

Appendix D: Using Case Studies

Why use case studies?

Case studies allow trainees to carefully analyze a situation and make well considered decisions about how to apply the technical information they have learned. Analyzing case studies gives trainees the opportunity to apply new knowledge and skills in situations similar to those they will face in their workplace, which helps ensure that the knowledge and skills are transferred to the job.

In addition, case studies facilitate transfer of knowledge and skills by allowing trainees to:

- Employ different techniques for accomplishing both familiar and unfamiliar tasks
- Approach problem-solving using new strategies
- Become comfortable following new practice recommendations by collaborating with other professionals who may have similar reservations (or enthusiasm) for change
- Practice in a safe environment
- Receive targeted feedback and support, which is the key to achieving that a high level of proficiency and attaining workplace performance expectations

Preparing for the activity

1. **Read the case studies.** Carefully review the details of the cases and study the answers to the sets of questions that the trainees will be discussing. Choose situations that suit the objectives of the training and match the needs of the trainees.
2. **Adapt the activity to make it relevant.** Adapt the cases so that they reflect the cultural practices, conditions, and circumstances that trainees will encounter at their work sites.
3. **Anticipate and know how to address issues.** Review the technical information in *Family Planning: A Global Handbook for Providers* (CCP and WHO, 2018) related to the issues addressed in the case study so that you are prepared to address questions that trainees might raise.
4. **Familiarize yourself with the related tools and job aids.** Which tools are the trainees expected to use when solving the case? Make sure that you are familiar with the material and be prepared to describe proper use of the tool or job aid—whether it is a screening checklist for medical eligibility, a client brochure that describes the characteristics of a particular method, or pages from the counseling tool.
5. **Decide how you will introduce and use the case study.** If this is the first time that trainees are working through a case study, you should conduct at least part of the activity with the entire group. As trainees become more familiar with the expectations, divide them into smaller groups or pairs so that each trainee has more responsibility for resolving the case. If you have several small groups, you may want to assign each group to a different set of questions. Ensure that each small group reports back to the larger group so that all trainees can reflect on and benefit from the

lessons learned in other groups. Alternatively, you can assign the case studies as “homework” that trainees can work on—either individually or in groups—outside of the classroom.

6. **Practice giving instructions to the trainees.** Make sure you can provide clear, simple guidelines so that the activity is easy to understand.
7. **Prepare copies of resources.** Make sure that you have copies of the necessary resources available for the trainees. Ensure that trainees have copies of the tools or job aid(s).

Conducting the activity

1. **Introduce the activity.** Emphasize that case studies provide trainees with an opportunity to analyze a case and to make well-considered decisions about how to apply the technical information they have learned to situations similar to those they will encounter in the workplace. Provide step-by-step instructions that clearly describe how you (the facilitator) and the trainees are expected to analyze the case study. Tell the group how much time they have to complete each portion of the activity.
2. **Encourage trainees to work as a team and take advantage of all the available resources when answering the questions.** Groups should consider each question in the set one at a time and use their job aids, counseling tools, fact sheets, study notes, and PowerPoint slides from the presentation to arrive at the most complete response. Each group should select a spokesperson who will report their answers to the larger group.
3. **Describe the case.** Review the handout of the case studies. Ask one trainee to read the client description aloud. Ask trainees if they have any questions.
4. **Provide support and feedback as trainees work through the sets of questions.** Each small group should answer their assigned questions independently. Move from group to group, and listen to the suggestions the trainees are making, offer encouragement, suggest strategies, and redirect trainees who are moving towards or have given an incorrect response. If multiple facilitators are available, assign one facilitator to each small group.
5. **Ask spokespersons to report back.** After the groups complete their analysis and questions, ask the spokesperson from each group to share their answers with the entire group so that all the trainees have an opportunity to learn the correct answers to each set of questions. As each group reports, encourage other trainees to comment and offer additional feedback.
6. **Use the answer key to guide the discussion.** Each case study has an answer key that can help you process the reports, comments, and feedback. As necessary, intervene if neither the spokesperson nor the trainees can suggest the correct response. It is imperative that trainees know whether their answers to the case questions are correct.

Appendix D: Female Condom Case Study

Case Study 1

Shimi is an 18-year-old who has just finished high school. She has a new boyfriend who is much older than she is. She does not want to become pregnant, and is very interested in using female condoms.

Question Set A:

During counseling, Shimi says that her boyfriend travels for work and she is worried that she might get an STI or HIV from him. She knows he has had other girlfriends and does not think he has used condoms with them. She asks several questions:

1. How well do female condoms work to prevent pregnancy? How well do they work to prevent STIs, including HIV?
2. Will female condoms protect me against all STIs?
3. What are some advantages of female condoms? (List at least three).
4. What are the limitations of female condoms? (List at least three).

Question Set B:

Earlier in the counseling session, you answered Shimi's questions and assessed her risk for STI/HIV infection. You counseled her on dual method use and discussed other methods that interested her: injectables and the IUD. Shimi decided to use injectables for extra pregnancy protection. She wants to use female condoms, too, but she has heard some things about female condoms that concern her and wants to know if these are true:

1. I heard that a female condom can get lost inside my body. Is this true?
2. My boyfriend says condoms are only for sex workers and promiscuous people.
3. I heard that condoms have holes that let HIV get through.
4. Aren't female condoms difficult to use?

Question Set C:

After you address Shimi's concerns, she decides she will use female condoms.

1. What issues or topics should you cover when counseling a client who has not previously used female condoms?
2. What are the steps of correct use of female condoms?
3. What practices will help ensure effectiveness of female condoms?

Question Set D:

Shimi decides to tell her boyfriend that she wants to use female condoms, but she is not sure how to approach the topic with him. Recently, when she asked her boyfriend if he would use male condoms, he told her that if he has to stop to put it on, he won't be in the mood anymore, and he doesn't feel as much pleasure when he uses a condom.

1. What are some guidelines for negotiating condom use?
2. What should Shimi decide before having the conversation?
3. What are some possible responses to the concerns that her boyfriend expressed?
4. How will you help Shimi plan to talk with her boyfriend about using female condoms?

Case Study 1—Answer Key

Knowledge and Skills Objectives Addressed by Condoms Case Study 1

5. Describe the characteristics female condoms in a manner that clients can understand
6. Demonstrate the ability to counsel clients on the following:
 - a. How to insert a female condom
 - b. Practices to avoid
 - c. Problems with condom use and how to address them
 - d. Common concerns, misconceptions, myths, and fears
 - e. Negotiating condom use with a partner
 - f. When to return (e.g. condom broke and need emergency contraception)
5. Demonstrate how to correctly insert a female condom, using a vagina model (if available)

Answers to Question Set A:

1. How well do female condoms work to prevent pregnancy? How well do they work to prevent STIs, including HIV?

When condoms are used correctly and consistently, they are very effective in preventing pregnancy. Among couples using female condoms correctly and consistently, only five pregnancies occur per 100 couples using condoms in the first year. However, as female condoms are typically used, 21 pregnancies occur per 100 couples.

Condoms are also effective in preventing STIs, including HIV. Condoms prevent 80-95 percent of HIV infections that would have occurred without the use of condoms.

2. Will female condoms keep me from getting any STI?

Condoms are most effective for preventing STIs that are transmitted through bodily fluids, such as HIV, gonorrhea, and chlamydia. Condoms are less effective against STIs that are transmitted through skin-to-skin contact, such as genital herpes and warts, because the condom may not cover the entire affected area.

3. What are some advantages of female condoms? (List at least three.)

- Female-controlled
- Soft, moist texture feels more natural than latex male condoms
- Offer STI/HIV protection
- Outer ring provides stimulation
- Do not require provider's help
- Can be used as temporary backup method
- Protect from conditions caused by STIs: PID, cervical cancer, infertility
- Can be inserted in advance
- Are not tight or constricting for male partners
- Do not dull sensation
- Do not have to be removed immediately

4. What are the limitations of female condoms? (List at least three.)

- As typically used, less effective at preventing pregnancy than many other methods
- May be difficult to insert at first, require practice

- More expensive than male condoms
- Less available than male condoms

Answers to Question Set B:

1. I heard that a female condom can get lost inside my body. Is this true?

The female condom cannot get lost inside a woman's body. It stays in the vagina. If the outer ring gets pushed into the vagina, the woman can reach in and pull it out. It cannot go through the cervix into the womb, because it is too large.

2. My boyfriend says condoms are only for sex workers and promiscuous people.

All kinds of people use condoms, including married couples. Even when people do not need protection from sexually transmitted infections, many couples find condoms to be a safe, convenient option for pregnancy prevention.

3. I heard that condoms have holes that let HIV get through.

According to laboratory studies, HIV and other viruses do not pass through undamaged latex condoms or synthetic female condoms. As long as condoms are not old or damaged, they can reduce your risk of HIV by 80–95 percent if you use them consistently and correctly.

4. Aren't female condoms difficult to use?

The female condom is not difficult to use, but it does require practice and patience. It becomes easier to insert with practice.

Answers to Question Set C:

1. What issues or topics should you cover when counseling a client who has not previously used female condoms?

- How to use (with demonstration)
- Importance of correct and consistent use
- Common problems; practices to avoid
- Lubricants
- How many they will need and where to get more
- Use of emergency contraception, if needed
- How to talk with partner about using condoms

2. What are the steps of correct use of female condoms?

1. Use a new condom for each act of sex.
2. Before any physical contact, insert the condom into the vagina.
3. Ensure that the penis enters the condom and stays inside the condom.
4. To remove the condom, hold and twist outer ring to seal in fluids, and gently pull the condom out of the vagina.
5. Dispose of the used condom safely.

3. What practices will help ensure effectiveness of female condoms?

- Practice inserting the condom correctly
- Make sure the penis is inside the condom
- Avoid using male and female condoms together
- Never reuse female condoms

Answers to Question Set D:

1. What are some guidelines for negotiating condom use?

Talk when you are both relaxed and sober; talk about using condoms before you begin to have sex; use the approaches you think are best for your situation; focus on caring, respect and coming to agreement; have facts about condoms so you can respond to your partners objections.

2. What should Shimi decide before having the conversation?

To be prepared to negotiate condom use, clients need to decide where, when and how to talk to their partners about using condoms.

3. What are some possible responses to the concerns that her boyfriend expressed?

Female condoms can be inserted several hours before sex, so they don't have to interrupt sex. The soft material of female condoms quickly transmits body heat, so they provide a more natural sensation than male condoms. They are loose, not restricting, and many men find they are more pleasurable than male condoms.

4. How will you help Shimi plan to talk with her boyfriend about condoms?

Help her to decide when and where to have the conversation, and what approach she wants to use. Role-play the conversation, playing the role of Shimi's boyfriend, at first, and then switch roles if Shimi has difficulty responding during the initial role play, so that you can model possible responses.

Note: The recommendations provided in the Answer Key comply with the guidance in *Family Planning: A Global Handbook for Providers (2018 update)*. If national guidelines are available and provide guidance on these topics, participants should follow the recommendations in the national guidelines.