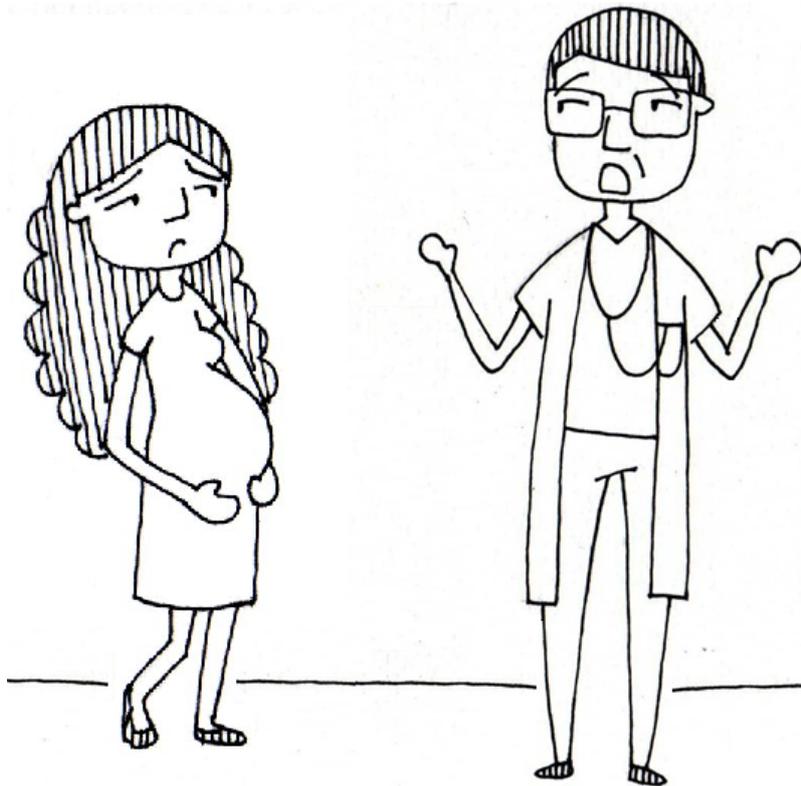


Training Session Plan

Would've Could've Should've

The role of health workers in **sexual and reproductive rights issues**



The International Federation of Health and Human Rights Organisations (IFHHRO)

IFHHRO forms a unique network of active organisations committed to the protection and promotion of health related human rights. Members and observers are human rights groups which address health-related rights violations, medical associations involved in human rights work, and organisations that have been created specifically to mobilize health workers for human rights protection.

For more information visit our website: www.ifhhro.org

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Version 2

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Learning Objectives

- To understand the roles that health workers (can) play in relation to sexual and reproductive health rights
- To become aware of their own position and their personal standpoint towards the role of health workers



Target Group

Health workers working in the area of sexual and reproductive health
Basic knowledge about human rights is helpful



Duration

90 minutes



Materials

- Masking tape or Blu-Tack
- Markers
- Sheets of flipchart paper
- Coloured paper
- Envelopes
- (transparent coloured plastic)



Training Aids

1. Cards for visible and invisible actors
2. Overview of visible and invisible actors
3. Roundabout question cards
4. Spheres of influence diagram



Session Plan

This session plan focuses on the role health workers can play in relation to sexual and reproductive rights. The story in step 1 and the roundabout questions in Training Aid 3 focus on sexual and reproductive rights issues. As this session plan has been developed for a mixed international audience please be encouraged to adjust these questions to fit the local context where necessary. A general version of this session is available under the title: 'Would've Could've Should've': The role of health workers in human rights issues'.

The session works best in combination with introductory sessions about human rights in relation to health. These introductory sessions, as well as related follow-up sessions, can be found online in the IFHHRO Training Manual 'Human Rights for Health Workers' at www.ifhbro-training-manual.org

Preparation

Print two copies of Training Aid 1 on coloured paper and cut out the cards. Keep the two sets of cards separate.

Also copy and cut out the cards from Training Aid 3 and place each set of eight cards in a separate envelope with the letter of the set (A, B, C, D or E) written on the envelope. How many copies of each set of cards are necessary will depend on the amount of participants. There should be one envelope with cards for every two participants (see step 4).

Hang a sheet of flipchart paper on a wall or board where everyone can see it. Copy the sphere of influence diagram (Training Aid 4) without the dotted line onto two other sheets of flipchart paper. A circle can be cut out of transparent coloured plastic to cover the area of the diagram up to where the dotted line should be, or the dotted line can be drawn in during the session (see step 5).

Step 1 Personal Story (10 minutes)

Introduce the session by telling the participants that during this session they will look at the different roles that health workers play and can play in relation to sexual and reproductive rights.

Immediately proceed by recounting the following story:

This story takes place in Ghana, thirty years ago. Our main character is the only doctor in a district of 150.000 inhabitants. The hospital in which he works is located in a town of 9.000 people with one secondary school and a base for soldiers. Although health problems related to sexual and reproductive rights are prevalent the issue receives little to no attention within the hospital. The doctor in question has not been educated in this area and handles sexual and reproductive health cases according to his own personal discretion. At this point in time abortion is illegal in Ghana, but a pharmacist in town is known for taking care of unwanted pregnancies.

One day an 18 year old girl comes to the hospital together with her mother. She has fever, abdominal pain and is bleeding from her vagina. After medical examination it becomes clear that she is septic with an acute abdominal infection. Our doctor asks the patient what has happened, and because her symptoms point towards illegal abortion he also asks several times whether she has seen an illegal abortionist. The responses of the girl are evasive and she denies several times that she has undergone an abortion. Despite her denial the doctor decides to carry out an internal examination and proceeds to remove a piece of wood from the girl's womb. In his anger at the danger she put herself into by lying the doctor holds the piece of wood under the girl's nose, demanding to know why she would not tell him the truth. The girl makes no response. She leaves the hospital with her mother, and eventually recovers.

Tip: It can be effective to invite a health worker to present a personal experience to the participants instead of telling the above story. For the purpose of the training session the experience should be similar to the one above, in the sense that it involves a sexual and reproductive health incident with a patient that has human rights implications.

Step 3 Visible and invisible actors in the story (20 minutes)

This step aims to visually map out the different actors in the story to start thinking about the role and position of health workers. You will need one set of cards from Training Aid 1 and the two sheets of flipchart paper that have been hung up. The overview should be created together with the participants by first prompting them to name different actors and then pasting the cards with the actors on the sheets of flipchart paper. The aim is to end up with

an overview similar to the one in Training Aid 2. Also encourage participants to name relevant actors that have not been included on the cards, these should be written down and pasted in the overview as well.

The outline below gives an indication of how this step can be filled in. The questions provided can be used to start participants thinking about the role of health workers in relation to sexual and reproductive rights.

Start by asking the participants who the two main actors are in the story (Doctor, Patient). Also request the participants to name the other characters from the story (Mother, Pharmacist). Paste the cards on the flipchart sheets, as indicated in Training Aid 2.

Next, turn back to what happened in the story.

What took place when you look at the facts of the story from a purely medical perspective?
The girl had an unsafe abortion, she went to the doctor, the doctor treated her and she recovered.

What issues come to the forefront if you start looking at the story from a human rights perspective?

The girl had an unsafe abortion.
The girl lied about this to the doctor.
The doctor became angry.

Tell the participants that sometime later the doctor realised that his attitude towards the patient was wrong. His actions should not have been driven by his anger, but by the fact that the girl was a victim.

What may have influenced the doctor's actions and attitude?
Why did the girl respond in the way that she did?

Which actors played a role?

Point out that the four persons that have been identified are the visible actors, but that there are also numerous invisible actors that have a direct or indirect role in what happens in the story. Encourage the participants to name the actors that may have an influence on the doctor's side, the patient's side and in general.

Actors within the medical sphere:

Colleagues of the doctor
Superiors of the doctor
Medical Association
Medical school that the doctor attended

Actors within the patient's sphere:

Family
Community
School teachers of the girl
Employer of the girl

General actors:

Media
Government
Society

When the overview is complete pose the following questions to the participants asking them to think from the perspective of sexual and reproductive rights.

When you think about sexual and reproductive rights:

Who is the most important person in the story?

The answer should be: the patient. If participants do not come up with this answer continue with the following question:

Whose sexual and reproductive rights are at stake?

Answer: the patient.

When you think about the rights of the patient:

Who is potentially the most influential actor in this situation?

The answer should be: the doctor. If participants name other, powerful actors continue with the following question:

Who is directly confronted with the girl's situation?

Answer: the doctor.

What can a health worker do to change a situation like the one presented in the story?

What would you do? (Use this question to lead towards the next step of the session.)

Step 4 Roundabout (20 minutes)

Divide the participants into two groups of the same amount of participants. Instruct one group to stand in a circle facing outward. Then ask the second group to form a circle around the other group with each participant facing another participant in the inner circle to form a pair. If there is an odd number of participants a facilitator needs to take part in this exercise.

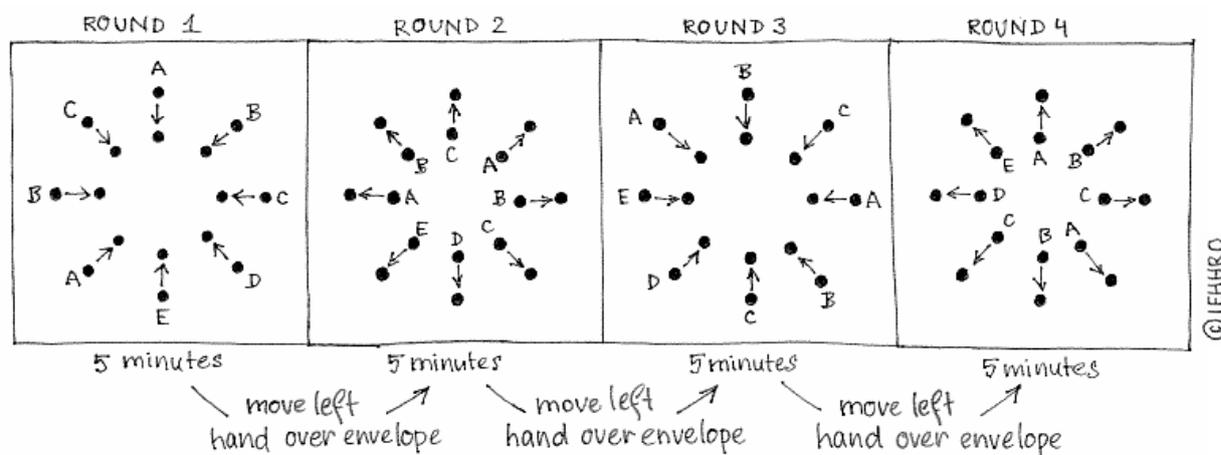
Hand out an envelope with question cards from Training Aid 3 to each participant in the outer circle.

Explain the exercise to the participants as follows:

- each envelope contains a number of questions that address the role of health workers
- these questions are not a test, there is not one correct answer, instead the questions should be answered based on a personal viewpoint
- the aim is therefore not to discuss the questions in detail but to give a primary reaction
- if a participant does not want to answer a question they can skip it

- first the participants in the outer circle pose questions from their envelope to their partner in the inner circle
- after 5 minutes the participants in the outer circle move one place to the left so that new pairs are formed
- the participants in the outer circle hand their envelope to their new partner to ask the questions
- repeat this step (move to the left – hand over envelope) two more times
- it does not matter how many questions are asked during one round, participants can just carry on with the questions during the next rounds.

The following diagram illustrates the four rounds of the exercise with 16 participants:



Step 5 Discussion Questions (10 minutes)

Debrief by asking the following questions:

- Which type of questions were easy to answer? Why?
- Which type of questions were difficult to answer? Why?

Step 6 Spheres of influence (25 minutes)

Explain to the participants that the roundabout questions cover three different levels at which health workers play a role in relation to sexual and reproductive rights. Copy the diagram from Training Aid 4 onto two sheets of flipchart paper. Start by drawing the inner circle (individual patient care) followed by the middle circle (work sphere) and then the outer circle (outside the work sphere).

Ask the participants where the different actors identified from the story fit into these three different areas. Use the second set of cards from Training Aid 1 to paste the different actors within the circles. The doctor and the patient should be pasted in the inner circle, but where the other actors are placed can depend on the participants. Also include any additional actors that participants have named during step 3.

Follow-up with the following questions:

Where does the primary role of the health worker lie?

Answer: individual patient care.

In what sphere does a health worker have the most influence on whether sexual and reproductive rights are respected?

Answer: individual patient care.

In which spheres can obstacles occur that prevent a health worker from being able to uphold sexual and reproductive rights of patients?

Answer: in all three spheres

Use a few questions from the roundabout to illustrate what type of obstacles might occur within the different spheres:

Inner circle

An unequal hierarchical power relationship between provider and patient based on unequal level of knowledge, or socio-economic differences can have a negative effect on care delivery.

Middle circle

Regulations within a hospital determine that spousal consent is a prerequisite for women's access to contraceptive services.

Outer circle

Sterilization of women has received so much negative media attention that health workers have started to refuse to do the procedure even when women ask for it.

Explain that the spheres of influence work both ways:

What a health worker does in the inner circle also has influence outside this sphere.

At the same time what occurs within the outer circle and the middle circle can influence a health worker's capacity to uphold sexual and reproductive rights within the inner circle.

A health worker's professional responsibilities lie within the inner circle but also stretch outside this sphere to actors in the middle circle. At this point the transparent coloured circle can be placed onto the diagram to illustrate the area where the professional responsibilities of health workers lie. Alternatively, a dotted line can be drawn to demarcate this area. What actions a health worker takes beyond the sphere of professional responsibilities will depend on the individual and the specific context. Ask participants whether they agree and leave room for discussion.

Step 6 Conclusion (5 minutes)

Conclude the session by summarizing the key message:

- Through their daily work health workers inevitably play a role in relation to the sexual and reproductive rights of patients.
- How far this role reaches beyond the work sphere depends on multiple factors including the viewpoint, position, connections, and abilities of the individual health worker.

Training Aid 1 – Cards for Visible and Invisible Actors



doctor



patient

mother

pharmacist

colleagues

superiors

medical
school

**medical
association**

family

community

employer

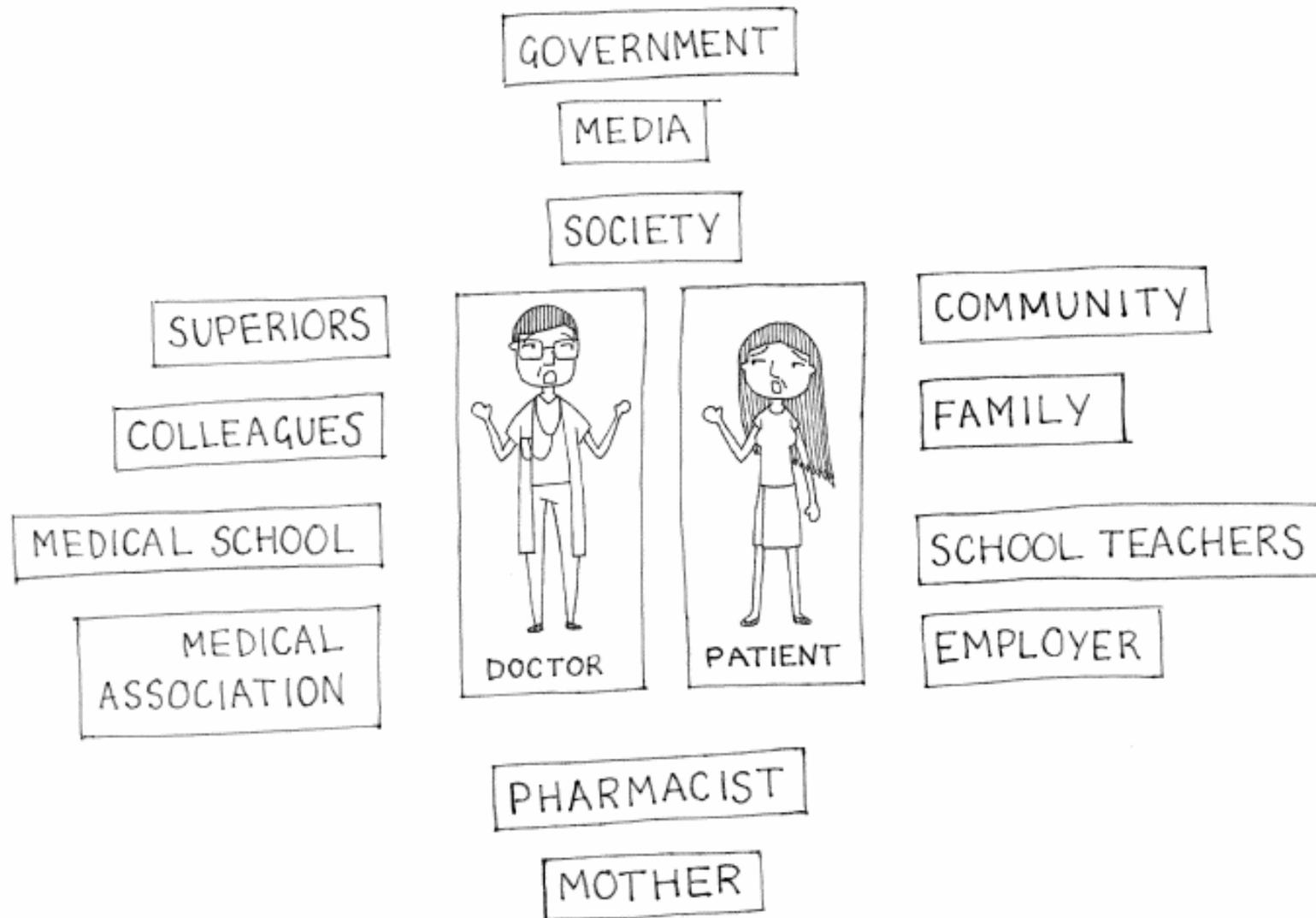
school
teachers

society

government

media

Training Aid 2 – Overview of Visible and Invisible Actors



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Training Aid 3 – Roundabout Cards

ENVELOPE A

As a health worker there are many opportunities in daily work to make a difference.

What do you think?

Health workers can influence public policy by providing accurate information about health issues. This means having to gain access to policy makers.

Do you think you could do this?

Your superior discovers that you have been providing contraceptives to unmarried couples against the rules of the hospital. You are warned that you will lose your job if you do this again.

What would you do?

Daily work is time-consuming and stressful enough as it is without also trying to address broader sexual and reproductive rights issues.

How do you feel about this?

ENVELOPE A

An unequal hierarchical power relationship between provider and patient based on unequal level of knowledge, or socio-economic differences can have a negative effect on care delivery.

What do you think?

Information materials on sexual and reproductive health are only available at your clinic in the official language of the country. Quite some visitors of the clinic speak a different language.

What would you do?

Sexual and reproductive health rights should be part of all medical curricula.

What do you think?

On a visit to a hospital in another country you have seen a children's ward decorated with colours and pictures on the walls. The contrast with the bare children's ward you are used to is striking.

Would you do anything with this back at work?

ENVELOPE B

The opinion of a patient is more important than the opinion of the partner or family.

Do you agree or disagree?

Your colleague has lost her job because she wrote a piece for the newspaper promoting the right of women to decide whether and when to have children.

You were involved in the research for the article.

Would you continue working on this issue?

It has come to your attention that your superior, a gynaecologist, routinely refuses to examine patients after finding out they are HIV positive.

Would you: tell your colleagues / confront your superior / inform your superior's superior / make a formal complaint / do something else?

Health workers are in an exceptional position to effectuate change in the field of sexual and reproductive rights because they have medical expertise, first-hand experience, connections, social status...

What do you think?

ENVELOPE B

Health workers sometimes feel ashamed talking openly to patients about sexual and reproductive health issues.

Is this true for you?

The hospital where you work is located in a poor neighbourhood. People often come to the hospital asking for medical help that they cannot afford.

Do you think it is worth trying to set up a free clinic?

A patient tells you that she is being pressured by her community to choose a different healthcare provider because they have seen you on TV advocating for safe abortion.

How would you respond?

Health workers should have a say in government decisions about sexual and reproductive health issues that affect their work.

What do you think?

ENVELOPE C

The socio-economic context of a patient should always be taken into account.

Do you agree or disagree?

You have been asked to act as a witness in a court case concerning human rights abuses that took place in your hospital.

Would you be prepared to do this?

Regulations within your hospital determine that spousal consent is a prerequisite for women's access to contraceptive services.

Would you: follow this rule / ignore this rule / try to change this rule / do something else?

Do you ever feel so overwhelmed by the amount of problems related to sexual and reproductive rights that it becomes difficult to know where and how to start making a difference?

ENVELOPE C

It is the task of a health worker to make sure that a patient is aware of all options for treatment including the potential risks, benefits, implications, outcome and nature of the procedure.

What do you think?

It has come to your attention that medical files of patients are easily accessible to anyone working at your hospital.

Would you: discuss the pro's and con's with colleagues / leave things as they are / try to introduce a new system / do something else?

Taking action to promote sexual and reproductive rights can simply mean vocalizing experience and knowledge at the right opportunity.

Do you ever find opportunities to do this?

When you think changes should be made in your health facility it is not always easy to find out if colleagues share this opinion and if they are willing to take joint action.

How would you find out?

ENVELOPE D

The primary role of a health worker is to provide the highest possible standard of care to individual patients.

What do you think?

After having appeared on a radio show to explain the importance of sex education for youth you start receiving anonymous threats.

Would this influence your decision whether or not to continue advocating on this issue?

Abortion has been legalized in the country, but the Catholic hospital for which you work prohibits abortion under any circumstance.

What would you do with patients who request an abortion?

Challenging existing systems and beliefs requires a tremendous amount of confidence that not many people have.

What do you think?

ENVELOPE D

Sexual and reproductive rights of patients are an integral part of a health worker's profession.

What do you think?

The employer of a patient calls your office to find out whether his employee / your patient is pregnant or trying to get pregnant.

How would you respond?

Sterilization of women has received so much negative media attention that health workers have started to refuse to do the procedure even when women ask for it.

Is this understandable?

You have attended a course about human rights in relation to sexual and reproductive health.

Would you raise awareness among your colleagues about what you have learned?

ENVELOPE E

A health worker's attitude towards a patient is equally important as professional knowledge and skills.

Do you agree or disagree?

Challenging existing beliefs about sexual and reproductive health can mean becoming publicly involved in controversial issues.

Would you still do it if this is the case?

It is practice within an antenatal clinic that pregnant indigenous women are always treated last, no matter what their condition.

What would you do if you worked in this clinic?

It is not always clear how human rights can help solve sexual and reproductive health issues.

What do you think?

ENVELOPE E

The government of your country has enacted a new law according to which contraceptives are no longer freely available to women.

How would you deal with this in daily practice?

The father of a patient comes to your office demanding that you stop giving his sixteen year old daughter (your patient) advice on contraceptive methods.

How would you address this?

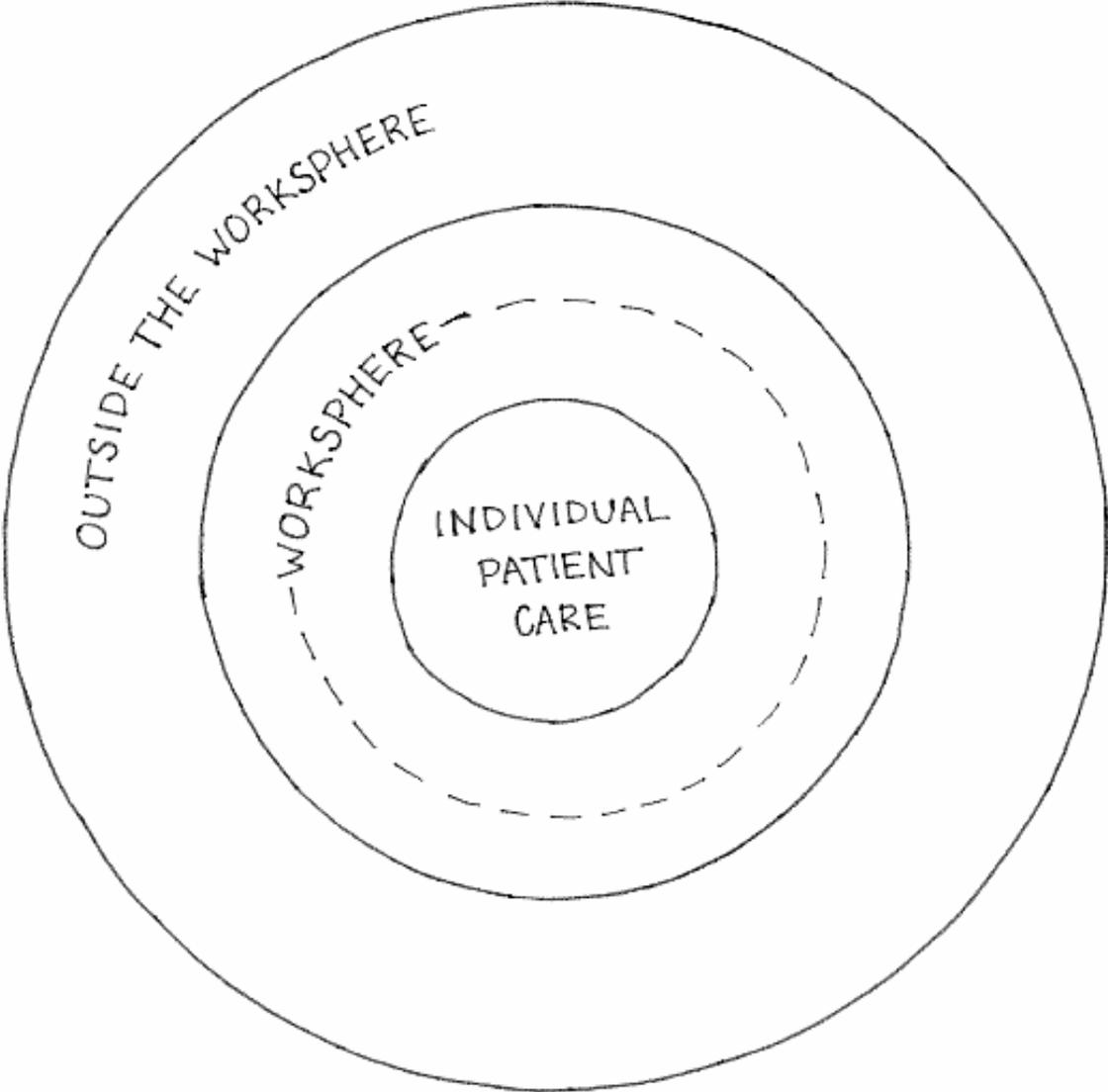
Gender inequality is an obstacle to improving sexual and reproductive health care.

Do you agree or disagree?

Health workers should inform their patients that they have human rights related to sexual and reproductive health.

What do you think?

Training Aid 4 – Spheres of Influence Diagram



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