give each participant an index card. Post the flipchart with the statements. Ask participants to take five minutes to silently read the statements and write their responses on their index card.

2. Instruct participants to pair with the person sitting next to them and discuss for five minutes the responses they feel comfortable sharing with their partner. Remind them that they do not have to discuss any responses they do not feel comfortable sharing.
3. Ask participants to share with the large group one hope or hesitation and record these on the flipchart labeled Hopes and Hesitations as each person speaks. Write the responses exactly as they are stated. Remind participants that they may decline to share a response if they do not feel comfortable. Remind participants to refrain from commenting on or evaluating anyone's response.
4. After everyone who wants to have contributed, add your hopes for the workshop that were not mentioned by participants. Ask for one or two overall comments about the entire list of hopes and hesitations (not any one person's response).
5. Acknowledge that you will do your best to meet the group's expectations. Generally, explain which agenda items should meet certain expectations and which may be beyond the scope of the workshop. Record the latter items on the Parking Lot flipchart, if appropriate. Reassure participants that you will discuss how they might meet these expectations in other ways outside of the workshop.
6. Let participants know that they should keep their index cards because they will refer to them at the end of the workshop as a means of checking if the workshop has helped to address their hopes and hesitations.
7. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activities

Facilitating Dialogue

This activity is used to evoke a key problem concerning family planning and spark dialogue about relevant issues and actions needed. There are options for different dialogue methods that all include probing questions to lead participants through a discussion that ranges from analysis of the problem to action.

Objectives

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

- discuss action to be taken on a problem affecting them or their setting;
- Demonstrate empathy toward the individuals and situations evoked by the trigger;
- Articulate opinions and viewpoints related to issues.

Materials

Trigger: story print out

Timeline

30-50 minutes, depending on trigger and dialogue method selected

Advance Preparation

Story about a woman needing family planning and What Would You Do? And prepare a dialogue method. Review the trigger and dialogue method in advance to familiarize yourself with them and develop other questions you may want to ask.

Activities: Facilitating Dialogue

Instructions

1. Introduce the activity: We are going to spend a little time engaging in a dialogue about family planning issue. We would like to use this discussion as a means of analyzing the problem in more detail and determining what is needed to ensure women's need for family planning.
2. Whenever possible, have participants read out loud the story "trigger" for the entire group.
3. Facilitate a discussion about the "trigger" using dialogue methods and consider What Would You Do? Scenarios.
4. Solicit and discuss any outstanding questions, comments or concerns with the participants.

Dialogue Methods

ORID Method

One facilitation technique is the ORID method, which stands for Objective, Reflective, Interpretive and Decisional. These are four levels of focused discussion that can be used as a guide to facilitate dialogue following a "trigger." Sample questions for each level of ORID include:

Objective (factual) questions – What parts of the story do you remember? – What happened? – Who was involved? – What did you hear or observe?

Reflective questions – What was your first response to this story? – What parts are most memorable for you, and why? – When do you remember the whole group reacting? – When were you excited, frustrated, sad or happy? – How did this make you feel? – How do you think the person in this story feels?

Interpretative questions – What is this story about? – What were the most significant parts of the story to you? – What does this story mean to you? – What problems are presented? – What did you learn? – Why is it important? – What does this remind you of? – What does this make you think of?

Decisional questions – What would you say about this story to someone who has not seen it? – What solutions are needed? – What next steps will you take? – What will you take away from this story? – Who is going to take responsibility?

SHOWED Method

Another suggested facilitation technique is SHOWED. SHOWED is an empowerment education technique used to facilitate meaningful group dialogue and development of an action plan after a “trigger.” A SHOWED dialogue leads the group through a systematic process to develop a deeper understanding of the root causes of the problem, identify the particular issues that affect them and then develop an action plan to address the problem.

After the presentation of the “trigger,” the facilitator leads the group in a dialogue using the following probing questions:

Activities: Facilitating Dialogue

S = SEE what did you see in this trigger? (Keep to the issues on the surface: who is involved, what are they doing, saying, etc.)

H = HAPPENING what was really happening in this trigger? (Now ask the group to dig deeper into underlying, unspoken dynamics.)

O = OUR How does this trigger relate to our work and lives? (How similar is this to our lived experiences? Ask the group to give real examples.)

W = WHY does this happen? (Why does this problem exist? What are the root causes?)

E = EMPOWER/ what do we need in order to be able to do something about this? EVALUATE (What support, policies, authorization, etc. do we need to resolve this problem?)

D = DO what will we do about this? (What needs to happen to resolve this problem?)

What Would You Do? That describes another woman facing an unwanted pregnancy. After listening to the two stories, we will have a dialogue using some of the following probing questions.

Please imagine that you are either of these two women (even if you are a man). Please listen to the following questions and reflect on each one silently. (Pause after each question to allow time for reflection.)

- When you first find out you are pregnant, what thoughts and images go through your head?
- Who might you tell about your pregnancy? Who would you definitely not tell?
- What fears would you have?
- What kind of information would you need?
- Where would you go for this information?

- If you were in either of these women's circumstances, what might you decide to do about the pregnancy?
- What would be the physical, emotional and economic consequences (to you and your family) of continuing an unwanted pregnancy?
- What would be the physical and emotional consequences of having unplanned pregnancy? (Encourage discussion of how this would be different if the client has been using family planning?)
- How would you prevent a future unwanted pregnancy?
- If you wanted a contraceptive method, where would you go?

Now let's discuss the following questions:

- What was happening in this story?
- How does this story relate to our work and lives? How similar is this to our experiences? (Ask the group to give real examples.)

Facilitating Dialogue: "Triggers"

'My unplanned pregnancy Regrets'

Date: Sunday, February 20, 2006 Source: Health facility

University student Sofia, 20, told the health facility in Semera.

"I was devastated after finding out that I was pregnant .My boyfriend and I were in love for about 3 months and all of us raised in Afar. My family never discussed about family planning and never shared their love life for their children at home. When I join Semera University, I find out that university is completely different environment. I was lonely the first 2 months and one day I met Mohammed who is a final year student at the library corridor, we talked about campus life then next day he invited me to have coffee together outside campus. I become very happy because I was lonely and now I met Mohamed. We become friends and started spending more time together after class. One day, he invited me to spend night, that night, we went to logia and spend the night together, and both of us were in love and never suspected that pregnancy can happen in one day. After 3 months of that day, I was not feeling well and went to Health center. The Nurse told me to go to laboratory for urine test but the result was shocking, I was pregnant, how can I tell my family? Specially my father? Friends? I called Mohammed and he said," do whatever you have to do...I am out of this..." I was depressed....I blamed my family because they never discussed about family planning...I know my father used to say, women should give birth after getting married....I remember my mother saying if she did not give birth every year, my father can have another wife...she was also saying using contraceptives can cause sterility.so confused...I cried & I went to clinic and asked the nurse to help me in terminating the pregnancy but she didn't want to listen to me and said" there is no

service here”. I went back to campus...after 4 months, I told one of my friends and she told me to go to traditional clinic who can terminate the pregnancy in low price. Next day, after class, I went to that clinic & met an old woman. She asked me to pay 200 birr and I did...then after, she asked me to lay on the bed...after that what I remember was I was bleeding so much....I do not know how my friend came. Finally, I found myself in hospital. I was confused, when I see, a doctor was coming to me and told me that my uterus was removed and I should be stayed in the hospital until I get better....I felt very sad.....my mind went blank.

Cross the Line

This activity is often used as an icebreaker to bring participants' different views on family planning to the surface and address the connection between family planning and misconceptions on family planning. It helps participants understand how misconception affects people's diverse views and experience with family planning.

Objectives

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

- Share their feelings and views on family planning
- Identify diverse views among participants
- Describe how misconception on family planning affects individual and societal views and reactions to family planning services.

Materials

Masking tape or string, approximately 2-3 meters long, to mark a line on the floor. If neither tape nor string is available, ask participants to pretend that there is an imaginary line across the floor.

Timeline

40 minutes

Advance Preparation

Clear a large area of the room to allow participants to move around, and place the line in the middle of this area. Review and adapt statements, if needed. Select in advance the statements you will read that most apply to that group of participants. It is advisable to end with a statement upon which you think all participants can agree

Instructions

1. Ask all participants to stand on one side of the line.

2. Explain that you will read a series of statements and that participants should step entirely across the line when a statement applies to their beliefs or experiences.
3. Remind participants that there is no “in between,” which means they must stand on one side of the line or the other, and there are no right or wrong answers.
4. Ask participants not to talk during the exercise unless they need clarification or do not understand the statement that is read.
5. Stand at one end of the line and give an easy practice statement, such as: Cross the line if you had fruit for breakfast this morning.

Activities

Cross the Line

6. Once some people have crossed the line, give participants an opportunity to observe who crossed the line and who did not. Invite participants to notice how it feels to be where they are.
7. Ask someone who crossed the line and then someone who did not to briefly explain their response to the statement. If someone is the only person who did or did not cross the line, ask them what that feels like.
8. Invite participants to all move back to one side of the line.
9. Repeat this for several of the statements about family planning. Select the statements that most apply to that group of participants.
10. After the statements are read, ask participants to take their seats.
11. Discuss the experience. Some discussion questions may include: – How did you feel about the activity? – What did you learn about your own and others’ views on family planning? – What did you learn from this activity? – What does this activity teach us about the misconceptions about family planning? – How might misconceptions affect women’s decision on family planning use? – How might misconceptions impact the experience of health workers and providers working in family planning unit?
12. Debrief in particular the last statement. If everyone in the group crossed the line, discuss this commonality. If everyone did not cross the line, discuss how these different views affect people’s work on family planning and the broader social climate for family planning service.
13. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activities

Cross the Line

Cross the Line Statements

Instructions: Read some of the following statements, beginning each time with, “Cross the line if ...” After participants have moved, follow up each statement with, “observe who crossed the line and who did not ... notice how it feels to be wherever you are ... now please all move back to the same side of the line.”

Cross the line if:

- You were raised to believe that family planning should not be openly discussed
- At some point in your life, you believed that using contraception is wrong
- You were raised to believe that using contraception is a woman’s right
- You have been asked to keep someone’s secret on use of contraception
- You have ever felt uncomfortable talking about family planning
- You have ever felt embarrassed talking about family planning
- You have ever heard a politician talking in a derogatory(offensive) manner about women who have had used contraception
- You have ever heard a friend or family member talk in a derogatory(insulting) manner about women who have had used contraception
- You or someone you are close to has had used contraception
- You have ever stifled(silent) your feelings about family planning services
- You have ever avoided the topic of family planning to avoid conflict
- You believe all women deserve access to safe, high-quality family planning service

Activities

Reasons Why

In this activity, participants explore the full range of underlying reasons for women’s unintended pregnancies and pregnancy termination. Participants are encouraged to identify how their and others’ level of comfort with women’s reasons affects reproductive health policies and services and societal stigma.

Objectives

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

- Identify the barriers of accessing contraceptives and the reasons why women face unintended pregnancies
- Name the reasons why women may make decisions about their unintended pregnancies that they really don't want to make;
- Differentiate their comfort levels with regard to the different reasons;
- Discuss how individuals' subjective level of comfort affects different women's access to family planning services.

Materials

Reasons why question strips

Scissors

Flipchart and paper

Markers

Timeline

30 Minutes to complete group activity 10 minutes for reporting to large group 10 minutes for debriefing in large group

50 minutes total

Advance Preparation

Cut the Reasons Why questions into strips.

Prepare a list of all of the possible responses to the Reasons Why questions.

Note to facilitator: You will need to adjust how you distribute questions to groups (give more than one question to some small groups or give more than one group the same question) if you have more or fewer than seven groups. Because this activity presents women's reasons as a whole, it may be helpful to follow this with an activity that uses case studies, scenarios or stories to foster empathy for individual women's circumstances surrounding unplanned pregnancy.

Activities

Reasons Why

Instructions

1. Divide participants into groups of three to five people each. Give each group a piece of flip chart paper, markers and one or more Reasons Why questions. Ask each group to designate a recorder and a spokesperson.

2. Ask each group to brainstorm all of the possible responses to the question they have been given. Encourage them to think as deeply and broadly as possible about the range of diverse women and their life circumstances. Ask the recorder to write the group's question and responses on the flip chart paper.
3. When they are finished, ask the spokesperson from each group to put the flipchart paper up on the wall and present their responses to the large group. Ask other group members not to comment until all of the groups have presented.
4. Once all of the groups have presented, solicit additional responses to all of the questions. Ensure that all of the possible responses to every question have been identified. You may need to suggest additional responses that were not listed by the group.
5. Ask participants to silently review the reasons given for each question and to assess their comfort level with each. Encourage them to examine why they feel more or less comfortable with different reasons.
6. Facilitate a discussion using some of the following questions:
 - What reasons for having sex are you uncomfortable with?
 - What reasons for unintended pregnancy are you uncomfortable with?
 - How do your core values influence your discomfort with certain reasons for having sex, unintended pregnancy and abortion?
 - How do you feel about women facing challenges related to unintended pregnancy that they really don't want to become pregnant?
 - How do you feel about reasons or uncomfortable with women have not using FP?
 - (For participants working in reproductive health and abortion care including service providers, program managers and policy makers) How does our discomfort with certain reasons (for having sex, unintended pregnancy,) affect our work in reproductive health? How might clients sense this discomfort? What impact could this have on the quality of health care we provide?

Note to facilitator: You may need to prompt participants to think deeply to identify the core values that influence their comfort levels.

Activities: Reasons Why

7. Close the activity by discussing the following points:

- How individuals' discomfort with some women's reasons (for having sex, unintended pregnancy) results in the implementation of reproductive health policies, laws and service-delivery systems that deny certain women access to family planning services. In other words, it creates health disparities and often-tragic outcomes for some women but not others.
 - Ensure participants grasp that this disparity in access to family planning services is based on individual, subjective beliefs about what are "acceptable" versus "unacceptable" reasons for pregnancy.
7. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Reasons Why Questions

Instructions

Cut the following questions into individual strips of paper and hand them out to groups.

What are all of the reasons why women have sex?

What are all of the reasons why women become pregnant?

What are all of the reasons why women have an unintended pregnancy?

What are all of the reasons why women continue an unintended pregnancy?

What are all of the reasons why women may make decisions about their unintended pregnancy that they really do not want to make?

What are the reasons for women not using FP method?

Thinking about My Values

This self-reflection and analysis activity consists of a three-part worksheet that is completed individually, followed by group or paired discussion about each part and then debriefed as a whole. The worksheet helps participants consider the role of certain external influences, including family/social norms, religious beliefs and age/life stage that contribute to their current values and beliefs about family planning. This is a more in-depth, advanced exercise that is appropriate for literate audiences.

Objectives

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

- Identify and examine the role of external influences, such as family and social norms, religious beliefs and age/life stage on the formation of their values about family planning;

- Explain the ways in which their values have changed over time, in response to new knowledge and experiences;
- Articulate any conflicts between the social group norms with which they were raised and their current values and how they resolve such values conflicts.

Materials

Copies of Thinking about My Values worksheets

Pens

Timeline 20 minutes per part (three parts total) 10 minute closing discussion

70 minutes total

Advance Preparation

Photocopy Thinking about My Values worksheets, one set per participant.

Review activity purpose, instructions and worksheet with small group facilitators. The worksheet questions are very in-depth and contain terms and concepts that may be new to some participants. The facilitators need to make sure they understand the instructions and worksheets and that they can facilitate participants as they complete their worksheets and have small group discussions about them.

Note to facilitators: Facilitators need to be very conscious of time in this activity. You need to keep small groups moving through the worksheet and discussion questions or you may not get to all three parts.

If you have a small number of participants, you can facilitate this activity in a large group and have participants discuss the worksheets in pairs rather than small groups.

Activities: Thinking About My Values

Instructions

1. Introduce the activity:

The family and social groups in which we grew up often play an important role in shaping the core values that inform our beliefs. Social groups may include your immediate and extended family; racial, ethnic or cultural group; heritage; and socioeconomic group. The role of these external influences, however, is often subconscious and operates in the background of our beliefs and interactions. At different points in our lives and for different reasons, we may challenge these beliefs and underlying values. The purpose of this activity is to reflect on the source and influence of these core values on our present beliefs about family planning and how they may have changed over the years.

What questions do you have about this?

2. Divide participants into small groups and assign each group a facilitator. Ask them to assign a reporter who will take general notes about the group's discussion and report out during the large

group discussion. Advise the facilitators to assign a timekeeper who will ensure they cover all of the tasks during the allotted time.

3. Distribute worksheets to participants. Ask participants to take the next several minutes to individually complete Part A only. Their responses to the questions are for their personal reflection; they need only share them with the group to the extent that they feel comfortable. To save time, advise participants to write brief notes rather than full sentences. Groups will not discuss every worksheet question.
4. Once everyone in the group has completed Part A, have small group facilitators ask some of the following questions and facilitate a discussion on their responses.
 - What were some of your family's values or beliefs about family planning and how do they compare with your own?
 - If your family did not discuss family planning, what conclusions have you drawn about this silence?
 - What relationship do you see between socioeconomic status and/or level of formal education and values about family planning?
 - What observations do you have about the social groups to which you belong and beliefs about family planning? What about these social groups' beliefs about marriage/ partnerships, family structure and topics related to sexuality? How are these beliefs or values related?
5. After participants have finished discussing Part A, have small group facilitators introduce Part B and allow them time to complete it:

Now we're going to talk about the influence of our spiritual or religious beliefs — defined very broadly and individually by each person — on our values, beliefs and decisions. Religion or spirituality may be a private matter for some people, though others may prefer to share their spiritual or religious beliefs and life openly with others. In Part B of your worksheet, you will answer questions about your current spiritual or religious beliefs versus those you held in childhood. You will also compare your present beliefs to those held by your family members. We want to consider the influence of our religious or spiritual beliefs on our values, belief and decisions about family planning and how we reconcile any conflicts.

What questions do you have about this?

Activities: Thinking About My Values

6. Once everyone has completed Part B, ask some of the following questions and facilitate a discussion on their responses.

- How do your current spiritual beliefs compare to the beliefs you had when you were growing up? How similar are your current spiritual beliefs to those of your family?
- How do your personal spiritual or religious beliefs about family planning compare to those of your spiritual or religious group (if you belong to a group)?
- To what extent do your religious beliefs influence your decisions?
- What are some examples of events or circumstances that called for an action not supported by your religious or spiritual beliefs?
- When you identified conflicts between your current values and your spiritual or religious beliefs with regard to family, intimate partnerships, sexuality, family planning and other topics, what are some examples of how you have attempted to reconcile these conflicts?

7. After participants have completed Part B, introduce Part C, and allow participants time to complete it.

With age comes increased knowledge, experience and ways of understanding the world. Additional years influence our emotions and reactions to the events that happen around us and how we interpret them. Age also offers the benefit of perspective that is provided by an accumulation of life experience, so long as we have reflected on these experiences and incorporated them into our worldview. The last part of this activity encourages you to reflect on the influence of your age and life experience on your current life perspectives.

What questions do you have about this?

8. Once everyone has completed Part C, ask some of the following questions and facilitate a discussion on their responses.
 - In what ways have, age and life experience affected your views about sexual relationships and reproductive decision-making. How about family planning, specifically?
 - Can you think of other related views or priorities in your life that have changed over time?
 - Apart from age, what factors have influenced your views about relationships, childbearing and/or family planning?
9. Call participants back to the large group. Ask reporters to share three highlights from their small group discussions. Solicit one or two additional comments.
10. Ask participants to reflect on each part of this activity and to share what they learned or gained from their small group discussions.
11. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activities: Thinking About My Values

Thinking About My Values Worksheet (to be printed)

Instructions please think carefully about the following questions and answer honestly, according to your personal experiences. Please keep your written responses brief. You will only be asked to share the responses you feel comfortable discussing with others.

Part A: Family and Social Groups

1. Did the family who raised you discuss specific beliefs or values regarding family planning?

Yes No

Please describe:

2. Did you experience any personal or family events that changed your beliefs or values about family planning?

Yes No Please describe:

3. Describe similarities or differences between the values you presently hold about family planning and your family's values.

4. Do your family's values about family planning reflect the values commonly held by your family's or ethnic group, cultural heritage or nation?

Yes No

Please describe:

5. Do you think the socioeconomic situation you were brought up in influences your values about family planning? Yes No

Please describe:

6. Is your present socioeconomic situation and/or level of formal education different from that of the family who raised you? Yes No

Please describe how this has affected your views on family planning:

7. Do your current values differ from the values you were raised with in any of the following areas?

Check all that apply:

Definition of family, Family size, Sex before marriage, Role of women in family, Role of men in family, Use of birth control

Activities: Thinking About My Values

Part B: Religion and Spirituality

1. Have you held the same spiritual/religious beliefs since childhood? Yes No

If yes, describe what they are:

If no, describe how they have changed:

2. Describe how your spiritual/religious beliefs are similar or different from those of the family that raised you:

3. If you belonged to a spiritual/religious group while you were growing up, please describe that group's views on family planning:

If you belong to a different spiritual/religious group now, please describe that group's views on family planning:

How do your personal spiritual/religious beliefs relate to your views on family planning?

Do you consciously refer to your spiritual/religious beliefs when you are making an important life decision? Always, Sometimes, Not Usually, Never

Describe a time when you felt challenged by a life event or circumstance that called for an action not supported by your religious/spiritual beliefs?

How were you able to reconcile this action with your beliefs?

Part C: Age/Life Stage and Experience

1. Describe how your perceptions about sexual/intimate relationships have changed from when you were an adolescent; in your mid-20s; mid-30s; 40s and older:
2. What do you think is the ideal age for a woman to have her first child? How were your views about this changed over the years?
3. What were your beliefs about family planning when you were an adolescent?
4. Describe how your views on family planning have changed since that time. What specifically contributed to that change?
5. How do you think your present age and life experience affects your perspective when discussing pregnancy options and family planning?

Four Corners

Activities:

The purpose of this activity is to help participants come to a deeper understanding about their own and others' beliefs about family planning; empathize with the underlying values that inform a range of beliefs and consider how their beliefs affect societal stigma on family planning; and, if they are health-care providers, understand how personal beliefs can affect the provision of high quality family planning services.

Objectives

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

- Articulate their beliefs about family planning;
- Defend and respectfully explain other, sometimes conflicting, points of view;
- Explain different values underlying a range of beliefs on family planning;
- Discuss how personal beliefs affect societal stigma or acceptance of family planning;
- (For health-care providers) Explain how personal beliefs can affect the provision of family planning- and related services;
- (For health-care providers) Discuss ways to ensure a professional standard of high-quality family planning care regardless of personal beliefs.

Materials

Four signs labeled Agree, Strongly Agree, Disagree and Strongly Disagree

Pens

Tape (for attaching signs to wall)

Four Corners worksheet Part A and Part B

Timeline 40 min

Advance Preparation

Prepare and tape up four signs: **Agree, Strongly Agree, Disagree and Strongly disagree** on the walls in four corners or areas of the room.

Review and adapt the worksheet statements to make them more relevant to the participants or workshop content, if needed. You may want to select in advance the statements to be discussed by the group, or wait until you see how the participants respond. Select the statements that will elicit the most important discussion for that audience and setting.

Research international agreements or treaties on health and human rights that include the right to family planning. Guidance on making high-quality services available, A presentation package for advocates for more information) Copy Four Corners worksheets Part A and Part B, one of each per participant.

Activities: Four Corners

Instructions

1. Inform participants that this is an activity where we will be speaking from a personal point of view, as well as defending others' views. Encourage them to be completely honest to get the most out of the activity.

Often, our beliefs about family planning are so engrained that we are not fully aware of them until we are confronted with situations and compelling rationale that challenge them. This activity helps us to identify our own beliefs about family planning, as well as understand the issues from other points of view.

2. Hand each participant a Four Corners worksheet Part A. Instruct them not to write their names on either of their worksheets. Ask them to complete the worksheet and then turn the sheet over.
3. Hand each participant a Four Corners worksheet Part B. Ask them to complete the worksheet and then turn the sheet over. If they are a man, instruct them to respond as if they were a woman in that situation.
4. Ask participants to turn worksheets A and B face up and place them next to each other. Tell them that Part A asks about their beliefs for women in general, and Part B asks about their beliefs concerning themselves. Ask participants to compare their answers on A versus B.
5. Ask the following discussion questions:
 - What similarities or differences do you see in the beliefs you hold for women in general versus yourself
 - If there are differences, why do you think that is?
6. Take a few comments for a brief discussion. Point out that differences between responses on worksheets A and B can sometimes indicate a double standard. Some people believe that women in general should not be allowed to freely access family planning services, but they should be able to access family planning services if they or a family member need them. Gently encourage participants to consider whether they maintain a double standard for themselves versus women in general and ask them to reflect on this more deeply. Stress the negative impact such double standards can have on the accessibility of family planning services, societal misconception on family planning.

7. Ask participants to stand in a circle and crumple their Part A worksheets into a ball and throw them into the middle of the circle. Randomly toss a “ball” back to each participant. Explain that for the remainder of the activity, they will represent the responses on the worksheet they have in their hands. If they got their own worksheet, they should act as though someone else completed it.
8. Point out the four signs placed around the room. Tell them they will be discussing a select number of statements from Part A, one at a time.

Activities: Four Corners

Note to facilitator: This activity will be too long if you try to discuss all, or even most, of the statements. Three statements are normally enough to gain the desired effect from the activity. If participants want to see how the group responded to all of the statements, you can have them move to the four corners for each statement and see how the responses are distributed, but then only discuss a select number of them. Select the statements that will elicit the most important discussion for that audience and setting. You can select the statements in advance or after you have seen how participants responded and where the greatest differences in opinion are.

9. Read the first statement out loud. Ask participants to move to the sign that corresponds to the response circled on the worksheet they are holding. Remind participants that they are representing the responses on their worksheets, even if they conflict with their personal beliefs.
10. Invite participants to look around the room and note the opinions held by the group. There may be different-sized groups in the four corners, and sometimes all four corners may not be occupied. You can then ask some people to move to another group if the four are not evenly distributed.
11. Ask the group under each sign to discuss for two minutes the strongest rationale for why people might hold that opinion.
 - Encourage them to come up with more meaningful reasons that are based on underlying, core values.
 - The Strongly Agree or Strongly Disagree groups should make sure they can differentiate between merely Agree or Disagree and Strongly Agree or Strongly Disagree.
 - Ask each group to appoint a spokesperson to present why people might hold that opinion. Ask the spokespeople to speak convincingly, as though they hold the belief themselves. For example. “I strongly disagree with this statement because ... ”
12. Start with the spokesperson under Strongly Agree and proceed in order to Strongly Disagree.
 - Remind participants that the designated spokespeople may or may not personally agree with the opinions they are presenting.

- Do not allow other groups to comment at this time.

13. Read the next statement, and ask participants to move to the sign that corresponds to the response circled on their worksheet. Invite participants to note the opinions held by the group. Redistribute some people if groups are not evenly distributed. Ask groups to select someone who has not yet spoken to be their spokesperson. Reverse the order of the groups' presentations.

14. Continue in the same manner for the remaining statement(s).

15. Have participants return to their seats. Discuss the activity by asking some of the following questions:

- What was it like to represent beliefs about family planning that were different from your own?
- What was it like to hear your beliefs represented by others?
- What rationale beliefs caused you to think differently?
- What is your sense of the underlying, core values that inform these beliefs?
- What relevance do the beliefs discussed in this activity have for family planning in our setting or country?
- Were any of the arguments/rationales presented by the small groups based on women's internationally recognized right to reproductive health care, including family planning? If not, what does this say about our understanding of women's right to family planning services
- (For health-care providers) What can we do to ensure that we maintain a professional standard of high-quality family planning services regardless of our personal beliefs?

Note to facilitator: When asking the questions about women's rights, you may want to include some information about international agreements or treaties on health and human rights that include the right to family planning services.

Health-care providers or workers may need help with the last question. Suggestions may include: attend more trainings on how to provide compassionate, nonjudgmental family planning services; ask co-workers for feedback and make improvements accordingly; institute an anonymous client/patient satisfaction evaluation system and make improvements based on feedback; and consider transferring to another clinical specialty if personal beliefs prevent provision

16. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activities: Four Corners

Four Corners, Part A

Instructions

Please read the following statements and circle the answers that best reflect your personal beliefs. Please be honest and do not write your name on this sheet.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

1. All family planning services should be available to every woman who wants them? SA A D SD
2. Women who used family planning services are negatively affecting the future generation. SA A D SD
3. A woman should use family planning services even if her husband or partner wants to have more children. SA A D SD
4. Young, unmarried girls should use contraception SA A D SD
5. All health care providers have a responsibility to give family planning services. SA A D SD
6. Minors should be required to get their parents' consent for using family planning services. SA A D SD

Activities: Four Corners

Four Corners, Part B

Instructions

Please read the following statements and circle the answers that best reflect your personal beliefs. Please be honest and do not write your name on this sheet. If you are a man, respond as though you were a woman in this situation.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

1. All family planning services should be available to me if I want them. SA A D SD
2. If I use family planning, I am negatively affecting future generation. SA A D SD
3. I should use contraception even if my husband or partner wants me to get more children SA A D SD
4. If I am young and unmarried girl, I have the right to use contraception SA A D SD
5. If I were health care provider, I would have a responsibility to give family planning services SA A D SD
6. If I were a minor, I should be required to get my parents' consent in order to use contraception. SA A D SD

Why Did She Die?

This activity features a case study that highlights the sociocultural context around a woman's unwanted pregnancy. Participants are confronted with the tragic consequences that can result when access to family planning services is compromised and are asked to articulate their personal or professional responsibility to prevent deaths such as this one. The activity also deepens participants' understanding of the values clarification and behavior-change process.

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

- Discuss the sociocultural context surrounding unwanted pregnancy
- Explain the tragic outcomes that can result from weak family planning services;
- Articulate their personal or professional responsibility to prevent deaths, such as Alemitu's case as described

Materials

Copies of the story Why Did She Die?

Flipchart and markers (optional)

Ball of string (optional)

Timeline

40 minutes

Note to facilitators: It may be necessary to change the names and certain elements of the story to be more culturally or geographically appropriate for the audience or setting. You may want to adapt a real-life story from the media or clinical experience, making sure to change any potentially identifying information to protect people's privacy.

Activities: Why Did She Die?

Activity A

Instructions

1. Distribute a copy of the story Why Did She Die? to all participants.
2. Ask participants to read the story silently and ask one participant to read it out loud for everyone.
3. Present or ask participants to summarize (if you have already covered it previously)
4. Facilitate a discussion in response to the question, "Why did she die?" You can opt to record responses on the flipchart. Suggestions for discussion questions include:

- Why do you think she died?
- Who do you think is responsible for her death? Why? (If participants respond that the young woman is responsible for her death, challenge them to think about the people and health system that failed her and could have prevented her death if they had educated her properly and responded to her needs. Probe further on whether young people can be blamed for not using the service and whose responsibility it is to ensure that they are educated.)
- What could have been done to prevent her death? Who could have helped prevent her death?
- What choice did she have?
- What could have made this situation better for her?
- What information or resources may have helped her avoid this situation?
- In addition to the young woman, who else was directly affected by her death?
- How does this story make you feel?
- What real stories or situations does this story make you think of (without revealing any identifying information)?
- What does this story tell us about our responsibility to safeguard women's health and lives?
- What could you do, personally or professionally, to prevent deaths such as this one from occurring?

Note to facilitators: To make this activity more physically interactive, another facilitation option is to have a volunteer representing Alemitu, the protagonist of the story, stand in the middle of the room, holding a ball of string. As each person answers "Why did she die?" they put the string around their waist and then give the ball back to Alemitu. In the end, there is a visual connection between each person in the room and Alemitu, representing their responsibility to her and all women in her situation.

5) Summarize the activity showing the participants the different challenges of accessing family planning services for young women

Activities: Why Did She Die?

Activity B

Behaviors in relation to situations like the one described in the story. Give the pairs time after each question to discuss. Some questions could include:

- What new information did you learn about unwanted pregnancy and maternal mortality from this story?
- How did this story deepen your understanding of the context surrounding a woman's unwanted pregnancy and maternal mortality?

- How has this story increased your empathy for women in Alemitu's situation or other equally desperate situations?
 - What are your current values on family planning in relation to this and similar stories?
 - How open do you feel to experiencing different values on family planning in relation to this and similar stories? What would you need to become or remain open to change?
 - Having weighed all of the possibilities, what values do you choose for yourself at this time in relation to this story?
 - What actions have you taken in the past that are not consistent with your values? What actions could you take from now on that would be consistent with your values?
 - How has this story contributed to a change in your attitude about contraception use and the women who seek one?
 - What can you commit to doing in relation to unplanned pregnancy situations like this one?
5. Discuss how access to quality family planning service can decrease the number of abortions. Ask participants to articulate their personal and/or professional responsibility to prevent deaths such as this one.
 6. Discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Why Did She Die? Story

Instructions

Please read the following story, and then be prepared to answer some discussion questions listed above

Story:

Why did Alemitu die?

Alemitu was the eldest daughter in her family. She was intelligent and hardworking. Even though Alemitu worked hard at home helping her mother, school was her top priority. She always came first in her class, and she was the pride and joy of her family and community.

Alemitu was among few girls who joined university in her village. It was her first time in a big city, and she found it difficult to make new friends, but, slowly that changed, and she settled into her new environment. Alemitu continued to study diligently and made sure she was always at the top of her class. Her teachers were very proud of her and took special interest in her. They encouraged her to pursue her professional dreams. Alemitu's father and mother were very proud of her... One day, Alemitu's father promised to his friend that after her graduation, he will give Alemitu to his friend's eldest son. Alemitu's father was confident that his daughter always respect her dad's decision.

After graduation, Alemitu applied for a job and joined Ministry of agriculture. Alemitu started sending money for helping her younger brothers and sisters. She became the breadwinner for her extended family too. After some time, she met and fell in love with a colleague at work, Abebe. At first Abebe was gentle and loving, but gradually that began to change. He became distant and unkind to Alemitu. Alemitu went to nearby clinic and requested for contraception but the health provider told her that the available contraception are IUCD and implants. When Alemitu asked about the possible side effects, the provider was in hurry and told her that Implants require surgical procedure and IUCD can be inserted in the uterus. Alemitu decided to ask her friend about side effects of contraception and she told her that contraceptives can cause sterility... Alemitu becomes scared of complication of the surgical procedures then decided to use calendar method due to fear of side effects of the contraception. Unfortunately, Alemitu has discovered that Abebe had another girlfriend and she told Abebe that their relationship was over. Abebe became very angry and forced her to have sex. He knew that she wasn't using contraception. As he pushed her out the door, he said, "I know that when you become pregnant, you will return to me." Alemitu was very angry and when she told the situation to her friend, she told her to take annual leave and go to visit her family in the countryside. As advised, Alemitu went to her village and when she met, her family, she gets some relief.. One day, her father mentioned his plan on her marriage and she decided to agree with him... however, she told her dad to give her some time to think about it. Her father was not that much happy of the delay and told Alemitu that he always proud of her but told her that to be careful not have any girl friends who usually do not respect to their parents. .he mentioned the case of a girl who saw her at their nearby health post...he suspected that she used contraception...he was so angry by the act of that girl.

Three months later, after feeling sick for quite a while, Alemitu went to a free clinic. When she returned for the results, she was shocked to discover that she was, in fact, pregnant and HIV+. Alemitu had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy. She determined that there was no way she would go back to Abebe. When she inquired at the clinic about terminating the pregnancy, the staff looked at her with disgust and refused to answer her questions. Alemitu decided to have the baby but again she become more worried about the transmission of HIV to her baby....she has no one to consult her issue....on the other hand when she think of her family's expectation, she becomes more confused and stressed.

Alemitu felt afraid and was too ashamed to tell anyone in her family about the rape and pregnancy. She felt that no one would help her, and she became desperate. The pregnancy was progressing and her family found out that she is pregnant, as a result her parent become disappointed on her...they told her not to come to visit them anymore... Alemitu becomes extremely depressed and become sick Alemitu went to clinic and after investigation, the nurse told her to start ART and also the nurse told her to disclose her HIV status to her family.... Alemitu's level of stress becomes high and told the nurse that she do not have anyone to support her.....in this condition, Alemitu went home, became terribly sick and weak. Eventually, after trying all of **these** things, Alemitu took her own life

Story Version 2

Saba is a 16-year-old high school student. As the only female from the six children in her family, she is the one who always gives care for her younger brother who is just a year old and the one who must help her mom with housework. As she was getting prepared for national exam and thought, she needs help on her studies. She started studying with Alemu, who is her school friend and attracted to her. They fell in love and it is new experience for her. Alemu is also pushing her to have sex as a result, she become more worried and confused. One day, Saba decided to ask information from her mother about contraception and when she raised the issue, Saba's mom become so emotional and told Saba that, it is not time to discuss with her about contraception. Saba's mom also told her that, contraception causes infertility and it is a taboo to discuss in her age...she told Saba that if her dad hear this discussion, he might kill her...Saba, told her mom that she asked her for general knowledge and said thank you to her mom. Saba becomes more confused and didn't get energy to stay away from Alemu. From her biology class, Saba knew that contraceptives prevents pregnancy but she scared to ask the nearby health center for contraception. One day, while studying in her class, suddenly Alemu came to her room and did not know what happened but she realized that they had sex. She cried and regretted....Alemu told her that, nothing will happen and she believed him. Unfortunately, after 3 months, Saba was not feeling well, she went to the nearby health center for checkup, and the result was shocking for Saba. She is pregnant....Saba, knew the stand of her family....she cried a lot & then she decided to go far from her family...she told Alemu...he was also sad and gave her some money.....next day in the morning Saba went to Hawasa but she do not know where to go? She didn't know any one there....she stayed in hotel one day but she do not have money to stay further in the hotel....So,Saba,decided to work for the hotel and started having sex with different men for living.....at the same time her pregnancy was getting big....one day the owner of the hotel asked her if Saba is pregnant...she told her the truth...then the owner asked her that she don't want her any more in her hotel....Saba slept on the street...and gave birth on the street....life becomes miserable for her & her family....

Instructions

Based on the above story discuss the following questions

What Would You Do?

This activity engages participants in reflection and dialogue about the complex circumstances that affects young woman's response to an unwanted pregnancy, namely the challenging social climates that affect access to family planning services. This activity encourages participants to consider their own values and beliefs, and gain empathy for individual women's perspectives and circumstances.

Objectives

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

- Articulate with empathy the challenges faced by women with an unwanted
- Describe strategies to facilitate access to quality family planning services and reproductive health services in a particular country; and
- Identify outstanding challenges related to family planning and reproductive health services in Ethiopia

Materials

- Flip chart
- Marker
- Sticker

Timeline

45 minutes

Advance Preparation

Influence of faith/religion, politics and culture on the social climate for family planning and the availability, quality and barriers to access of contraceptive services.

Activities: What Would You Do?

Prepare information on the current strategies and activities to increase access to contraceptive services in the country or region to be discussed, making sure to name the organizations and what they are doing to increase access to contraceptive services.

Instructions

1. Divide participants into small groups of four to six people each.
2. Each facilitator can introduce the activity to the small group:

This activity will enable you to learn more about the complex circumstances and barriers to accessing family planning services. We are going to discuss this from the perspective of Saba's story. We encourage you to put yourself in her situation, and then think about how you might feel and what you might do in her place. We will close with a brief explanation of what is being done to address these challenges in Ethiopia.

3. Facilitator asks a series of open-ended questions, such as the ones below, to engage participants in discussion. During the course of the discussion, help to direct the conversation and provide information, as needed, to ensure that the discussion comments are realistic and appropriate for that setting.

Here are some questions that can facilitate discussion:

- When you first find out you need contraception, what thoughts and images go through your head?
 - Who might you tell about your need?
 - (For young women) Would you tell your parents or guardians? Other family members?
 - What fears would you have?
 - What kind of information would you need?
 - Where would you go for this information?
 - What do you think you would decide to do if you face unplanned pregnancy?
 - If you decide to continue the unplanned pregnancy, what would be the physical and emotional consequences?
 - If you decide to use contraception, who might you approach before you go to clinic?
 - What might be the physical and emotional consequences of unplanned pregnancy or having unsafe abortion in this setting? How would you prevent a future unwanted pregnancy?
 - If you wanted a contraceptive method, where would you go?
 - What is the likely hood that you would be able to obtain your contraceptive method(s) of choice over the long term?
4. Ask participants what strategies are being used in this country to address some of the concerns and challenges faced by women such as Saba.

Use the following questions as prompts. Fill in any missing information as needed.

- What kind of work is currently being done by different organizations to increase access to contraceptive services?
- What successes have we experienced?

- What are outstanding challenges?
5. As a large group, invite people to briefly share highlights, reflections or recommendations from their small group discussion. Ask participants to brainstorm next steps to increase access to family planning services.

There are many more women with problems like Saba in our setting. We have brainstormed a number of strategies. Our commitment to implement these strategies will determine whether women like her will continue to experience problems like these.

6. Discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Personal Beliefs vs. Professional Responsibilities

This activity is appropriate for highly literate health-care providers involved in direct clinical care, or for non-health-care providers whose work pertains to family planning services, referrals or advocacy. It is intended to help people realize and resolve conflict between their personal beliefs and professional responsibilities and to recognize the link between these beliefs and their behaviors. This activity raises the issue of conscientious objection and emphasizes providers' responsibilities to ensure women's right to reproductive health care, including family planning services.

Objectives

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

- Identify motivating factors and perceived barriers to supporting access to contraceptive methods;
- (For health-care providers) Identify motivating factors and perceived barriers to directly providing family planning services;
- Articulate how these motivating factors and perceived barriers affect their attitude toward women who have access to quality family planning services in their setting;
- (For health-care providers) Articulate how these motivating factors and perceived barriers might affect the quality family planning services;
- Clarify and potentially resolve their uncertainty about support for family planning services;

Materials

Worksheet (one per participant)

Timeline

- 10 minutes to introduce activity and facilitate short discussion 20 minutes to complete and discuss worksheets in small groups 10 minutes for debriefing in large group
- **Total time 40 minutes**

Advance Preparation

- Print the case scenario and worksheet

Personal Beliefs vs. Professional Responsibilities: Health-Care Providers worksheet

Part A Personal believes

What are some barriers that may prevent you from providing family planning services? Check all that apply:

- 1) I find the idea of family planning personally uncomfortable.
- 2) Family planning is contrary to my held values.
- 3) Family planning is contrary to my religious beliefs.
- 4) The facility where I work is not supportive of providing family planning services.
- 5) There are administrative barriers (such as lack of administrative or logistical support).
- 6) I would worry about my personal safety or the safety of my loved ones due to violence from people who oppose family planning.
- 7) People who are important to me and whom I respect oppose family planning.
- 8) I do not have adequate skills to provide family planning services.
- 9) There are no barriers for me to provide family planning services.

Which of the following reasons may motivate you to provide family planning services? Check all that apply:

- 1) It is important to me to provide family planning services for my clients.
- 2) All women deserve comprehensive family planning services.
- 3) I am committed to providing my clients with family planning services they need, rather than referring them to a provider, they do not know.
- 4) I am committed to preventing women's deaths/disability/ and poverty due to lack of family planning services.
- 5) I believe women have the right to make their own sexual and reproductive health choices.
- 6) I only want to see children brought into the world who are cared for and loved.
- 7) I believe family planning is a human right.
- 8) I believe other women should have the same opportunity to uses quality family planning services as I/my wife/my loved one had when I/she need family planning service.

- 9) I am committed to ensuring that family planning service remains safe, accessible and high quality.
- 10) It is important to me that I make a public commitment to providing comprehensive family planning services.
- 11) I want to support for family planning rights and family planning service providers.

Part B: Responsibilities to Women

In your opinion, what responsibility, if any, do you have personally to ensure that women have access to family planning service? Check all that apply:

- 1) I have a responsibility to provide nonjudgmental, factually correct information about all family planning method options, including long term and permanent methods.
- 2) I have a responsibility to only provide information about family planning that is consistent with my personal values.
- 3) I have a responsibility to provide comprehensive family planning services.
- 4) I do not have a responsibility to provide or assist with family planning services as long as other healthcare providers do.
- 5) I have a responsibility to follow up on family planning clients with referrals to ensure that women have been able to access safe, high-quality family planning services.
- 6) I have a responsibility to counsel women to act according to their own values concerning family planning, regardless of my beliefs about their choices.
- 7) I have a responsibility to do everything I can to ensure comprehensive family planning service is available to all women.

Activities: Personal Beliefs vs. Professional Responsibilities

Instructions

7. Introduce the activity and facilitate a short discussion

Possible Discussion Questions:

- What do you think about these health-care providers' practices?
- How common is it for health-care providers to experience conflicts between their personal beliefs and their professional responsibilities concerning provision of family planning services?
- How many of you have experienced conflicts between your personal beliefs and your professional responsibilities concerning family planning?
- This activity can help us ascertain if our behaviors are consistent with our professional responsibility to ensure women have access to quality family planning services to which they are entitled in our country.

- Divide participants into groups of four to six people each. Ask each group to select a facilitator and timekeeper to assure they stay on task and time. Distribute a worksheet to each participant and facilitator instructions to each small group facilitator.
- In groups, facilitators instruct participants to complete Part A of the worksheet. Ask participants to think carefully about their responses and assure them their responses will be kept private.
- After participants have completed Part A, facilitators lead a short discussion about barriers and motivations to provide (for health-care providers) or support (for non-health-care providers) quality family planning services
- What were your main barriers to provide (for health-care providers) or support the provision of (for non-health-care providers) quality family planning services? What additional barriers that were not listed did you write in?
- What were your strongest motivations to advocate for quality family planning services?
- What additional motivators that were not listed did you write in?
- What people and life experiences have influenced these barriers and motivations

Activities:

Personal Beliefs vs. Professional Responsibilities

- When you compare the number and types of barriers versus motivations, do the motivations outweigh the barriers or vice versa?
 - How do these barriers and motivations explain your understanding of your role in supporting the provision of quality family planning service?
 - Ask participants to complete Part B, and then have facilitators lead a short discussion about professional responsibilities with some of these questions:
 - How would you summarize your responsibilities to women concerning family planning?
 - What people and life experiences have influenced your understanding of your professional responsibilities concerning family planning?
 - Have there been any situations in which you did not act in accordance with your perceived responsibilities? What were the reasons for this?
 - What responsibilities do people working in the health field and other professions have to ensure women have access to quality family planning services?
8. Have participants return to the large group. Facilitate a discussion about the intersection of barriers and motivations to advocate for quality family planning, which are based on personal beliefs, values and professional responsibilities.

Before we make a serious commitment to something or make a major decision, we often have to analyze the benefits and barriers, or pros and cons. In doing so, we may try to resolve or lessen ambivalence that we may have. Ambivalence means that you have simultaneous and contradictory attitudes or feelings about something.

For example, imagine you have a loved one with end-stage terminal illness who is in constant pain and on the verge of death. Your loved one has asked you not to take lifesaving measures. Even though you can't stand the thought of losing them, and it may not be what you would choose for them or for yourself, it is important to you to ensure that your loved one live their final days with dignity. Resolving ambivalence does not require that you determine with 100 percent certainty that you are at peace with allowing your loved one to die without attempting life-saving measures. Rather, you weigh your feelings and your loved one's request and decide that your commitment to honor their last request is more important than your wishes for yourself.

9. Discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Hopes and Hesitations, Revisited

Objectives

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

- Recall their initial hopes and hesitations about the workshop, particularly concerning the topic of family planning;
- Assess any changes in their expectations and concerns from the beginning to the end of the workshop.

Materials

Participants' completed Hopes and Hesitations index cards from the beginning of the workshop

Hopes and Hesitations flipchart paper from the beginning of the workshop

Timeline


15 minutes total (for brief discussion)

Advance Preparation

Remind participants to bring their original Hopes and Hesitations index cards to this session.

Instructions

1. Ask participants to take out the Hopes and Hesitations index cards that they completed at the beginning of the workshop or day's sessions.

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2. Ask participants to review their responses and consider whether and how they feel differently now than they did at the beginning of the workshop or day.
 3. Ask participants to share with the group how and why their individual responses changed.
 4. Ask participants to reflect on any changes in the group overall and to what they attribute that change.
 5. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

ANNEX 1: FAMILY PLANNING MYTHS AND MISCONCEPTIONS FACT SHEET WITH ANSWERS

This can be laminated and sent home with providers as a job aid to refer back to later. They provide answers to commonly asked questions from adolescents. Please reference WHO Global handbook for Family Planning for detail

1. Can contraception make you infertile?

No. All forms of contraception (except permanent method) are reversible

2. Does contraception damage your eggs so you might not be able to get pregnant in the future?

No. Contraception does not damage or reduce your eggs. When you stop using contraception, you will soon be able to get pregnant.

3. Does contraception make you gain or loss weight?

There is currently no conclusive evidence that hormonal contraception causes weight gain or loss. This doesn't mean that it doesn't in some people. Every person's experience of hormonal contraception is unique. If you are worried about weight gain, or loss you should discuss options with your health worker.

4. Is contraception a form of abortion?

No. All contraception works by preventing the fertilisation of an egg so conception never actually occurs. Even emergency contraception works in this way.

5. Can you use contraception if you haven't had a baby?

Yes. All forms of contraception (including IUCDs) can generally be used by any female. Your health worker can help you decide the best contraceptive option for you.

6. What is the best type of contraception?

All types of contraception have different benefits. A health worker can help you decide the best option for you. Some types of contraception like the IUCD and implant are more reliable at preventing pregnancy while only condoms can prevent the spread of STIs.

7. Can contraception cause blood to pool in your stomach or uterus?

No. Some contraception like the IUCD, implant and injection may make your periods lighter, less frequent or even stop completely. This is because the contraception stops your reproductive system from producing as much blood, so it doesn't need to be expelled each month. This is normal and does not cause any health risk or fertility issues. Many women choose these contraceptives for this reason, so they don't have to deal with their periods as often! When you stop using these contraceptives, your periods will soon return and you can get pregnant.

8. Can contraception make you bleed all the time?

Every person's experience of hormonal contraception is unique. The IUCD, implant and injection can sometimes cause heavier or longer periods, but mostly they make periods lighter and shorter. If you are concerned about heavier bleeding you should talk to your health worker to discuss options.

9. Is it a good idea to take a break from using contraception?

It is only a good idea to take a break from using contraception if you want to get pregnant. There is no health benefit to taking a break from contraception.

10. Does all contraception stop pregnancy and STIs?

No! While all contraception can prevent pregnancy, only male and female condoms are effective at preventing STIs.

11. Can IUCDs and implants get lost in the body and damage internal organs?

No. When inserted properly, IUCDs and implants stay exactly where they are.

12. Can a condom fall off and get stuck inside?

While condoms can occasionally fall off (most often if not used correctly), they can be removed from the vagina using your fingers. If a condom does fall off in the vagina and you are not using any other forms of contraception, you should use emergency contraception and get an STI test.

13. Does the lubricant on condoms cause cancer and other diseases?

No. There is no evidence that the lubricant on condoms can cause any health problems

14. Is it better to use two condoms instead of one?

No. Using two condoms increases friction and the chance of the condoms breaking.

15. Does the injectable cause infertility?

No. The injectable does not affect fertility. However, once you stop using the injectable, it may take a few months to be able to fall pregnant.


16. Can you get pregnant if you only miss taking one or two pills?

Yes! Even forgetting to take the pill for one day can increase your chances of becoming pregnant. It is very important to take the pill every day (and a good idea to take it at the same time every day). If you do forget to take the pill, you should immediately start taking it again as soon as you remember and use condoms until your next period.

17. Does Inserting IUCD damages the uterus or perforates.

Intrauterine Contraceptive Device is a small plastic device with copper that is placed inside the uterus. It is very safe and cannot damage the uterus. It is non-hormonal and reversible contraceptive method. It requires specific training and some equipment and it usually performed at health facility by a trained service provider

18. Does IUCD decrease sexual pleasure?



IUCD does not decrease sexual pleasure because the strings get cut after insertion and usually remain inside the uterus

19. Does contraceptive pill get accumulated in the stomach?

Contraceptive pills do not accumulate in stomach and it dissolves immediately after swallowing

20. Do Implants migrate to other parts of the body?

Implants are small and it cannot migrate by itself to another part of our body. It remains in the site of insertion and can be removed by trained service provider when needed.

21. When should women obtain PPF?

Immediately (within 10 minutes) after delivery or during a cesarean section or within 48 hours after delivery, while the woman is still in the health care facility is best practice for a PPIUD insertion. Other family planning methods may be provided to women immediately following delivery within 48 hours. This makes it very convenient for the woman, because by the time she leaves the hospital; she will already have her family planning method working for her.

ANNEX 2: Strategies to Manage Challenging Participants

Types	Why they are challenging?	Strategies to effectively manage participants
"Know-it-alls"	May actually have a lot of information about the topic, but still could benefit from the experiences and perspectives of others.	Acknowledge that they know a wealth of information. Approach them during a break and ask for their assistance in answering a specific question. At the same time, express that you want to encourage everyone to participate and enlist their help in doing so.
"I'm only here because I have to be"	May have been required to attend the workshop, yet have no particular interest in the topic.	Acknowledge that you know that some of the participants are present because they have to be. Ask for their assistance in making this a meaningful experience. Ask specifically, "How can I make this workshop helpful to you?"
"Naysayers"	May be prejudiced. Won't accept your or other participants' points of view. Unwilling to negotiate or compromise their position. Often disruptive and create discomfort for the group.	Do not put them down or make them feel isolated. Keep them involved, if possible. Throw their views to the group by questions or examples. Try to get the group to bring them around. Say that time is short and you would be glad to discuss their issues with them individually. Ask them to accept the views of the group or the trainer for the moment
"Talkers"	May be "eager beavers" or show-offs. May be exceptionally well informed and anxious to show it or just naturally wordy. May need to be heard because they are still working through difficult emotional issues. May take time away from other participants.	Interrupt tactfully with a comment like, "That's an interesting point. ... Now let's see what the rest of the group thinks of it." In general, let the group take care of them as much as possible. Avoid eye contact. Give them a role. State that one of your roles is to keep people on time. Quick interruption (i.e., move nearby and put your hand on his or her shoulder). Paraphrase what they say and move on. Acknowledge that their stories are important, and you and others would love to hear them later or after the workshop.
"Clashers"	Two or more participants strongly disagree or bring personal conflicts into the discussion. This can divide your group into factions.	Emphasize points of agreement; minimize points of disagreement. Point out how the argument has been productive in illustrating certain points. Draw attention to session objectives and group norms; cut across the argument with a direct question about the topic. Bring a less argumentative participant into the discussion. Remain calm. Ask participants to refrain from personal attacks and to keep arguments productive and directed toward topic definition or



		resolution. Stay neutral. Stick to the topic. Acknowledge emotionality of topic
“Side conversationalists”	Have conversations with their neighbors that may or may not be related to the topic, but are distracting to other participants or to you	Do not embarrass them. Call them by name; ask an easy question. Call them by name, then restate the last opinion expressed or last remark made by group, and ask their opinion of it. If you are in the habit of moving around the room, saunter over and stand casually behind them. This should make their conversation obvious to them and the group. Ask the group to add “no side conversations” to the list of ground rules. (conti
Questioners	May be genuinely curious. May be testing you by putting you on the spot. May have an opinion, but lack the confidence to express it.	Acknowledge that they seem to have a lot of questions about a particular topic. If the questions seem like legitimate attempts to gain content information that other members of the group already know, tell them that you will be happy to work with them later to fill in the gaps, or put the question on the parking lot flip chart to be discussed later. Reframe or refocus by sending the questions back to the questioner. Establish a buddy system (for example, ask for volunteers who would be willing to meet with them)
“Arguers”	Have combative personalities. May not want to be at the workshop. May be upset by personal or family health issues. May upset other participants.	Keep your own temper firmly in check. Do not let the group get excited either. Honestly, try to find merit in one of their points, or get the group to do it, and then move on to something else. Say, “That was a good point” or “We’ve heard a lot from [person’s name]. Who else has some ideas?” If facts are misstated, ask the group for their thoughts; let them make the corrections. As a last resort, talk with them in private, find out what’s going on and ask for their cooperation. Say, “Let’s talk during the break. How can we be on the same team?” Give them a role.



Annex 3: VCAT training evaluation form

Instructions: Please select three most relevant questions to you and complete the statement according to how you feel now

1) My personal feelings about family planning are

2) My professional responsibilities regarding family planning are

3) I may not agree with _____, but I can respect _____

4) My ideas about _____ have changed because _____

5) I still do not fully understand _____

6) I want to explore _____ further.

7) What I have learned here makes sense, but _____

8) When I think about family planning, I still feel conflicted about

9) This workshop has helped me to _____

10) As a result of this workshop, I will _____

