



FMOH

NATIONAL TRAINING MANUAL ON PEER-TO-PEER YOUTH HEALTH EDUCATION



GROWING GIRLS AND WOMEN IN NIGERIA (G-WIN PROJECT)



Federal Ministry of Health

in collaboration with

**The Federal Ministries of Finance,
Women Affairs and Social Development**

NATIONAL TRAINING MANUAL ON PEER-TO-PEER YOUTH HEALTH EDUCATION

**GROWING GIRLS AND WOMEN IN NIGERIA
(G-WIN PROJECT)**

December, 2013

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FOREWORD

As Nigeria strives towards the achievement of the Millennium Development Goals (MDGs), an important resource that must be harnessed is the country's significant proportion of adolescents and young people. This age group forms the foundation of Nigeria's existence and is a crucial determinant of future socio-economic growth, development and political stability. The development of the training manual on Peer to Peer Youth Health Education is one of the most remarkable efforts made to address the regrettable information gap that currently exists between parents and their young ones. The goal of the project is to improve the optimum health and development of Adolescents and other young people particularly out of school youths.

Adolescents, (10-19) constitute over a fifth of the Nigerian population, while young people aged 10-24 years constitute almost one third of the population, thus forming a significant proportion of the Nigerian populace. In view of this and as part of the Transformation Agenda of President Goodluck Jonathan, the Growing Girls and Women in Nigeria (G-WIN) project was initiated by the Minister of Finance and Coordinating Minister of the Economy (CME) to address the needs of adolescent girls and women in Nigeria. This initiative has been developed to support five key Government Ministries (Health, Works, Communication, Agriculture and Water Resources) to deliver concrete result for young girls and women.

In order to boost the Implementation of G-WIN, the Ministry of Health initiated the Peer to Peer (P2P) youth health program with the perception that schools form a good catchment area for influencing the health of young people. The school also plays a vital role in engaging young people in leading experiences that could help them practice basic hygiene and sanitation, prevent diseases, as well as empower them to be able to negotiate and make informed health choices and relationships.

The process of developing this training manual involved input from stakeholders including youth representatives from the pilot States (Ondo, Osun, Kwara, Adamawa, Rivers, Ebonyi, Akwa-Ibom, Anambra, Kebbi, Gombe, Katsina and FCT). The manual, which is expected to be used by young people, is designed to enable them pass health messages in a simple and comprehensive manner, to their peers with the ultimate goal of advancing the health of adolescents and other young people in Nigeria, especially the very young adolescents.

Prof. C.O. Onyebuchi Chukwu
Honourable Minister of Health

ACKNOWLEDGEMENTS

Young people are the bridge between the present and the future. Peer Youth Health Education (PYHE) will guarantee a better future for young people even in their adult age and the virtues transferred to the next generation

We are grateful to Mr. President, Dr. Goodluck Ebele Jonathan whose Transformation Agenda led to the creation of the Growing Girls and Women in Nigeria (G-WIN) Project which has shone a light on the pathway of adolescents and other young people in Nigeria. We particularly appreciate the commitment of the Hon. Minister of Finance, Dr. Okonjo Iweala, whose stewardship has given meaning to the lives of our teeming young people. Similarly, we owe our gratitude to the Hon. Minister of Health, Prof. C. O. Onyebuchi Chukwu who provided the enabling environment that resulted to the success of this work. We also wish to appreciate the contributions of the Hon. Minister of Women Affairs and Social Development to the development of this Training Manual.

We remain eternally grateful to Prof. Adesegun Fatusi, the Chairman of the Technical Working Group on Adolescent Health and his team (Mrs. Modupe Taiwo and Mrs. Bamidele Bello), for their tremendous helpful, supportive and creative contributions to the success of this document. The technical advice and review by Dr. Olusola Odujinrin, Dr. Tunde Segun and Mrs. Fadekemi Agarau improved the quality of the manual. We appreciate their contributions towards the viability of this training manual.

Our appreciation also goes to the state Adolescent Desk Officers, staff of Family Health Department, particularly the Head of GASHE, Dr. C. Ugboko and Adolescent and School Health Desk team headed by David O. Ajagun, for their technical support and hard work in the course of developing this vital capacity building material.

This appreciation also extends to the participants at the stakeholders' meeting on the review, finalization and adoption of this manual. We acknowledge and appreciate development partners for their sustained financial and technical support which complemented government's commitment to ensuring the success of this work.

Finally, we owe our profound gratitude to God Almighty who gave us the wisdom, knowledge and strength to accomplish this task.

Dr. Wapada I. Balami, mni
Head, Family Health Department, FMOH

Peer Education Training Manual for Youth Health Promoters in Nigeria

Over view of the Manual

Peer education manuals have been developed in many countries around the world. In general they aim to provide guidelines for the training of peer educators or to propose ideas for activities that could be carried out in peer education projects with young people. This manual however, focuses specifically on the training of peer educators as social change agents within their community. The manual is intended to be used by trainers in peer education when training peer educators.

In the context of this manual, peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, rank or interests) over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to be responsible for and protect their own health and that of their peers.

Peer education can take place in small groups or through individual contact and in a variety of settings: in schools and universities, clubs, churches, workplaces, on the street or in a shelter, or wherever young people gather.

Examples of youth peer education activities are

- Organized sessions with students in a secondary school, using interactive techniques such as quizzes, role plays or stories;
- A theatre play in a youth club, followed by group discussions; and
- Informal conversations with young people at a discotheque, talking about different types of behaviour that could put their health at risk and where they can find more information and practical help.

Peer education can be used with many populations and age groups for various goals. Recently, peer education has been used extensively in HIV/AIDS prevention and reproductive health programmes around the world.

Peer education is one part of the complex puzzle of improving young people's sexual and reproductive health by preventing HIV, STIs, substance use and other health concerns. Peer education programmes must be well coordinated within a much larger context of health-care services and other institutions. Good peer education programmes work hard to build linkages with a host of other organizations so that they can work together in coalitions of associations that complement each other, work side-by-side and refer to each other as necessary. In this way, peer education needs to be part of a comprehensive approach and a community-wide effort. For example, peer education can complement skills-based health education led by teachers, or a health promotion campaign, the work of health staff in clinics, or the efforts of social workers to reach vulnerable young people out of school.

This training manual is divided into six modules with relevant sessions carefully selected to increase knowledge, build skills and enhance the capacity of peer educators to act as positive change agents.

Module Content

Module 1: Peer Education

- Session 1 Peer Education programme
- Session 2 Peer education selection, roles and qualities
- Session 3: Networking, Referral and linkages

Module 2: Life management skills and behaviour change

- Session 1: Values and value clarification
- Session 2: Self -esteem, Goal setting and Decision making
- Session 3: Leadership and communication skills
- Session 4: Assertiveness, Public speaking and Negotiation skills

Module 3: Adolescent Health

- Session 1: Sexual and Reproductive Health issues
- Session 2: Contraception options for youths
- Session 3: STI, HIV/AIDS
- Session 4: Drug abuse and mental health
- Session 5: Nutrition

Module 4: Promotion of Personal Hygiene

- Session 1: Good grooming routines
- Session 2: Hand washing
- Session 3: Common conditions controlled by improved personal hygiene

Module 5: Gender awareness and Sensitivity

Module 6: Monitoring and Evaluating Peer Education Program

MODULE 1: PEER EDUCATION PROGRAM

Introduction

In this module, we will focus on peer education as an effective approach for empowering adolescents. With a view to attaining the objectives of adolescence education, various activities are conducted in schools by teachers. But since adolescence is a period when peers tend to have more influence than adult or authority figures such as parents and teachers, peer education has proved itself as an effective approach. Well-trained and motivated peer facilitators undertake informal or organized educational activities with their peers (adolescents) over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills that will enable them to practice informed and responsible behavior in respect of their concerns. Peer education can take place in small groups or through individual contact and in a variety of settings with different age groups.

Which is why, there is a need to empower a select group of students in every school or groups of youths out of school to act as peer educators. Peer education is an effective tool for youth to youth reach which promotes and encourages a youth led shared learning for skills. It compliments teacher/adult- led effort in providing education and information to young people and provides for creating opportunities for youth leadership.

The module is divided into 4 sessions and developed to increase knowledge about peer education program, become aware of the influence of peers and its implications.

Session 1: Definition of concepts in peer education

Session 2: Peer educator's selection, roles and quality

Session 3: Technics of sharing information

Session 4: Peer influence

Module at a Glance

Session Title	Time	Learner Objectives	Methods	Materials
Definition of concepts in peer education and rationale for peer education program	1 hour	<ul style="list-style-type: none"> ▪ Identify the relevant concepts in peer education ▪ Define peer education concepts ▪ Describe the reasons for peer education program 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussions ▪ Demonstration and return demonstration ▪ Lecture 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes
Peer educator's selection-roles and qualities	1 hour	<ul style="list-style-type: none"> • Describe the steps in peer educators' selection. • Discuss the roles of peer educator in schools and communities ▪ Mention 10 qualities of a peer educator. 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussions ▪ Lecture ▪ Presentation 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper ▪ Projector (if available) ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes
Technics of information sharing	1 hour	<ul style="list-style-type: none"> • Describe technics of sharing information with peers 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussions ▪ Lecture ▪ Presentation 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes
Peer influence	1 hour	<ul style="list-style-type: none"> • Become aware of the influence their peers have on them • Develop confidence in wielding positive influence as peer educators 	<ul style="list-style-type: none"> ▪ Role play 	Flash cards

SESSION 1: Definition of some concepts in Peer education program

Learner's objective

By the end of this session the participants will be able to:

- Identify the relevant concepts in peer education
- Define peer education concepts
- Describe the reasons for peer education program

Session overview

- Introduction
- Definition of peer
- Definition of peer education
- Rationale for peer education program

Time: 1hr

Method

Brainstorming
Discussion
Lecture
Experience sharing

Materials

Flip chart stand/marker
Paper tapes
Chalk board/chalk
Projector (if available)

Peer

A peer is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, similar interest, sexual orientation, occupation, socio-economic and/or health status, etc.

Education

Education refers to the development of a person's knowledge, attitudes, beliefs or behaviour resulting from the learning process to bring about positive outcomes.

Peer Education

Peer education is widely recognized as a useful and credible way to reach young people with important information. It is a process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to be responsible for and protect their own health and those of their peers.

Peer education can take place in small groups or through individual contact and in a variety of settings: in schools and universities, clubs, churches, workplaces, on the street or in a shelter, or wherever young people gather.

Peer education uses volunteer members of a given group to effect changes among other members of the same group which stimulates collective action, which in turn results into positive outcome within the group and in communities.

Rationale for Peer Education Program

A young person's peer group has a strong influence on the way he or she behaves. This is true of both risky and safe behaviours. Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or culturally taboo. Peer education makes use of peer influence in a positive way. Specifically, education program helps to:

- Stimulate attitudes and behaviours that is suitable for risk reduction practices in individuals and groups.
- Develop knowledge and skills in young people for influencing and sustaining positive social change at individual and group levels
- Increase access of young people to Sexual health and development information and education required to make informed decisions about life
- Improve the ability of peer educators to provide accurate information and confidently influence their peers in a positive way
- Create a network of knowledgeable young people who are accessible to the community, particularly their fellow classmates, club members, and peer learning groups.

SUMMARY

The importance of education cannot be over-emphasized, especially where adolescents and their health is concerned. Peer education has proven viable for this means because of the strong influence a peer group has on the adolescents.

SESSION 2: Peer Educator's Selection-Roles and Qualities

Learner's objectives

By the end of this session participants will be able to :

- Describe the steps in peer educators' selection.
- Discuss the roles of peer educator in schools and communities
- Mention 10 qualities of a peer educator

Session overview

- Introduction
- Steps in selecting peer educators
- Roles of peer educators
- Qualities of peer educators

Time: 1hr

Method

Brainstorming
Discussion
Lecture
Experience sharing

Materials

Flip chart stand/marker
Paper tapes
Chalk board/chalk
Projector (if available)

Peer Educators Selection

Young people both in schools and community who have shown interest in participating in community services may nominate themselves to be involved in peer educator program. Others may be selected through nomination by reputable individuals such as the school head, school teachers, parents, religious leaders and opinion leaders in the community.

In addition, selection within the school system may also integrate students voices by allowing them to vote for those they feel would best serve as good peer educators. In other words, the peer educators will be selected by their peers through their class, club, or peer learning group. The selected students must be approved by the teachers of the school while also respecting the choice of the students

There are three different ways a school can structure its peer educator selection:

- (a) **School-Based:** Where possible the same numbers of males and females or a 40/60 ratio are selected from each class categories JSS1 – SSS3. In most schools where there are no active clubs or formal structure for promoting health related activities, this form of selection will be used most often. In this case the selected peer educator will be formed into a PEER EDUCATORS' CLUB and should be recognized and supported by the school management.
- (b) **Club-Based:** In schools where viable clubs exist, ratio 2:3 or 40 males and 60 females are to be selected from each active club in the school. These clubs do not necessarily need to have a health focus, and can work for all ages or classes. In order to cover a broad range of students at the school, however, facilitators should know the composition of the clubs when determining how many students each will contribute.
- (c) **Peer Learning Groups:** This is a community based peer education selection approach. Sometimes some young people are not involved in any existing clubs, or may have already completed school (out of school youths). To reach these young people, facilitators should encourage them to identify with a particular peer group (i.e. a group of friends that play pool every weekend, or a trade group if they are apprentices). Once these groups have been defined, it is possible to select peer educators from each of these groups, preferably males and females. The selected representatives will be trained and then work as peer educators within their own peer groups in the community. Depending on the size of the local communities, it is recommended that each peer learning group contain 30 persons.

Role of the Peer Educator

- The peer educator's main role is to help group members define their concerns and seek education through the exchange of information and experiences. The peer educator is the best person to disseminate new information and knowledge to group members.
- Peer educators become a good role model to their peers because of their ability to better empathize and understand the emotions, thoughts, feelings, and language of their mates.
- Peer educators demonstrates behavior that can influence the class or club norms in order to promote HIV/AIDS/STI risk reduction, inspire and encourage the adoption of positive health-seeking behaviour.

Involvement and participation are very important for the planning and continuation of the peer educator program. Peer educators, teachers, students, school development committees, and

representatives from the community are all welcome and encouraged to share their ideas and give input.

Qualities of Peer Educator

Listed below are some qualities that need to be developed by a peer educator in order to be effective in his/her work:

- Ability to keep abreast of new information and knowledge in the area of reproductive health. for example HIV/AIDS, family planning, etc.
- Ability to listen and communicate effectively.
- Ability to deal with emotions and difficult situations.
- Non-judgmental attitude
- Adaptive and flexible nature.
- Ability to encourage and provide support.
- Ability to lead by example.
- Ability to keep confidences and foster trust.
- Ability to look at things from various perspectives.
- Ability to make decisions and encourage others to do so.

Summary

Anyone can volunteer to be a peer educator. However, it is essential that the volunteers are chosen wisely and correctly, reflecting and possessing the necessary qualities needed to make the impact on the adolescents

SESSION 3: Techniques of information sharing

Session Objective

By the end of this session participants will be able to:

- Develop the required skills and techniques of sharing information among peers

Session overview

- Information Channel
- Exercise

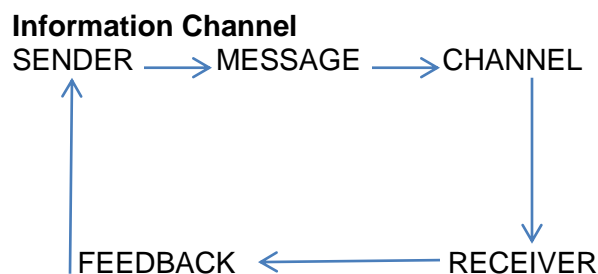
Time: 1 hour

Method

Brainstorming
Discussion
Lecture
Experience sharing

Materials

Flip chart stand/marker
Paper tapes
Chalk board/chalk
Projector (if available)



NOTE TO FACILITATORS: It is important not to make this session a lecture but a discussion. Allow them to learn by contribution and discussion, however, guide the discussion. The techniques should include but not be limited to the below:

SKILLS AND TECHNIQUES OF PASSING INFORMATION

- Adequate Knowledge, Understanding and Empathy towards situation
- Good listening skills
- Possession of Adequate and Correct Information
- Proper information channeling and choice of channel (verbal or non-verbal)
- Communication Skills (Verbal- ability to speak in an understandable manner; and Non-verbal; e.g. smiling, nodding, leaning towards etc.)
- Decision Making skills and ability to convince and lead others to make decision
- Problem solving and Negotiation skill

EXERCISE:

Exercise 1: information sharing

Adaobi was the only daughter among four children of her parents who are petty traders. They have difficulties in paying the school fees of their children due to their poor economic status. While her parents are considering the option of her dropping out to engage in some economic activities to assist the family, she will rather offer sex for sale to keep herself in school. Whereas, she has an option of writing a scholarship examination in support of her education in the next one month. But she complained of not having enough time to study for the examination.

Question

As a peer health educator in Adaobi's school, how will you be of help to her in making a right decision about her life?

Model Answers to the exercise above

1. The peer educator may help Adaobi to explore the benefits and consequences of any of the options; dropping out of school or offer sex for money
2. Adaobi should be guided to take an informed decision based on the information provided by the peer educator
3. The peer educator can also educate parents on the ills of encouraging children to drop out of schools for economic reasons

4. **Adaobi should be encourage to spend time to study for the scholarship examination as this will present a life time opportunity to complete her education with ease.**

More exercises on Information sharing by Peer to peer educators

Exercise 2: Information sharing

Question: *review the following scenarios and work in a group to discuss how you will provide support to solve the problems*

Scenario 1-Your friend has suddenly become very withdrawn and sad. S/he has stopped Participating in group activities and spends most of his/her time alone.

Scenario 2- Your friend is unable to concentrate in the classroom and plays truant. You have observed that s/he is becoming very erratic and showing signs of weight loss.

Scenario3- Your friend is constantly worried about his/her weight. S/he avoids eating and stays away from group activities like picnics and parties.

Scenario 4- Your friend has been indulging in sexual activity and is now worried that s/he may be HIV infected.

Scenario 5- Your friend is pregnant. She is unmarried and scared about her future.

Scenario 6- Your friend is married and contemplating divorce.

My Question and Answer (My Q&A) Service

There will be times where some situations might be too challenging for peer educators to handle and they would need further support. In such situations, it is important for peer educators to turn to adults they can trust to share any challenges they might face in conducting their peer education activities. These adults might include the following:

- Coordinating Teacher for the Peer to Peer Project
- Guidance counselors
- Staff of an NGO or CBO
- Health Provider at a primary health care center



In the event that a peer educator can't reach any of these potential individuals or would like to speak anonymously (not revealing who they are) and confidentially to an adult, they can use the My Q&A services. This service is available to the peer educators or the peer who is directly in need.

The MyQ&A services build on the fascination that young people have with mobile phones, as well as the increased use of mobile phones amongst young people in recent years. The aim of the service

is to provide a platform for young people to ask the SRH and HIV/AIDS questions that they often have, but that they do not feel able to ask out loud.

My Question offers a multi-dimensional service whereby young people can ask questions through:



Call 08027192781-free
from Zain only



Text **38120** free from MTN,
Zain and Starcomms



E-mail/Web through
myq@learningaboutliving.org or
visit www.learningaboutliving.org



<https://www.facebook.com/myQmyA>

The questions are answered by experienced counselors, which have been running the service for over 8 years. The services is absolutely FREE to young people. Every time a young person sends in a question, they must include their age, sex and location in this format: "17MMKD" for 17 year old, male from Makurdi for example. This data is to help us keep track of the types of people that are using the service but not to track or trace the individuals submitting questions.

My Answer is a monthly competition service that allows young people to engage more with SRH issues. Every month a question is publicized and young people get a chance to respond through their preferred medium. The competition opens on the first day of the month and closes on the last day. Randomly selected numbers are chosen from a pool of correct answers to win recharge cards for the month. The My Answer service encourages young people to seek out accurate information and rewards young people for having the correct knowledge on a variety of reproductive health and HIV/AIDS issues. To find out the question of the month, young people can text "MyA" to 38120.

Summary

A peer educator is usually faced with challenging experiences that require proper dissemination of information. It is essential that the peer educator not only have the adequate information needed but to have the skills and techniques to pass it in such a way that it is embraced by his peers

SESSION 4: Peer influence

Learner's objective

By the end of this session participants will:

- Become aware of the influence their peer have on them
 - Understand that you can influence your peers.
- Develop confidence in wilding positive influence as peer educators

Session overview

Exercise on wilding positive influence on peer

Time: 1 hour

Method

Brainstorming
Discussion
Lecture
Experience sharing

Materials

Flip chart stand/marker
Paper tapes
Chalk board/chalk
Projector (if available)

Peer Influence

Notes for the Facilitator

Young people are often deeply influenced by their peer group. However, most of the time, this influence is very subtle, and they do not notice the changes in their behaviour, attitudes and skills. Peer influence also exerts pressures. At times, many young people end up doing things they would not have done on their own. This exercise provides many opportunities for discussion on the pros and cons of peer influence.

Procedure of exercise

- Invite the participants to sit in a circle. Explain that they will be learning about the influence they can have on their peers.
- Ask the participants to pick up 2 flash cards and a marker each.
- Ask them to close their eyes for a few minutes and think about their peers.
- Ask them to think of situations when they have been able to influence them to do or not do something.
- Explain that they should use one flash card for writing a positive influence and one flash card for writing a negative influence.
- Assure the participants that we all influence people with positive and negative effects, and there is no harm in learning from both.
- Ask the participants to place the two sets of cards in two vertical lines.
- Invite them to read the cards. Ask a volunteer to do this.
- Then, ask the group to cluster similar cards from both the lines.
- Ask the participants to put the cards up on a wall, so that everyone can see them.
- Invite the group to sit facing the cards, and facilitate a discussion using the following questions:
 - *How did you feel writing about the positive and negative influence that you may have had on your peers? Why?*
 - *Have you ever reflected on your ability to influence others? Why/Why not?*
 - *Can you think of ways you can use the ability to prevent your peers from indulging in risky behaviours? How?*

Summary

It is important that the peer educator realises the power of influence, especially the influence of the peer group. Such influence should be capitalized upon by him/her, and utilized appropriately especially in disseminating information on adolescent sexual and reproductive health.

MODULE 2: LIFE MANAGEMENT SKILLS AND BEHAVIOUR CHANGE

Introduction

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO).

The term 'Life Skills' also refers to the skills usually associated with managing and living a better quality of life, they help us to accomplish our ambitions and live to our full potential.

This module comprises of four sessions of life planning/building/or life management skills for young people.

Young people are confronted with challenges on a daily basis and need life skills to enable them cope effectively. This module is designed to help trainers empower young people to acquire skills that will enable them have healthy lifestyles.

Session 1: Values and Value clarification

Session 2: Self -esteem, Goal setting and Decision making

Session 3: Assertiveness, Public speaking, Refusal and Negotiation skills

Session 4: Leadership and Communication skills

The Module at a Glance

Session Title	Time	Session Objectives	Methods	Materials
Values and Value clarification	2hrs	<ul style="list-style-type: none"> • Define the concept 'Values' • Identify sources of values • Explain the concept 'value clarification' • Discuss the relationship between values and behaviour. 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussions ▪ Group work ▪ Lecture 	<ul style="list-style-type: none"> ▪ Flip chart stand/paper. ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes
Self Esteem , Goal setting and Decision making	2hrs	<ul style="list-style-type: none"> • Define self-Esteem, Decision making and Goal setting • Highlight Characteristics of Self-Esteem • Describe steps for informed decision-making • State the advantages of goal setting 	<ul style="list-style-type: none"> • Brainstorming • Individual/Group work • Lecture • Discussion 	<ul style="list-style-type: none"> • Flipchart Stand/Paper/Markers • Chalkboard/Chalk
Leadership and Communication skills	2hrs	<ul style="list-style-type: none"> • Explain the term leadership and effective communication • State at least four leadership skills • List the different modes of communication 	<ul style="list-style-type: none"> • Group/Individual work • Brainstorming • Discussion • Lecture 	<ul style="list-style-type: none"> • Flipchart/Stand/Paper/Markers • Chalkboard/Chalk ▪ Copies of case studies on decision-making scenarios
Assertiveness, Negotiation and Refusal Skills	1½hrs	<ul style="list-style-type: none"> • Differentiate between assertiveness and negotiation • Describe how to negotiate for safer sex • List the tips required for refusal skills 	<ul style="list-style-type: none"> • Brainstorming • Group/Individual work • Lecture • Discussions • Role play 	<ul style="list-style-type: none"> • Flipchart/Stand/Paper/Markers • Chalkboard/Chalk ▪ Case Studies

Session 1: Values and Value Clarification

Session Objectives

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

- Define the concept “value”
- Identify sources of value
- Explain the concept “value clarification”
- Discuss the relationship between values and behaviour

Time: 1 hour

Session Overview

- Definition of values
- Sources of value formation
- Value Clarification
- Relationship between values and behaviour

Methods

- Brainstorming
- Discussion/Group work
- Lecture

Materials

- Flip chart stand/paper
- Chalk board/chalk
- Marker
- Paper tapes

Introduction

Definition of Values

Values can be defined as principles, standards or qualities regarded as worthwhile or desirable. They are those things which people believe in and attach importance to, or those things they are against. It is important to note that values influence people's decisions and contribute to the achievement of their goals.

Sources of Values Formation

Sources from which an individual forms his or her value include: family, personality trait, friends, peer groups, schools, media, religion and the society.

The family

The family is group of people living together who are related by blood and or marriage. It is the first primary agent of socialization. Socialization is the continuous process by which children acquire personal identity, social judgment and self-control necessary for them to become responsible adult members of the society.

Parental discipline and behavioural examples shape their social judgment and self-control. Through these, parents transmit the socio-cultural attitudes, traditions and values to their children.

Personality traits

These are qualities that are personal to an individual. They contribute to his or her value formation. For example some have natural leadership qualities while others may be passive and laid back in their approach.

Peer Group

These are group of people who share similarities such as age, background and social status. Peer Group acceptance is very important to adolescents and young people.

Religion

This is a set of strongly-held beliefs, values and cultural system that somebody lives by and is one of the major factors that influence the individual's moral beliefs and attitude to life.

Society

The society imposes standards on its members through its norms, values and laws, which spells out the do's and don'ts of the society.

Media

This is a means of being connected with the outside world, which influences the perception of the individual about life issues. It has positive and negative influences on values. For example, radio, television, newspapers, internet (*facebook, twitter, whatsapp*) etc.

Value Clarification

Value clarification refers to the sorting out of personal values from the values of others and those of the large society. It is important for young people to think and express their opinions about particular issues and to recognize that their opinions may be different from others. Also views about issues may change from time to time as people are exposed to different perspectives.

Steps in Value Clarification include

- Identification of personal values
- Prioritization of personal values
- Protection of personal values
- Usage of values to guide behaviour.

Relationship between Values and Behaviours

Values are the blocks with which a person constructs his or her position on particular issues, while behaviours is the manifestation or “acting out” of such values. Identifying one’s values and clarifying them from those of others and the society enables one to develop positive behaviour.

Summary

Values are principle or desirable standards, which influence an individual in decision-making and attainment of goals. Values can be formed from the family, peer group, religion and the society. The ability of young people to sort out their values from that of their peers is called value clarifications.

Evaluation

- What is value?
- List four sources of value formation
- Explain the term values clarification.

Session 2: Self -esteem, Goal setting and Decision making

Session Objectives

By the end of this session participants will be able to

- Define self-esteem, decision making and goal setting
- Highlight characteristics of self-esteem
- Describe steps for informed decision-making
- State the advantages of goal setting

Time: 2hrs

Session Overview

- Definition of self-esteem, goal setting and decision making
- Characteristics of self-esteem
- Types of goals setting
- Factors which affect decision-making

Methods

- Brainstorming
- Group work/Individual assignments
- Role play
- Lecture

Materials

- Flipchart/Stand/Paper/Markers
- Chalkboard/Chalk
- Games
- Masking tapes

SELF ESTEEM

Definition of Self-Esteem

Self-esteem is the way an individual feels about him/herself and how he/she relate to other people. Self- esteem is a reflection of one's self, on the other hand, it is the judgment that people make of themselves. It could be high or low. When a person can accept his/her weaknesses and faults and simultaneously recognizes his or her strengths and positive qualities, the person will experience strong self-worth and high self-esteem.

Characteristics of a person with high or low Self-Esteem

High self- esteem	Low self- esteem
Assertive	Very arrogant
Confident in self	Critical attitude
Caring attitude	Rebellious
Uses interactive approach	Lack of confidence in self and other people
Respects authority	Has inferiority complex
Firm	Allows him/herself to be pushed around
Motivated by their achievement and aims for more	Accept defeat easily

- **Factors Which Promote High Self-Esteem**
 - Supportive Environment
 - Stability of the family
 - Setting achievable and realizable goals
- **Factors which result in low self-esteem**
 - Constant criticism
 - Instability in the family
 - Inconsistent upbringing
 - Socio-economic adversity (poverty)
 - Rejection
 - Failure
 - Child abuse
- **Statements Which Build up Young People's high Self-Esteem**
 - You are very beautiful you know
 - That was really good. Keep it up
 - I am proud of you
 - You are a winner all the time etc

Statements which build up Young People's low self-esteem

- I know you cannot do anything right
 - You never listen when I talk to you
 - You are lazy
 - You will never learn
 - You are impossible
 - Nothing good can come out of you.
- **Working on your Self-Esteem When you are poorly treated**
 - Do not droop like a flower or feel bad about yourself
 - Do not get involved in doing things that you think are wrong such as drinking or smoking
 - Be true to yourself
 - Be conscious of the fact that life is full of ups and downs
 - Put your immediate crisis to perspective
 - Talk to a trusted fellow
 - Be patient.
 - **Statements you must say** to improve your self-esteem
 - I am a great person
 - I shall make it to the top
 - I can do all thing I purpose to do
 - I am reaching the top
 - I am special, important and unlimited person
 - I have worth and value
 - I can be trusted
 - I take responsibility for myself
 - I am cared for by my parents and other loving people around me
 - I am more than I ever know
 - I make good and informed decisions and choices
 - My future is great, because I want the best for myself

How to develop high self-esteem?

There are four conditions that need to be met for an individual to have high self-esteem:

- **Connectedness:** feeling attached and connected to others; feeling as if they belong and are respected.
- **Uniqueness:** the sense that we are special, different from everyone else.
- **Power:** feeling in control of our lives: 'I am competent', 'I have responsibilities'.

To build this feeling we need options and responsibilities from which we can choose.

- **Role models:** to build self-esteem we need to have good role models. For example, I want to be a footballer like Kanu Nwankwo

GOAL SETTING

What is a goal?

A Goal is that which we set to accomplish while goal setting is an activity that enables us to plan what we want to achieve in life. It is usually a broad statement of long or short-term outcomes of events. When one sets goals, there is a need to take into consideration, factors that will facilitate the achievement of the set goal.

An example of a goal would be “I want to go back to school and get a Bachelors Degree in Mechanical Engineering.” This is very specific. It’s not just stating “I want to go back to school.” It’s stating exactly what type of degree you want to obtain.

Think about it, if you just use “I want to go back to school” as your goal, there are still many unanswered questions, for example, which diploma or degree you should take. If you specify that you want a degree in Mechanical Engineering, you will be able to plan which classes to take, and it may narrow down your search for a school, as only certain schools offer degrees in Mechanical Engineering

Differences between Goal, Purpose and Objective

A goal is a future event which is concrete, specific and accomplishable. It is measurable in terms of what is to be done and how long it will take to achieve it.

A purpose is an aimed direction that is not necessarily measurable.

An objective is a future event that is specific in that it addresses a particular issue: it is measurable as it quantifiably allows for monitoring and evaluation. It is appropriate in terms of its available resources and it has a time-frame for achievement.

Types of Goals

There are two types of goals:

- **Long Term:** These are goals that are meant to be achieved over a long period of time. e.g educational goals.
- **Short Term:** These are goals that are to be achieved within a short period i.e they are things hoped to be achieved more immediately.

Purpose of Goal-Setting

Setting goals enable one to:-

- Control and properly utilize one’s time
- Set priorities and identify what is to be accomplished
- Know what one has to accomplish

Steps in Goal-Setting

- Know exactly what you want to achieve
- Know when you want to achieve them
- Know whether your goal is manageable
- Ensure you achieve your goals

Principles of Goal-Setting

A useful way of making goals more powerful is to use the SMART.

- S - Specific
- M- Measurable
- A - Attainable
- R - Realistic
- T - Time-bound

For example, instead of having “sail around the world” as a goal, it is more powerful to say “To have completed my sail around the world by December 31, 2015.”

Advantages of Goal-Setting

- Provides direction and meaningful activities
- Provides opportunity for increased self-esteem based on goal-attainment
- Provides opportunity for self-understanding
- Provides guidelines for decision-making.

Keys for Success

It is important that all young people aspire to have a successful life. To do this, young people must:-

- Set Goals
- Establish priorities
- Work out plans towards goal attainment
- Measure achievements vis-à-vis goals

EXERCISE:

Eno-Obong is a fifteen-year-old girl who has a desire to become a medical doctor. In order to achieve this goal, she needs to determine what subjects she has to study and the grade she needs to make at the Senior school Certificate and the Joint Admission and Matriculation Board Examinations. In addition, she needs to be in the university for a period of 6 years as well as devote more time to reading than attending social activities. When Eno-Obong entered the university, she discovered that she had to spend more time in the pre-clinical departments learning about parts of the human body, human physiology and biochemistry of human bodily functions using the cadava (dead body). All these have to be mastered before moving on to clinical studies which are patient-centered.

At a point in time, she was put off, more so when she had to forfeit many social activities and pleasures which she enjoys much. However, because Eno-Obong is determined to be a doctor, she sat back, faced her studies and worked within the set time to achieve her goal. Exactly six years after admission, she graduated as a doctor.

Processing questions

- Using the steps in goal setting, identify how Eno-Obong achieved the goal of becoming a medical doctor.
- What could have prevented her from achieving her goal

DECISION MAKING

Introduction

Decision making can be defined as an outcome of mental processes leading to the selection of a course of action from several alternatives. Every decision-making process produces a final choice. The output can be an action or an opinion of choice.

We make decisions every day: when to get out of bed, have breakfast, brush our teeth, meet certain people, etc. Some decisions are very important to our lives. We should recognize their importance and think before we act. Decisions about sexual relationships are very important.

Factors which affect Decision-Making

Family, Religion, Culture, Society, Science/Technology, Climate, Friends/Peers, Government, Environment, the Media, foreign Influence, and School/Education.

Steps in the process of decision-making

Define the problem: State exactly what the problem is, or define the situation about which decision needs to be made.

Consider all alternatives: List the possible ways to solve the problem and all the possible decisions that could be made. You may need to gather more facts or consult with others to be sure you have not left out any options.

Consider the consequences of each alternative: List all the possible outcomes, positive and negative, for each alternative or each course of action that could be taken. Make sure that you have correct and full information for each point.

Consider family and personal values: Values include beliefs about how we should act or behave. The personal and family rules we live by and believe in are important.

These could be beliefs about honesty, loyalty, or whether it is alright to smoke and drink alcohol. Most of our values come from the training we receive at home. Other values come from our friends and society. Consider whether each alternative fits with your personal and family values.

Take action: Decide to put decisions you have made into action.

Evaluate the consequences of the decisions: Is it the best for a long time? How will it affect me and others around me?

Summary

Self-esteem, simply put, is a reflection of one's self, self-worth's appreciating one's strengths and positive qualities whilst acknowledging one's imperfections and working towards improving on them. Young people are encouraged to always promote the concept of self-worth, embrace qualities that will add value to their lives and always believe in themselves.

Goal-setting is crucial in everyone's life. It helps to identify that which one aims to become in life. Setting goals provides direction for the future and also helps in providing guidelines for decision-making towards accomplishing our immediate and future ambition.

Decision-making is a day-to-day activity and everyone makes decisions over one issue or another. In order to avoid low self-esteem or further complications in life, you need to make the best decision at any point in time. Young people should also note that there are consequences for every action taken (or ignored) which may be either good or bad.

Evaluation

- Explain the terms; self-esteem, goal setting and decision making
- State at least four characteristics of self-esteem
- List the different types of goals
- Mention four advantages of goal-setting
- Describe steps in decision-making

Session 3: Assertiveness, Negotiation, Refusal Skills Leadership and Communication,

Session Objectives:

By the end of this session participants will be able to

- Explain the term leadership and effective communication
- State at least four leadership skills
- List the different modes of communication
- Describe how to negotiate for safer sex
- Explain refusal skills
- List tips required for refusal skills.
- Differentiate between negotiation and assertiveness

Time: 2hrs

Session Overview

- Definition of Assertiveness and negotiation skills
- How to negotiate safer sex
- Refusal skills
- Tips for refusal skills
- Definition of Leadership
- Leadership skills
- Definition of Communication
- Communication methods

Methods

- Brainstorming
- Group work/Individual assignments
- Lecture
- Discussion
- Role play
- Stimulation

Materials

- Flipchart/Stand/Paper/Markers
- Chalkboard/Chalk
- Games
- Masking tapes

ASSERTIVENESS

Assertiveness refers to the ability or competence to express one's feelings, needs or desires openly and directly but in a respectful manner.

Assertiveness means standing up for your right without violating the rights of others.

Assertive behaviour makes you feel better about yourself, confident and respected by others

The following are examples of assertive behaviour:

- To stand firmly by your beliefs without putting down others in the process.
- The ability not to be exploited or used against your will.
- The ability to reject undesirable behaviour.
- The ability used to reject unequal treatment.
- The ability to overcome submissiveness and uphold one's decisions, e.g. saying "No" to unwanted sexual activity.

Being assertive includes other nonverbal signs of communication, such as tone of voice, posture, eye contact and general body language. It involves expressing beliefs, thoughts and feelings in a direct, clear way at an appropriate moment and does not mean imposing beliefs or views on another person. To be assertive implies the ability to say 'yes' or 'no' depending on what one wants and stand by your decision firmly. For example: '**I don't want to have sex**' or '**Yes, I want to have sex but only if we use a condom**'.

Being able to express what is truly felt or desired can have important consequences for adolescent reproductive health. Being clear and assertive can increase self-respect and help resist peer pressure to engage in sex, drug use, etc. Adolescents who are assertive can effectively negotiate safer sex to prevent unwanted pregnancy and STIs, including HIV, and resist unwanted sexual proposals from adults. They are also more likely to identify and obtain services needed for pregnancy prevention, prenatal and postpartum care, and STI/HIV diagnosis, counseling and treatment.

NEGOTIATION SKILLS

EXERCISE: Great things and Bad things about Chocolate

MATERIALS NEEDED:

- Chalkboard and chalk or newsprint and markers
- One candy bar for each participant
- Masking Tape

PREPARATION REQUIRED:

1. Write on the board: "Great things about chocolate" and "Bad things about chocolate"

2. Have a newsprint ready with “Strategies used” written on the top and one with “What works” written on the top

PROCEDURE:

1. Introduce the lesson by informing participants that they are going to participate in an activity around persuasion.

2. Tell the group that we need to begin by looking at two sides of an issue.

3. Do two quick brainstorms with the group: “Great things about chocolate” and “Bad things about chocolate.”

4. Have the participants split into groups of two

5. Have each team decide which partner will play the “Parent” and which will play the “Adolescent”

6. Hand each participant a candy bar, instructing them NOT TO EAT IT YET and instructing them to treat their candy bar as if it is the BEST TREAT in the whole world to them.

Lesson:

7. Give the following instructions:

- In this activity, it is your job to persuade your partner.
- The “Parent” will go first.
- It is the “Parent’s” job to try to convince the “Adolescent” not to eat the candy bar and also to hand the candy bar over and allow the Parent to keep it for him/her.
- Remember, that candy bar is the BEST TREAT in the whole world.
- Feel free to use information from the brainstorm list to help you in your persuasion.
- You have 2 minutes to get the candy bar from your child.

8. Allow the persuasion process to take place for 2 minutes, giving a warning when time is almost up.

9. When time is up, stop the process and do a quick check-in:

- How many Parents got the candy from their Adolescent?
- What actual words did you use and strategies did you try to get the candy?

10. Instruct the group that we will now reverse the process

- “Adolescents” will now try to talk their “Parent” into giving them their chocolate bar.
- You will have 2 minutes to try to persuade your Parent.

11. Allow the process to go for 2 minutes, giving a warning when time is almost up.

12. When time is up, do a quick check-in:

- How many Adolescents got the candy from their Parent?
- What actual words did you use and strategies did you try to get the candy?

13. Let everyone share strategies they used in receiving the chocolate bars

Introduction

Negotiation skills are necessary in every aspect of life. Whether dealing with sexual reproductive or any other challenging life circumstances. Negotiation is a discussion aimed at reaching an agreement. Negotiation allows people to solve a problem or a conflict amicably. Young people are faced with different situations that put them at risk. They need to be

empowered with skills for negotiation so that they can get their needs met without feeling guilty, angry or intimidated

Negotiation is a 'win-win' or 'no lose' process such that both sides should feel that they have gained, however small the gain may be. Negotiation skills, is a result of rational thinking based on informed choices and effective communication to get one's ideas/plans accepted by the other person.

Adolescents and young people need to negotiate with others for a healthy and happy life style and to overcome the strong influence of peer pressure for experimenting with drugs, alcohol and sex.

How to Negotiate Safer Sex

- Be assertive, not aggressive
- Say clearly and nicely what you want (E.g. to use the condom from start to finish)
- Listen to what your partner is saying
- Use reasons for safer sex that are about you, not your partner
- Be positive
- Turn negative objection into a positive statement
- Never blame the other person for not wanting to be safe
- Practice 'TALK'

Tell your partner that you understand what they are saying

Assert what you want in a positive way

List your reasons for wanting to be safe

Know the alternatives and what you are comfortable with.

Tips Required For Negotiation

- Always use 'I' statement when negotiating
- State your position firmly when negotiating
- Shift ground but do not compromise your future
- Shift ground as long as the other partner too is shifting ground
- Negotiation skill is necessary when being pressurized to have sex, take alcohol, cigarette, hard drugs or do whatever you do not want to do

Passive Behaviour	Assertive Behaviour	Aggressive Behaviour
<ul style="list-style-type: none"> • Energy wasted 	<ul style="list-style-type: none"> • High energy level 	<ul style="list-style-type: none"> • Right and self -esteem of the others person are under mined
<ul style="list-style-type: none"> • Poor body language 	<ul style="list-style-type: none"> • Respecting yourself 	<ul style="list-style-type: none"> • Pushing someone unnecessarily
<ul style="list-style-type: none"> • Apologizes a great deal 	<ul style="list-style-type: none"> • High self-awareness 	<ul style="list-style-type: none"> • Telling rather than asking

<ul style="list-style-type: none"> • Place too much emphasis on feelings of others 	<ul style="list-style-type: none"> • Making choices 	<ul style="list-style-type: none"> • Ignoring others
<ul style="list-style-type: none"> • Always stressed 	<ul style="list-style-type: none"> • Confident 	<ul style="list-style-type: none"> • Not considering other's feeling
<ul style="list-style-type: none"> • Avoid conflict 	<ul style="list-style-type: none"> • Good communication and firm body language 	

REFUSAL SKILLS

Refusal Skills are a set of skills designed to help young people avoid participating in high risk behaviour.

Young people, daily interact with peers because it is necessary for their psychological and social development. However, they often get subjected to influences as a result of such kind of association. They therefore need to be equipped with Skills to be able to refuse negative Peer influences.

Tips for Refusal Skills

- Say “no” and give no excuse
- Say “no” and suggest an alternative
- Say “no” and leave it at that
- Use your body to signal “no” i.e stand back, hold up your hands ,shake your head, etc.
- Use your face to signal “no” i.e make a face, frown, grimace, look disgusted with the idea
- Leave the environment, making it clear that you want nothing to do with the situation

STORY ON LIFE SKILLS: Sara and David

David was a married college graduate whose wife was studying abroad. He was a good family friend of a girl called Sara. Sara is poor but an attractive young woman who had just completed her high school. David would make jokes and sometimes he would hug her. Sara knew he was attracted to her.

One afternoon, David met Sara on her way home and drove her back to town. He invited her for a drink and she accepted a soda at a restaurant. He said he would drive her home but instead he took her to a hotel.

David insisted that she join him in the hotel room to eat supper but knowing his intentions, Sara refused. David took her hand and pulled her to go along with him. He told Sara he would beat her if she refused or started to scream. Scared, she went with him into the hotel room where he ordered supper.

After a while David started to pull her on the bed. She wept, she begged him to let her go but she didn't want to scream very loudly because of David's threats. After more than one hour of struggling, she finally found the courage to threaten him. “If you do anything to me, I will tell your

wife and my family and you will be put in prison for rape.” David was so angry he pushed her out of the room.

Lessons learnt

- Sara was able to decide not to have sex (Decision Making Skills).
- She was able to maintain her decision to say “No” to David’s demands (Assertiveness Skill).
- She did not fully assess and foresee the possible dangers of driving alone with David even though she knew he was attracted to her (Critical Thinking).
- Like many young women, Sara was threatened with violence if she expressed herself in front of other people. Because of that fear, she had to go into the hotel room and risk being raped (Communication)
- In the end, Sara successfully resisted David. (Self-esteem/Awareness).

LEADERSHIP

Leadership is a process of social influence which maximizes the efforts of others towards the achievement of a goal.

Leadership skills

- **Integrity**

Integrity means honesty and high moral principles. It refers to having strong internal guiding principles that one does not compromise. It means treating others as you would wish to be treated. Integrity promotes trust, and is an important example of an essential leadership quality.

- **Vision/strategy**

A leader must have a clear idea of where his or her organization and unit are going beyond the present situation and should communicate this to others.

Communication

Communication in the context of leadership refers to both interpersonal communications between the leader and followers and the overall flow of needed information throughout the organization. Leaders need to learn to be proficient in both the communication that informs and looks out for information (gives them a voice) and the communication that connects interpersonally with others.

- **Relationships**

Relationships develop from good interpersonal and group communication.

- **Persuasion**

The ability to influence others and cause them to move in a particular direction is a highly important skill in leadership. In fact, leadership is often defined as the ability to persuade or influence others to do something they might not have done without the leader's persuasion.

- **Adaptability**

The leader must move easily from one set of circumstances (the plan) to the next if the plan is not going as expected and take them all in stride, even when the circumstances are unexpected. The good leader has to embrace change and see it as opportunity.

- **Teamwork**

No one person can do it all. A leader must know how to build and nurture a team. A good leader knows when to be a leader and when to be a follower. The good leader is a good follower when that's what is needed.

- **Coaching and Development**

Developing others is an important role for a leader. Encouraging others to expand their capabilities and take on additional assignments is part of the leader's responsibility. Leaders who feel threatened by the capabilities of others are challenged in this area. Coaching and development are essential skills all leaders must cultivate.

- **Decision-making**

A leader must be able to read through information, comprehend what's relevant, make a well-considered decision, and take action based on that decision. Making decisions too quickly or too slowly will hinder your leadership effectiveness.

Planning

Planning involves making certain assumptions about the future and taking actions in the present to positively influence that future.

COMMUNICATION

Effective communication is the ability to express ones views, thoughts and feelings, both verbally and non- verbally, interact with other people in any given circumstances in ways that are culturally acceptable.

Communication can be verbal or nonverbal communication. Verbal communication involves the use of words while non-verbal communication involves the use of pictures, gestures and body languages.

Effective communication involves active listening, effective use of verbal and body language, observation, and respect for others' feelings. Good communication can go a long way in improving relationships and minimizing possibilities of conflict.

EXERCISE: Oh John!

Aim: To enable participants realize the power of expressions in communication

Instruction:

Get seven participants to role-play the following exercise. They should express the following feelings when they shout “Oh John!”: anger, happiness, love, surprise, compassion, fear and scolding.

Then ask the rest of the group to identify what kind of feeling was expressed by each person. Also use the discussion questions listed below.

Steps:

- Write out the phrase “Oh John!” on the board.
- Select or ask for seven volunteers to do the exercise.
- Allocate the following expressions to the volunteers without the rest of the group present (anger, happiness, surprise, fear, love, compassion and scolding).
- Give the volunteers time to think about the emotion/state of mind they have been allocated.
- Now let the volunteers say (one by one) “Oh John!” in a manner that suggests their feelings/emotions to the rest of the group.

Discussion points

- What have they learned about communication from this exercise?
- Was the statement not the same? Did they convey the same meaning? Why?

Why not?

- Words can convey different messages depending on how they are said / conveyed.

Effective communication includes the ability to:

- communicate ideas skillfully and be able to persuade but not bully a partner.
- use the appropriate tone of voice in expressing anger, sadness, happiness, nervousness, respect, shame and understanding.
- use the appropriate verbal and non-verbal language in asking for and presenting information, influencing and persuading.
- use non-verbal methods during negotiations by sustaining eye contact and using appropriate facial expressions.
- use verbal hints to communicate i.e. “Yes”, “I see” etc.
- demonstrate active listening and to communicate empathy, understanding and interest.
- use body language and facial expressions that inspire trust and friendliness.
- provide facts and raise awareness.

Communication methods

	Passive Communication	Aggressive Communication	Assertive communication
Characteristics	<ul style="list-style-type: none">• Take no action to assert yourself.• Put others first at your	<ul style="list-style-type: none">• Stand up for your own rights with no regard for the other	<ul style="list-style-type: none">• Stand up for yourself without putting down the rights of others.

	<ul style="list-style-type: none"> expense. • Talk quietly. • Give in to what others want. • Remain silent when something bothers you. • Apologise excessively. • Make others feel guilty. • Blame others and be a victim. • Feel regret. 	<ul style="list-style-type: none"> person. • Put yourself first at the expense of others. • Overpower others. • Be rude and disrespectful. 	<ul style="list-style-type: none"> • Respect yourself as well as the other person. • Listen and talk. • Keep focused on what your position is and are not distracted by other arguments. • Express negative and positive feelings. • Confident but not pushy. • Seek a compromise without compromising your health, safety or values.
Outcomes	<ul style="list-style-type: none"> • You do not get what you want. • Anger builds up. • You feel lonely. • Your rights are violated. 	<ul style="list-style-type: none"> • You dominate people. • You humiliate people. • You win at the expense of others. 	<ul style="list-style-type: none"> • You do not hurt others. • You gain self-respect. • Your rights and the rights of others are respected and everybody wins.

Summary

Assertiveness refers to the ability or competence to express one's feelings, needs or desires openly and directly but in a respectful manner. While negotiation is the ability to reach a compromising decision between two people usually a 'win- win' situation. There is need to be assertive when negotiating for your health and sexual activity.

Leadership and communication skills are important skills to peer educators. Effective communication is essential for adolescents to maintain a healthy sexual and reproductive health life.

MODULE 3: ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH ISSUES

Introduction

The adolescent stage of every human being is a very essential and sensitive stage. It is the stage where a lot of things are determined especially as regards adolescent sexuality and reproductive health. Most adolescents in our time are not well informed on their sexuality and reproductive organs, and this has caused them to take steps or actions that have a negative effect on them on the long run. Sexual and reproductive health is a broad aspect of the human health and one of the most important. It includes sexual activities, reproductive organs, and ways to keep a safe and healthy sex life and reproductive organs, in order to prevent damages and ensure a healthy body. Some adolescents have fallen victims of unwanted pregnancy, STIs, deadly diseases like HIV etc. This is due to lack of proper information on how to keep healthy body especially the reproductive organs.

Thus, this module focuses on enlightening adolescents and helping them understand and maintain effectively the various changes that takes place in their bodies during this stage, thereby maintaining a healthy and safe body.

This module is divided into five sessions. It is designed to help participants understand their body and how to maintain healthy life styles during adolescence as well as appreciate the physical, socio-emotional and sexual changes in adolescence and its impact on their reproductive health.

- Session 1: Sexual & Reproductive Health Issues
- Session 2: Contraception Options for Youths
- Session 3: STI, HIV/AIDS
- Session 4: Drug Abuse and Mental Health
- Session 5: Nutrition (Healthy Nutrition & Disorders)

SUMMARY AND TIMING ESTIIMATE

SESSION TITLE	DURATION IN MINS	OBJECTIVES	METHODS	MATERIALS
Sexual and Reproductive Health Issues	2 hour	<ul style="list-style-type: none"> • Identify the male and female reproductive system • Understand the functions of the organs making up both systems. • Understand sexual and reproductive health challenges and risk 	<ul style="list-style-type: none"> • Group work • Lecture • Discussion 	<ul style="list-style-type: none"> • Flipcharts/papers • Markers • VCR/TV
Contraceptive Options for Youths	2 hours	<ul style="list-style-type: none"> • Discuss abstinence and its advantages • Discuss the various contraceptives available for adolescents. • Understand the advantages of contraception 	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussion 	<ul style="list-style-type: none"> • OHP/OHT • Flipchart stands/papers • Markers • VCR/TV/Video cassette
STI, HIV/AIDS	2 hour 30minutes.	<ul style="list-style-type: none"> • Understand STI types, symptoms and prevention. • Understand HIV/AIDS prevention, and care. 	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussion 	<ul style="list-style-type: none"> • OHP/OHT • Flipcharts/papers • Markers • VCR/TV/Video cassette •

Mental Health and Drug use	2hrs	<ul style="list-style-type: none"> • Understand how to maintain good mental health • Appreciate the relationship between mental health and reproductive health of young people. • Understand the challenges of drug use and how to counsel adolescent drug users including appropriate referrals where necessary. 	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussion 	<ul style="list-style-type: none"> • OHP/OHT • Flipcharts/papers • Markers • VCR/TV/Video cassette
Nutrition	2 hour 30minutes.	<ul style="list-style-type: none"> • Understand nutritional requirements for adolescents • Understand the types of malnutrition and how it can be prevented 	<ul style="list-style-type: none"> • Brainstorming • Lecture • Discussion 	<ul style="list-style-type: none"> • OHP/OHT • Flipcharts/papers • Markers • VCR/TV/Video cassette •

SESSION 1: ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH ISSUES

Session Objective

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

- Identify the male and female reproductive system
- Understand the functions of the organs making up both systems.
- Understand sexual and reproductive health challenges and risk

Session Overview

- Anatomy of the Reproductive System
- Puberty
- Teenage Pregnancy
- Abortion

Time : 2hours

Method

- Brainstorming
- Group work
- Lecture
- Discussion

Materials

- Flipcharts/papers
- Markers/Chalk
- White/Black board

ANATOMY OF THE REPRODUCTIVE SYSTEM AND PUBERTY

WARM UP EXERCISE

Time required: 45 minutes

Purposes:

1. To help participants understand the various events that takes place during the process of human fertility and reproduction.
2. To correct myths about fertility and human reproduction that is common in their communities.

Materials:

1. Illustration of the internal and external Male Reproductive System without labels
2. Illustration of the internal and external Female Reproductive System without labels
3. Anatomy List written on cut-cards (separate parts and functions)

Procedure:

1. Post the illustrations of the male and female reproductive system at the front.
2. Divide participants into three groups.
3. Distribute the cut-cards equally to the three groups and instruct the participants to discuss and identify in their groups the parts of the reproductive system. Allow 10 minutes for this task.
4. Ask them to post the labels of the parts into the illustrations at the front.
5. Go over the parts one by one, making sure that the parts are labeled correctly. Encourage participants to mention local terms used to describe the parts.
6. Ask the group to discuss the functions of each of the parts and post the functions under the labels in front (allow 10 minutes for this task).
7. Go over the functions one by one making sure that the functions are posted in the correct parts. Discuss the parts and functions necessary for the following events leading to human fertility and reproduction: ova development and maturation, shedding and menstrual cycle; formation, maturation and ejaculation of sperm; fertilization; pregnancy.

INTRODUCTION

The Female Reproductive Organ

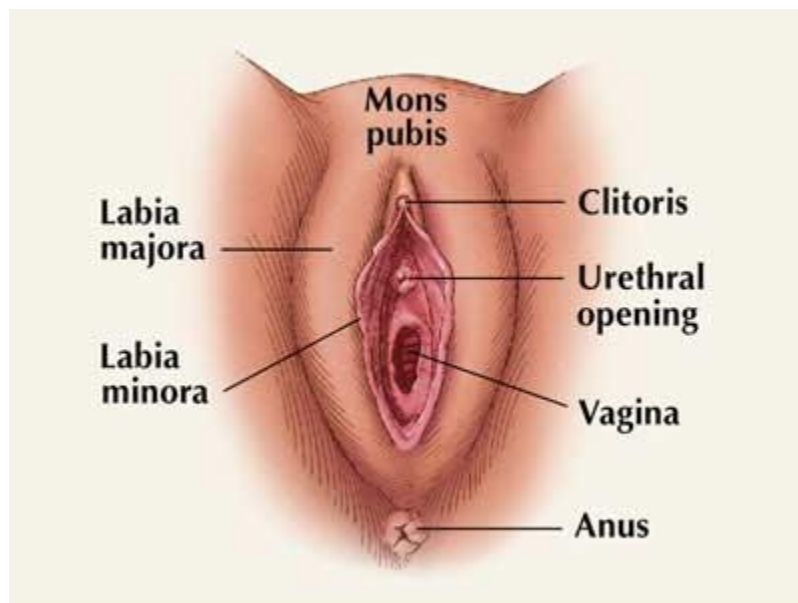
The female reproductive organs are those parts of the body that are directly involved in sexual activity, pregnancy, and childbearing. They comprise of external parts, internal parts and the breasts.

External reproductive organs (Vulva)

The vulva is the area surrounding the opening of the vagina, which can be seen from the outside (see figure 3.1). They consist of the clitoris, vagina opening, labia majora and labia minora.

- **Labia majora:** The labia majora enclose and protect the other external reproductive organs. Literally translated as "large lips," the labia majora are relatively large and fleshy, and are comparable to the scrotum in males. After puberty, the labia majora are covered with hair.
- **Labia minora:** Literally translated as "small lips. They lie just inside the labia majora, and surround the openings to the vagina (the canal that joins the lower part of the uterus to the outside of the body) and urethra (the tube that carries urine from the bladder to the outside of the body).
- **Clitoris:** The two labia minora meet at the clitoris, a small, sensitive protrusion that is comparable to the penis in males. The clitoris is covered by a fold of skin, called the prepuce, which is similar to the foreskin at the end of the penis. Like the penis, the clitoris is very sensitive to stimulation and can become erect.

Figure 3.1: The Vulva



Internal reproductive organs

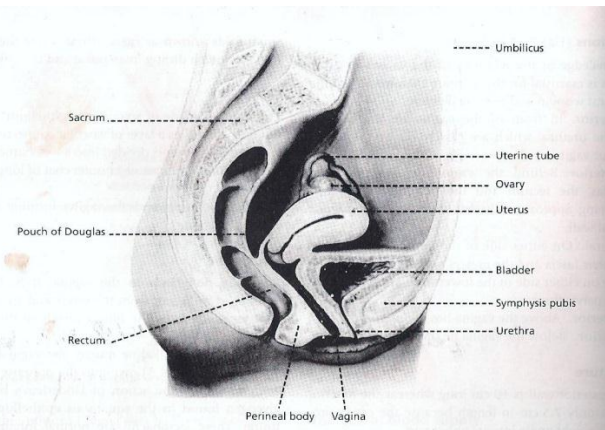
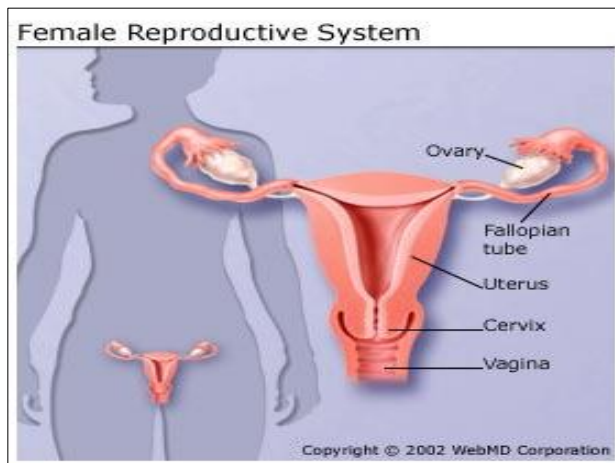
These are organs of the female body that are located inside the lower part of the abdomen, called the pelvis, and are protected by bones and muscles (see figure 3.2). They consist of the vagina, the uterus (womb), two ovaries, and two fallopian tubes.

Vagina: It is also known as the birth canal as the baby leaves the womb and enters the world through the vagina in childbirth. The vagina is covered by a thin layer called the hymen if a girl has not yet had sexual intercourse. The walls of the vagina produce fluid that keeps the vagina clean and moist. This fluid is normal and healthy; do not wash it off with soap or water. The amount of fluid produced changes during the menstrual cycle. When the egg is released from the ovary, the fluid is stretchy, like egg white. This is a sign that a girl could become pregnant if she has sex. If the fluid is itchy or smelly, it signifies infection and medical treatment may be needed. The vagina grows and stretches during puberty. The walls of the vagina and the mouth of the womb are not fully-grown until the girl is about 18 years old. Before this, the girl's reproductive system can be easily damaged by childbirth.

MYTH: In some cultures, people say a girl without a hymen is not a virgin.

FACT: This is not true. Some girls are born with very thin hymen and exercise or use of tampons can easily break it.

- **Uterus:** The uterus (womb) is a hollow, pear-shaped, muscular organ inside a woman's body where the baby grows. The uterus is divided into two parts: the cervix, which is the lower part that opens into the vagina, and the main body of the uterus. The cervix is sometimes called the opening/neck/mouth of the womb. It connects the uterus to the vagina and normally has a very small opening, the cervical os, through which menstruation flows out and baby comes out during normal child birth.
- **Ovaries:** The ovaries are two small, oval-shaped glands on either side of the uterus that store eggs and release one mature egg each month in females during the reproductive years of life. The ovaries take turns every month to release an egg that can join with a sperm to make a baby.
- **Fallopian tubes:** These are narrow tubes that are attached to the upper part of the uterus and serve as tunnels for the ova (egg cells) to travel from the ovaries to the uterus. After the mature egg has been released from one of the ovaries, it travels down the fallopian tubes to the uterus. Conception, the fertilization of an egg by a sperm, normally occurs in the fallopian tubes. The fertilized egg then moves to the uterus, where it implants into the lining of the uterine wall. If a girl has a sexually transmitted infection that is not treated, the tubes can become blocked.

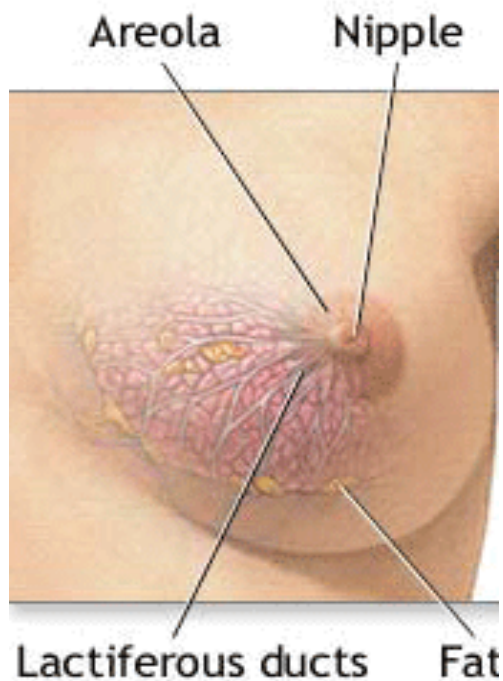


How to keep external female reproductive organs clean

- Use soap and water to wash the external genitalia and under your arms every day, especially during menstruation.
- Use either a disposable pad made of cotton, which has a nylon base, or a clean piece of cotton cloth to absorb blood during menstruation.
- Properly dispose of the pad after each use. Or, if a piece of cloth is used, wash and dry (in the sun) before re-use.
- Wash only the external genitalia. Do not try to clean the inside part of the vagina.
- While washing, wash starting from the vagina towards the anus. Do not wash from the anus towards the vagina. This will allow germs to enter the inner genitalia easily and cause infection.
- Be aware of abnormal fluids from your vagina. Do not confuse this with normal vaginal fluids.
- If you see any changes in the vaginal fluid – a change in colour or odour, please visit a health professional.

The breast

The breasts are specialized organs of the female body that contain mammary glands, milk ducts, and adipose tissue. The two breasts are located on the left and right sides of the thoracic region of the body. The main external feature of the breast is the nipple and the dark skin around it, called the areola. A hormone called estrogen causes the tissues and glands in the breasts to grow so that when a woman becomes pregnant, she is able to produce and store milk. Often, both breasts swell slightly during the menstrual period. In many women, one breast is larger than the other.



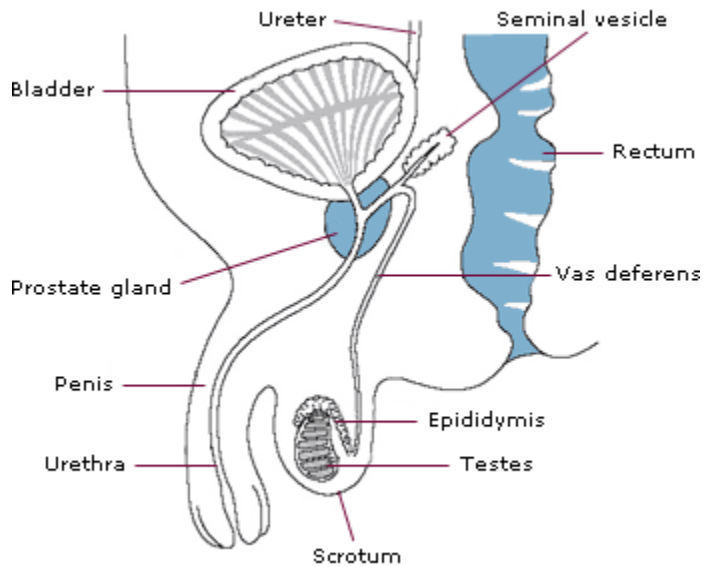
The Male Reproductive Organ

Most of the male reproductive system is located outside of the body, unlike the female reproductive system. These external structures include the penis, scrotum, and testicles.

External reproductive organs

- **Penis:** The penis is the tube shaped organ through which men pass urine and semen. It is the male sex and reproductive organ and it consists of a head (glans) and a shaft (body). The shaft is made up of soft spongy tissue into which extra blood can flow causing the penis to become erect. The glans, also called the head of the penis, is covered with a loose layer of skin called foreskin. This foreskin is sometimes removed in a procedure called circumcision. The function of the penis is to deliver semen into the vagina during sexual intercourse. In addition to its reproductive function, the penis also allows for the excretion of urine. When the penis is erect, the flow of urine is blocked from the urethra, allowing only semen to be ejaculated at orgasm.
- **Scrotum:** This is the loose pouch-like sac of skin that hangs behind and below the penis. It is made up of 2 side-by-side pouches each containing the testis as well as many nerves and blood vessels. The scrotum acts as a "climate control system" for the testes. For normal sperm development, the testes must be at a temperature slightly cooler than body temperature. The smooth muscles that make up the scrotum allow it to regulate the distance between the testes and the rest of the body. When the testes become too warm to support spermatogenesis, the scrotum relaxes to move the testes away from the body's heat. Conversely, the scrotum contracts to move the testes closer to the body's core heat when temperatures drop below the ideal range for spermatogenesis. Boys should avoid wearing tight fitted pants to promote optimal health of the scrotum.
- **Testicles (testes):** Most men have two testes - ball shaped organs kept within the scrotum. The testes produce sperm. From puberty until old age, a man's testes produce

sperm – millions of sperm cells are released every time he ejaculates, or reaches climax, during sexual activity.



- **Epididymis:** This is a sperm storage area that wraps around the edge of the testes. Sperm produced in the testes moves into the epididymis to mature before being passed on through the male reproductive organs.
- **Spermatic Cords:** Within the scrotum, a pair of spermatic cords connects the testes to the abdominal cavity. The spermatic cords contain the ductus deferens along with nerves, veins, arteries, and lymphatic vessels that support the function of the testes.
- **The Ductus Deferens (Vas Deferens):** The vas deferens is a long, muscular tube that travels from the epididymus into the pelvic cavity, to just behind the bladder. It transports mature sperm to the urethra in preparation for ejaculation.
- **Seminal Vesicles:** The seminal vesicles are sac-like pouches that attach to the vas deferens near the base of the bladder. The seminal vesicles produce a sugar-rich fluid (fructose) that provides sperm with a source of energy and helps with the sperms' motility (ability to move). The fluid of the seminal vesicles makes up most of the volume of a man's ejaculatory fluid, or ejaculate.
- **Urethra:** This is an 8 to 10 inch long muscular tube passage of semen from the ejaculatory duct to the exterior of the body. The urethra passes through the prostate and ends at the external urethral orifice located at the tip of the penis. Urine exiting the body from the urinary bladder also passes through the urethra.
- **Prostate:** The prostate is a walnut-sized exocrine gland that borders the inferior end of the urinary bladder and surrounds the urethra. The prostate produces a large portion of the fluid that makes up semen. This fluid is milky white in colour and contains enzymes, proteins, and other chemicals to support and protect sperm during ejaculation. The prostate also contains smooth muscle tissue that can constrict to prevent the flow of urine and semen at the same time.
- **Semen:** Semen is the fluid produced by males for sexual reproduction and is ejaculated out of the body during sexual intercourse. Semen contains sperm, the male reproductive gametes, along with a number of chemicals suspended in a liquid medium. These sperm cells fertilize oocytes inside the female fallopian tubes.

How to keep the male reproductive organs clean

- Wash the external genitalia at least daily with soap and water, as you wash the rest of the body.
- Boys who are not circumcised need to pull back the foreskin and gently wash underneath it with clean water.
- Be aware of any abnormal fluids coming from your penis. Do not confuse this with the presence of normal fluids.
- If you see any abnormal fluid or wound, please visit a health professional.

PUBERTY

CLASS EXERCISE 2: Puberty Quiz

Time : 45mins

Instruction:

Put up 3 A4 pages on the wall, labelled "True" "False" and "Don't know". Tell the participants that you will ask them questions and they will be required to move to "True" if they agree with the statement, "False" if they disagree and "Don't know" if they are unsure. After each decision, ask why they chose a certain option. If their choice was wrong, use the answers provided to correct them.

1. All girls' bodies begin to change at about the ages of 10 and 11.
2. Girls start puberty before boys.
3. Girls have monthly periods on the same day every month at the beginning of puberty.
4. Menstruation happens so that girls can have babies when they are ready to have children.
5. Changes in the body happen because of hormones.
6. As our bodies change, our feelings also change.
7. There is no need to worry about the size of our sexual organs.
8. Sperm comes out of the body through the boy's penis.
9. Sometimes sperm comes out of the boy's penis at night.
10. All boys will end up with deep voices.
11. All boys will grow hair on their chests.
12. The hormones that causes changes in the body are different in girls and boys.
13. A girl can fall pregnant before her first period.
14. It is important to wash even more carefully at puberty.

Answers

1. **False.** Every girl develops at her own time, some as young as 8 or 9 years, others not until the ages of 11 to 14.
2. **True.** Boys' bodies usually start to change about two years later than girls of the same age. But some girls change at a later stage, and some boys change at an earlier stage. Each person is different.
3. **False.** It is very common for monthly periods (menstruation) not to happen at fixed times. After one or two years the menstrual cycle becomes more regular.
4. **True.** Menstruation is the first sign that a girls' body is preparing to have children in the future. However, this does not mean that the girl is ready now, she still needs to grow and develop some more. She needs to mature emotionally and be responsible in every possible way.
5. **True.** Chemicals called hormones are responsible for the changes in our body. They make the sex organs grow and develop, and they change the way we feel and behave.
6. **True.** During puberty, your moods change more often. You may also start to learn more about yourself, worrying about the way you look and what other people think of you. Sexual feelings will also become stronger and boys may find themselves attracted to girls and vice versa. Sometimes boys are even attracted to other boys and girls attracted to other girls. This is very normal and a natural part of puberty.
7. **True.** Boys' penises are all different sizes when they are soft and when they are hard (erect), they all get bigger. The size of a man's penis is not what makes a woman enjoy sex. It is love, care and skill that matters. The vagina can stretch big enough for a baby to pass through, or can fit tightly around a penis because it is very elastic. Sperm is responsible for the ability of a man to have children and not the size of his penis.
8. **True.** Sperm is made in the testicles and comes out through the penis.

9. **True.** Sometimes young men's and boys' penises become erect and release sperm while they are sleeping. These are called 'wet dreams' and are normal.

10. **False.** There are no rules: some men have deep voices and others do not.

You do not need a deep voice to be a man, to have children or to satisfy a woman through sex.

11. **False.** Some men have hair on their chest but others do not. You do not need hair on your chest to be a man.

12. **True.** The hormone that causes changes in girls is called oestrogen; the one that causes changes in boys is called testosterone.

13. **True.** A girl can become pregnant before her first period because she releases an egg before that first period.

14. **True.** Sweat glands start working more and the skin becomes oily, so it is important to wash regularly. Your reproductive organs also start making their own fluids, so they must be washed every day to stop them smelling or becoming dirty.

Introduction

Human beings undergo physical and emotional changes from childhood to adulthood. The changes are gradual and occur at different ages and speed in different people. When boys and girls reach the ages of 10 and 11, their bodies begin to change from the body of a child to that of an adult. This change is called puberty. It happens between the ages of 8 and 18. Puberty is the start of the period we call adolescence. Chemicals in the body called hormones start the changes at puberty. These hormones make the body produce the eggs and sperm that can make a baby.

Female puberty usually begins at about 8–13 years of age; the reproduction maturation of boys lags about two years behind that of girls. The physical changes of female puberty include breast development, rounding of the hips and buttocks, growth of the hair in the pubic region and the underarm, and the start of menstruation.

For boys, physical changes include enlargement of the testes, development of pubic hair, growth of the penis, the onset of wet dreams (usually at about 11 or 12 years of age), deepening of the voice, the appearance of facial hair, and a period of rapid growth. Estrogens and progesterone bring the physical changes of puberty from the ovaries in girls, testosterone from the testes in boys.

Menstruation / Periods

One of the early signs of puberty in girls is bleeding from the vagina. This is called menstruation or a period. The blood comes from the lining of the womb when it is broken down. Menstruation is caused by changes in the body's hormones that happen about every four weeks.

Many girls begin to have periods when they are about 11 years old but this can happen between ages of 9 and 18. Periods often start about a year after breasts appear.

During each menstruation cycle, one of her ovaries releases an egg. This egg will then travel through the fallopian tube towards the uterus. If the egg meets a sperm on the way to the uterus, they may join together in a process called fertilisation. Pregnancy begins if a fertilised egg attaches itself to the uterus wall, which will then become thickly lined with blood and tissue. If the egg isn't fertilised, the blood and tissue lining the uterus wall will not be needed, lining shrivels, it is shed and will pass out of the girl's body through her vagina during her period.

Some girls experience bad pain and moods in the days just before their periods, while others have no pain at all.

It is important to keep clean during a period by changing the sanitary towels or tampons regularly. If using pieces of cloth it is important to change and wash these frequently.

Menstrual cycle

An average menstrual cycle lasts 28 days - that's counting from the first day of one period to the day before the next period. Some women have much shorter cycles, possibly lasting only 23 days, and some have longer ones, lasting up to 35 days.

Cycles which are shorter or longer than this range are not normal and should be checked by a doctor. Bleeding between periods or after sex are also abnormal and therefore should be reported to a medical personnel for immediate action.

Wet Dreams

Wet dreams, also known as nocturnal emissions, are a common experience for many boys. During puberty, penis and testes will continue to enlarge and lengthen, and boys begin to experience erections (this is when the penis is filled with blood and hardens). Sometimes an erection can be followed by an ejaculation, where semen (a white, sticky fluid containing sperm) flows out through the penis. This can also happen when a boy is asleep, and is known as "wet dreams". Because of the release of semen, his underwear or bed may be a little wet when he wakes up. However, wet dreams lessen with time. A wet dream may occur after an exciting or sexy dream, or it can happen for no reason at all. It is the body's way of keeping the reproductive organs in good working condition.

ADOLESCENT RISK TAKING BEHAVIOUR

Adolescents are known for risk-taking, novelty seeking, reckless behaviour and impulsive actions. Risk-taking behaviour can take on many forms, including the misuse of alcohol or drugs, engaging in unprotected sexual activity, driving above speed limit, some types of criminal activity or risky sports. Adolescents are also likely to be involved in provocative activities such as arguing and testing limits with peers and adults, resulting in emotional and physical damage (for example, unnecessary quarrelling with someone may be followed by physical violence and feelings of guilt or unhappiness). Experimentation with substances could result in short- and long-term consequences that include effects on most other risk-taking behaviour. For example, alcohol abuse can not only lead to reckless driving; it might also lead to early sexual activity, unprotected sexual activity or having non-regular sexual partners. All of these behaviours could have immediate and/or long-term health, emotional, psychological, social and economic consequences.

TEENAGE PREGNANCY AND ABORTION

Introduction

When a man and woman have intercourse and the man ejaculates, millions of sperm are released in the vagina. The sperm swim through the vagina, to the uterus, and into the fallopian tubes. If there are sperms in the fallopian tubes when the egg is released they can join together. This is called fertilization. Fertilized egg then travels the rest of the way through the fallopian tube and attaches to the lining of the uterus. This is called implantation and pregnancy results. If the fertilized egg continues to grow, it becomes an embryo and then a fetus and, finally, a baby at birth.

Pregnancies occurring in girls below the age of 19years are often referred to as teenage pregnancy irrespective of whether the girl is married or not.

Risk factors for teenage pregnancy

- Early sexual debut –reduced age at first sex
- Reduced age at menarche
- Unprotected sexual intercourse within or outside marriage
- Early marriage
- Sexual violence and rape
- Risky behaviour e.g. substance abuse, sexual experimentation
- Sexual relationships with older men
- Low contraceptive use
- Poverty

Consequences of teenage pregnancies

	To the mother	To the child
Health	-Complications during pregnancy and delivery including anaemia, hypertension, obstructed labour resulting into VVF or even death. - Increased risk of contracting STI, HIV/AIDS	Increased risk of: -Death from obstructed labour, -Low birth weight -respiratory infection -Pre mature birth -Intra uterine growth retardation
Social	- Shame and regret - Low self esteem - Difficulty in getting married at later years -School drop out	Rejection Stigmatisation

Prevention of teenage pregnancy

- Sexual abstinence
- Appropriate use of contraceptives for sexually active adolescents
- Provide information about sexual rights and health
- Prevent sexual violence

ABORTION

Introduction

Most fertilized eggs do not become babies. Up to half of fertilized eggs do not attach to the uterus and leave the body in menstrual flow. Some implant, but their development ends in fewer than 20 weeks. This is called **miscarriage or spontaneous abortion**. Sometimes women decide to end their pregnancies through a procedure called **induced abortion**. Sometimes a foetus dies after 20 weeks or just before or during birth. This is called a **stillbirth**.

Most teenage pregnancies end up in abortion. Adolescents procure abortion late and in an unsafe manner. Unsafe abortion may be self-induced or brought on by an unskilled person using dangerous and/or unhygienic methods. Such methods may include: packing dirt or other unsafe preparations into the vagina; pushing a foreign body (such as a coat hanger) into the uterus; causing external trauma to the abdomen; and/or taking traditional remedies, including poisons.

Signs of Complications from Unsafe Abortion

- Fever
- Abdominal pain
- Backache
- Severe vaginal bleeding
- Foul smelling vaginal discharge
- Yellow discolouration of the eyes
- Vomiting
- Fainting and dizziness

Consequences of Unsafe abortion

- Infertility
- Perforated uterus
- Blocked tubes
- Spontaneous abortion
- Death
- Guilt
- Depression
- Anger
- Difficulty in sleeping
- Nightmares or flashbacks
- Wanting to avoid children or babies
- Preoccupation with being pregnant again
- Fear of not being able to get pregnant again
- Self-abusive behaviours

Post Abortion Care

Post-abortion care is the care offered to treat incomplete abortions and the complications of unsafe abortions. It comprises of five essential components:

1. Community and service-provider partnerships, to prevent unwanted pregnancy and unsafe abortion, mobilize resources, and ensure that health services meet community expectations and needs.
2. Comprehensive counseling, to respond to women's emotional and physical needs and other concerns.
3. Treatment of incomplete and unsafe abortion and potentially life-threatening complications.
4. Contraceptive and family planning counseling and services, to help women prevent unwanted pregnancies or practice birth spacing.
5. Provision of reproductive health and other health services (either on-site or via referrals to other facilities)

Summary

The section introduces the adolescents to the structure and composition of the male and female reproductive organs as well as function of each organ to form a basis for the understanding of the events leading to fertility and reproduction, menstrual cycle, development and ejaculation of sperm and pregnancy.

SESSION 2

CONTRACEPTION/ PREGNANCY PREVENTION

Session Objectives

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

- Discuss abstinence and its advantages
- Discuss the various contraceptives available for adolescents.
- Understand the advantages of contraception

Time: 2hrs

Session Overview

- Sexual Abstinence
- Condoms
- Hormonal Contraceptives
- Emergency Contraception

Method:

- Brainstorming
- Lecture
- Discussion

Materials:

- OHP/OHT
- Flipchart stands/papers
- Markers

Introduction

It is important for adolescents and young people to make responsible and health choices in matters related to their reproductive health. In order to do this, they need adequate and accurate information about reproductive health resources and commodities available for them including contraception.

In general, with the exception of male and female sterilization, all methods that are appropriate for healthy adults are also potentially appropriate for healthy, post-pubertal adolescents. Once puberty has been achieved, methods that are physiologically safe for adults are also physiologically safe for adolescents.

However, as with adults, informed contraceptive decision-making entails consideration of more than just medical safety. Adolescents should make contraceptive choices based on their need and whether they want to protect against pregnancy and or need to protect against STI/HIV.

When selecting a method, each adolescent should consider:

- the nature of his/ her sexual relationship(s),
- sexual behaviours engaged in,
- frequency of intercourse,
- risk of STIs/HIV,
- efficacy of the method,
- ability to comply with use,
- ability to tolerate side-effects,
- services available,
- cost,
- convenience,
- religious beliefs,
- partner(s) attitudes, and
- additional personal factors that may influence the decision and method compliance.

NOTE

- When sexual activity is infrequent or if multiple partners are likely, condoms may be a priority option.
- Emergency contraceptive pills are an option in the event of condom breakage, slippage, or other causes of unprotected intercourse.
- Adolescents who engage in frequent intercourse may opt for methods that are not coitally related to protect against pregnancy, but will still require routine condom use for STI/HIV prevention.

Contraceptive Methods

Contraceptive methods that are suitable for adolescents can be divided into 2 based on their mode of action:

- **Hormonal**
- **Non-hormonal** – Abstinence, Male Condom, Female Condom, Calendar Method and withdrawal

The non-hormonal contraceptive methods most appropriate for the adolescent are abstinence and condom use.

ABSTINENCE

Abstinence is the only 100% effective method of preventing unintended pregnancy. It is the process of avoiding sexual intercourse until the adolescent is able to have a fully responsible and emotionally fulfilling relationship. It is an important principle that must be promoted in helping a young person to delay the beginning of sexual intercourse.. The young person needs to know the consequences of early sexual intercourse especially in biomedical terms, including pregnancy, STIs, HIV/AIDS and a high risk of developing cervical cancer for girls in later years. Efforts must be made by counsellors to assist young people make a choice including abstinence. Abstinence can be further achieved where the young person is equipped with skills that will enable him/her reduce the pressure and also say 'NO' to sex until he/she is fully ready.

Advantages of Sexual Abstinence

1. Abstinence
 - has no medical or hormonal side effects
 - is free
 - prevent pregnancy
 - prevent STIs
 - wait until they're ready for a sexual relationship
 - wait to find the right partner
 - focus on school, career, or extracurricular activities
 - support personal, moral, or religious beliefs and values
2. Any girl or boy can abstain from sexual activities

- **Skills/ factors that enhance the ability of a young person to practice sexual abstinence**
 - Being able to talk to the other party
 - Self- Control
 - A positive vision
 - Shared value
 - Alternatives
 - Partner Cooperation
 - Information
 - Knowledge of consequences
 - Ability to identify sexual situation

CONDOMS

The Female condom

The female condom is a pouch that is used during intercourse to prevent pregnancy and reduce the risk of sexually transmitted diseases. It has flexible rings at each end. Just before vaginal intercourse, it is inserted deep into the vagina. The ring at the closed end holds the pouch in the vagina. The ring at the open end stays outside the vaginal opening during intercourse



Female condoms are very easy to use. **To insert the female condom**

- Put spermicide or lubricant on the outside of the closed end.
- Find a comfortable position. You can stand with one foot on a chair, sit on the edge of a chair, lie down, or squat.
- Squeeze together the sides of the inner ring at the closed end of the condom and insert it into the vagina like a tampon.
- Push the inner ring into the vagina as far as it can go — until it reaches the cervix.
- Pull out your finger and let the outer ring hang about an inch outside the vagina.

To remove the female condom

- Squeeze and twist the outer ring to keep semen inside the pouch.
- Gently pull it out of the vagina or anus.
- Throw it away. Do not flush it down the toilet.

Do not reuse the female condom.

Advantages of the female condom

- It prevents STIs
- They are easy to get as you do not require a prescription to buy it.
- can be used by people who are allergic to latex

Disadvantages of the female condom

- It may cause irritation of the vagina, vulva, penis, or anus
- It may slip into the vagina during vaginal intercourse, or into the anus during anal intercourse
- It may reduce feeling during intercourse
- It can be noisy during intercourse

The Male Condom

This is a barrier device, made of latex, rubber or lambskin, worn over an erect penis during sexual intercourse to prevent against pregnancy and STIs.



How to use the male condom.

- Take caution when opening the wrapper to avoid tearing the condom with your teeth, fingernails, or rings.
- Gently pinch the air out of the tip of the condom before putting it on.
- Roll the condom over the erect penis before sexual activity begins.
- If the condom does not have a built-in nipple, leave about 1/2-inch of the condom free at the tip of the penis so that semen has a place to collect.

A new condom must be used each time you have sex. The condom must be in place before the penis gets near the vagina. If you use lubricants with a condom, be sure to only use water-based lubricants, such as K-Y Jelly. Oil-based lubricants, such as Vaseline, massage oils, and body lotions can cause condoms to leak or break.

Advantages of the male condoms

- Easily accessible and can be obtained without a prescription
- It is cheap
- Protects against STIs and prevents pregnancy

Disadvantages of the male Condom

- Improper storage makes the condom weak and may cause it to break during sexual activity
- Adolescents may be ashamed to purchase/ request for condom
- It requires CONSISTENT and CORRECT use for pregnancy prevention

Dual Protection and Dual Method

The consistent and correct use of condoms provides protection against both pregnancy and STIs hence it is said to offer “**dual protection**”.

However to ensure maximum contraceptive efficacy, condom use also requires a willingness and ability to use emergency contraception in the event of condom slippage, breakage or the use of condom plus another method that has a lower contraceptive typical-use failure rate. This practice is called “**dual method use**”.

HORMONAL CONTRACEPTIVES

Oral contraceptives, Injectable (Depo-Provera), combined contraceptive patch, and combined contraceptive ring are the most clinically appropriate methods for adolescent girls.

Other hormonal methods available such as the progestin-only mini pill, intrauterine devices, and implants are not as suitable for the adolescent patient. The mini pill is not as effective as combined oral contraceptives (COCs) and requires strict adherence to a daily dosing schedule. Intrauterine devices have a high upfront cost and therefore may not be feasible for adolescents. Implants have proven to be an effective method of birth control; however, the up-front cost is expensive. Both the intrauterine device and implant methods require informed consent, which would necessitate parental or guardian approval.

Common Side Effects of Hormonal Contraceptives

The following side effects may be noticed with the use of the hormonal contraceptives:

- Weight gain
- Headaches
- Sore breasts
- Irregular periods
- Mood changes
- Decreased sexual desire
- Acne
- Nausea

The side effects may probably go away on their own after a few months and they may linger over time. It is important to consult a doctor if the side effects are disturbing.

Emergency Contraception

Emergency contraception is the birth control pill taken to prevent pregnancy after unprotected sex, which is why it is sometimes called "the morning after pill," "the day after pill," or "morning after contraception." It can be used right away - or up to five days after unprotected sex - if you think your birth control failed, you didn't use contraception, or you were made to have sex against your will (rape).

Emergency contraceptives are not as effective as contraceptives that are used before (pills, injectable, etc.) or during sex (condoms). Adolescents who are sexually active or planning to be, should not use emergency contraception as the only protection against pregnancy. Also, emergency contraception does not protect against sexually transmitted infections, like HIV (only condoms do).

For more details and help choosing the best regular method for you, please refer to:

- The National Training Manual on the health and Development of Adolescent
- **MyQ helpline** 08027192781 or text 38120 (toll free)

EXERCISE: Small Group Discussions:

Time Required: 45 minutes

Purposes:

To help participants understand how to counsel on contraceptive use while emphasizing the benefits of abstinence

Procedure:

Mary, a 14-year-old girl, comes to the clinic to ask for contraception.

She began her menses began at age 11 and comes regularly each month, lasting 5 to 7 days with heavy flow on days 1 to 3 and light flow on remaining days; additionally, some mild cramps and bloating are noted.

She has never had vaginal intercourse but has had oral sex with her current boyfriend and would like to have intercourse with him.

She is an active teenager involved in community drama and school group activities. She has never used tobacco or alcohol. Mary states that she and her boyfriend have searched available resources for contraceptive methods and they are afraid they will get caught buying condoms, so that is why she is here today.

Mary is not interested in taking pills for fear of being caught by her mother. She would like to get condoms to use this weekend when her parents are out of town. Mary and her boyfriend have been dating for 6 months, and both feel they are ready to “take the next step.” She is unsure if she and her boyfriend will remain together if they do not have sex.

How will you counsel Mary?

Let adolescents take turn to practice counselling Mary with the tips below.

- Inform Mary that abstaining from sexual intercourse requires strong motivation, self-control, and commitment.
- Give her information regarding STIs and teen pregnancy.
- Help her to reflect on the consequences of sexual intercourse at an early age
- Provide Mary with condoms and educate her on how to use them effectively, but emphasize that waiting a few more days to prevent any regret is recommended.
- Support Mary’s decision whether she chooses to engage in sexual intercourse or not and provide her with information on all other forms of contraception including emergency contraception.

Summary

Adolescents and young people are responsible to make choice in the matters that are related to their reproductive health. It is important that they are provided with adequate and accurate information about health resources and commodities available for them including contraception commodities.

SESSION 3

STIs and HIV/AIDS

Session Objectives:

By the end of this session participant will be able to:

- Understand STI types, symptoms and prevention.
- Understand HIV/AIDS prevention, and care.

Time: 2hrs

Session Overview

- STIS
- HIV/AIDS

Method:

Brainstorming

Lecture

Discussion

Materials:

OHP/OHT

Flipchart stands/papers

Markers and White board

Chalk/Blackboard

Exercise: STI Transmission and Behavioural Risk Factors Game**Time Required:** 60 minutes**Purposes:**

1. To help participants understand the risk of HIV (or STI) transmission.
2. To experience how it may feel to be infected with HIV (or STI).
3. To help them realize how the disease may impact on their future.

Materials:

1. One bag for each person with 30 coloured sweets (can use other snack, such as nuts or dried mango, or rolled up pieces of paper marked + and –).
2. In two of the bags put 10-15 green sweets. Mark the bottom of these two bags with an X. Do not put green sweets in the other bags.
3. One small card and a pencil for each person. Mark three of these cards with a small “c”.

Procedure:

1. Give each person a small card, a pencil and a bag that was prepared earlier but do not explain to the group what is inside
2. Explain to the group that this is only a game to help them understand how it may feel to be infected with an STI, including HIV
3. Ask people to walk around the room and exchange sweets with other people in the group if they want to. Explain that they do not have to exchange sweets if they do not want but if they do they must get a signature or a symbol on their card from each person they have exchanged sweets with. And tell them not to eat the sweets yet!
4. After about 5 minutes ask people to sit down again. Find out who has the most signatures on their card. Explain that in this game exchanging sweets with someone means having sex with them.
5. People who chose not to exchange sweets and who have no signatures on their card have chosen to abstain from sex
6. Tell the group that two people have an X marked on the bottom of their bag. Ask them to stand up. Explain that these two people were the only people to have green sweets and that in this game this represent an STI
7. Now ask anyone else with a green sweet in his or her bag to stand up. Explain that because they exchanged sweets with someone with STI they too have become infected.
8. Next ask people still sitting whose card has been signed by someone who is standing up to stand up too. They could also have become infected with STI though this time they were not.
9. If anyone has a “c” on their card they can sit down. In this game the “c” means that they used condoms and were protected from being infected with STI. (Note: If in case one of those with green sweets has a “c” on his/her card, mention that he/she got infected because the condom burst.)

Activity Processing: The game is now over. Remind everyone that it was only a game and that the “STI” has been “removed”. Ask everyone to say what s/he felt about the game in a few words. Questions for discussion could include:

1. Did anyone choose not to exchange sweets and if so, how did it feel?
2. If you did exchanged sweets, how well did you know the other person beforehand?
3. How did the people who used condoms feel at the end of the game?
4. If you were infected, what are the things that you will do? What changes will you make?
5. How would you prevent yourself from getting infected with STI?
6. What could be the hazards of STIs for young people?

INTRODUCTION

Sexually transmitted infections (STIs) are infections that are passed during person-to-person sexual contact, such as intercourse, oral and anal sex. If treated early, many can be cured with the use of antibiotics. It's important to get tested regularly as some STIs, such as syphilis and chlamydia, may have no symptoms.

Transmission

Different STIs are passed from one person to another in different ways. Some are passed through infected body fluids including blood, semen, vaginal fluids, and breast milk. Others are passed through skin-to-skin contact. All STIs can be passed during oral, vaginal, or anal sex with an infected partner. STIs that are present in body fluid can be passed from one person to another if they share needles, such as for using drugs. Also, some STIs can be passed from mother-to-child during pregnancy, birth, or breastfeeding.

In general, a woman's risk of infection is higher than a man's. The vagina and rectum are more easily infected than the penis. Women also generally have fewer symptoms than men. As a result, women are less likely to know if they are infected.

STIs are not transmitted through hugging, shaking hands, sharing food, using the same utensils, drinking from the same glass, sitting on public toilet seats, or touching doorknobs.

Symptoms

Many individuals who are infected with an STI will have no symptoms. Men who have symptoms may feel heaviness and discomfort in their testicles, have pain or burning sensation during urination, or see pus coming out of their penis. Symptoms in women may include itching, vaginal discharge, or burning sensation during urination.

Both men and women may notice sores on their genitals. Since there may be no symptoms, the only way to know for sure is to see a health care provider and get tested. Also remember, there is no way to tell if another person has an STI just by looking at them.

Testing and Treatment

The most common ways that health care providers test for STIs include collecting urine, taking blood, or swabbing the mouth, throat, penis, or cervix. Individuals who have any symptoms should see a health care provider immediately. Because so many STIs show no symptoms, all sexually active individual should consider being tested for STIs.

If tests come back positive, health care providers can help individuals decide what to do. They may prescribe medication to cure the infection. If they do, individuals have to take all of their medicine — even if their symptoms subside before they finish taking the medication. Even if STIs can't be cured, health care providers can help individuals treat the symptoms.

Long term health consequences

If left untreated, STIs can lead to some serious health consequences including pelvic inflammatory disease, infertility, and certain kinds of cancer. Untreated STIs can also lead to complications during pregnancy and in newborns. Some STIs, such as HIV and syphilis can lead to death.

Prevention

The most effective means of preventing STIs is abstaining from oral, vaginal, or anal sex or having sexual intercourse only within a long-term, mutually monogamous relationship with an uninfected partner. Sexually active individuals can also help prevent STIs by using condoms. Male latex condoms, when used consistently and correctly, are highly effective in reducing the transmission of HIV and other STIs.

Here are some of the most common sexually transmitted infections and their symptoms.

Infection	Symptoms	Transmission	Protection	Treatment	Complication
Chlamydia Silent Epidemic- often no symptoms;	Discharge, Painful/burn-urination, vaginal bleeding, lower abdominal pain, nausea, fever (1-4 weeks post exposure)	Oral, anal, vaginal intercourse, perinatally, (rare) hand to eye	Long, mutually exclusive, STI tested, barrier methods, abstain sex contact	Treat and Cure	Sterility, Pelvic Inflammatory. Disease (PID);
Gonorrhoea - often do not show symptoms (80% women; 10% men); occurs 2-10 days exposure	Affect GI tract, mouth, rectum; yellow, bloody discharge, same as above; 90% men exhibit symptoms	Oral, anal, vaginal; no toilet seats (dies in few seconds)	Same as above	Treat & Cure, It can be drug resistant	Sterility, PID, tubal pregnancies, arthritis, inflammation of heart valves
Syphilis	Vary by stage; chancres, rashes, swollen glands, fatigue, hair/weight loss	Open lesions, oral, anal, vaginal, perinatally, kissing; direct contact with sore	Monogamous relationship, regular testing, barrier use, abstinence	Early stages can be treated and cured	Disfigurement, neurological disorder, heart disease, blindness, death
Trichomoniasis (Trich)	Female: frothy, unpleasant odour discharge, itching, spotting; Male: if occur, swelling groin, irritation,	Vaginal intercourse	Same as above	Can be treated and cured	

	frequent urination, painful urination				
Hepatitis B Vaccine preventable disease	50% do not show symptoms; flu-like symptoms-fatigue, headache, fever, nausea, vomiting	Bodily fluids such as semen, blood, urine; intimate or sexual contact-kissing, oral, anal or vaginal sex, unclean needles	Three dose vaccine, clean needles, protected sex	No cure	Can cause severe liver disease and death
Herpes Simplex 1 & 2; skin condition; HSV-1 typically cold sores/fever blisters on mouth; HSV-2 typically genital sores	sores, blisters, cuts, pimples, rash on cervix, vagina, penis, mouth, anus, buttocks; occurs 2-20 days post exposure;	Skin to skin contact, touching, kissing, vaginal, anal, oral sex; can occur even when no sores are present; no toilets, hugging or drinking same glass	Barrier methods offer some protection, avoid contact with sores	No cure; antiviral medications lessen outbreak frequencies	
HIV (Human Immunodeficiency Virus); weakens immune system unable to fight disease; can lead to AIDS (Acquired Immuno Deficiency	No symptoms; average time 7-10 yr, develop opportunistic infections AIDS=fatigue, fever, weight loss, swollen	Blood, semen, vaginal fluids, breast milk; behaviours: sharing needles, anal, vaginal, oral (rare),	Don't share needles, use barrier method	No cure, antiretroviral medication for management	

Syndrome)	lymph nodes, sweats, skin sores	blood transfusions, perinatally			
HPV (Human Papilloma virus)-most common STI among young, sexually active youth; highly contagious; Vaccine preventable	Genital warts genitals, anus, urethra, throat (rare), cervix; usually asymptomatic	Direct skin to skin contact; oral, vaginal, anal sex, can transmit when warts are not present	Barrier methods, with direct sexual contact HPV vaccines	No cure, wart removal	Cervical Cancer
Scabies	Intense itching (at night), small bumps or rash appear between fingers, penis, buttocks, breasts wrists, thighs	Close personal contact and through sharing of bedding	Personal hygiene	Prescription medicines	
Pubic Lice- "crabs" Attach and eggs to pubic hair, underarm hair, eye lashes, eyebrows	Intense itching in genitals and anus; mild fever, irritability	Intimate and sexual activity; contact with infected bedding, clothing, upholstered furniture and toilet seats	Personal and environmental hygiene	Seek medical advice in health facility.	

HIV/AIDS

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). It attacks the body's immune system, which, when healthy, helps the body fight off infections and other diseases. Over time, HIV gradually destroys the body's ability to

fight off infection and disease. This makes people more likely to get infections and cancers that would not normally develop in healthy people.

AIDS is the last stage of HIV infection, when a person's immune system doesn't work very well anymore. AIDS is diagnosed when a person gets a number of infections or their blood counts of certain blood cells reach a certain level.

Though the number of individuals infected and affected by HIV varies widely by region, HIV and AIDS has reached pandemic proportions across the world and nearly half of new HIV infections are among young people aged 15–24.

Transmission

HIV is transmitted through infected body fluids. The four fluids known to transmit the virus are: blood, semen, vaginal fluids, and breast milk.

HIV is transmitted through unprotected vaginal and/or anal sex with an infected partner. It can also be transmitted through sharing needles and sharp objects. If a woman is infected with HIV, she can infect her baby during pregnancy or birth or through breastfeeding though there are medicines that a woman can take during pregnancy that can prevent the transmission of HIV to her baby. Individuals can also be infected with HIV through blood transfusions. Health care providers can be infected with HIV if they get pricked by an HIV-contaminated needle or get HIV-infected blood spilled on cuts and fresh wounds.

HIV is not transmitted through hugging; sneezing; mosquito bites; shaking hands; sitting on a toilet seat; sharing eating utensils, food, or objects handled by people with HIV; or spending time in the same house, school, or public place with a person who has HIV.

It is very unlikely that HIV is ever transmitted during kissing. It could only happen if the partner was bleeding from the gums or had other sores in the mouth.

Prevention

The only ways an individual can make sure that he/she does not get HIV is to remain abstinent from all forms of sexual behaviour and to never share needles or receive blood transfusion.

There are other ways that people can reduce their risk of HIV. Most importantly, research shows that condoms greatly reduce the risk of contracting HIV.

In addition, the fewer partners a person has in his/her lifetime and the longer he/she delays beginning to have sex, the lower his/her risk of getting or giving HIV or other STIs.

It is safest to practice monogamy with an uninfected partner. Having concurrent partners (more than one partner at the same time) greatly increases a person's risk of contracting HIV. Sexually active individuals should consider being tested for HIV at regular intervals or before they begin a new sexual relationship.

Testing and treatment

HIV usually has no symptoms and a person will not know if he/she has it unless he/she gets tested. Health care providers test blood, and in some places saliva to check for antibodies to HIV. It can take up to three months after an individual is infected for him/her to develop antibodies. This is called the "window period."

During the window period, HIV tests may not show that a person has the virus. Therefore, individuals should wait three months from the last time they were possibly exposed to HIV to get tested. It is important to remember that HIV can be passed to other people during the window period.

There is no cure for HIV or AIDS. A person who gets infected with HIV can live a healthy life for many years. There are medications that can help individuals with HIV stay healthy longer.

Summary

STIs are infections that are passed from one person to another during sexual intercourse including oral and anal sex. It is also being passed from one person to another through transfusion of infected blood. Symptoms of STIs include burning sensation of the vagina or penis, painful urination, itching, bloody urination. Adolescents with any symptom of STI should seek help from a health facility or call **MyQ** helpline 08027192781 or text 38120 (toll free).

SESSION 4

MENTAL HEALTH AND DRUG USE

Session Objectives:

By the end of this session participants will be able to:

- understand how to maintain good mental health
- Appreciate the relationship between mental health and reproductive health of young people.
- Understand the challenges of drug use and how to counsel adolescent drug users including appropriate referrals where necessary.

Time: 2hrs

Session Overview

- Mental Health
- Mental Disorders
- Substance abuse

Method:

- Brainstorming
- Lecture
- Discussion

Materials:

Flipchart stands/papers
Markers
VCR/TV/Video cassette

Introduction

Health has been defined by the World Health Organization as a state of physical, mental and social well-being of an individual and not merely the absence of disease or infirmity. This definition emphasizes the need to perceive health at physical, mental and social levels. This underscores the need to appreciate the fact that the brain (mental health) controls the body and that good mental health is necessary for normal human functioning within the society.

Mental health in adolescence may be characterized by a roller coaster of emotional and psychological highs and lows. Intense feelings are a normal and healthy part of the psychological landscape of youth, but it is also true that many mental health disorders of adulthood begin in childhood or adolescence

Mental Health

It refers to the capacity of an individual, a group and the environment to interact with one another in ways that promote the feeling of well-being. This entails the optimal development and use of mental abilities (thinking, reasoning, understanding, feeling and behaviour) required for normal level of functioning. Mental health therefore involves satisfactory social relationship with others and it is not the same as mental disorders.

The World Health organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

SIGNS OF POOR MENTAL HEALTH

The following may be warning signals for poor mental health:

- Always worrying
- Unable to concentrate on task at hand for un-recognized reasons
- Continually unhappy without justified cause
- Losing your temper easily and often
- Not sleeping well (insomnia)
- Wide fluctuations in your moods from depression to elation, back to depression, which incapacitates the person.
- Continually dislikes to be with people
- Undue shyness
- Upset when the routine of your life is disturbed
- Children consistently getting on your nerves
- Afraid without cause
- Always right and the other person always wrong
- Always suspicious of people around.
- Have numerous aches and pains for which no doctor can find a physical cause.
- Inflicting injuries on themselves

FACTORS THAT PROMOTE GOOD MENTAL HEALTH

1. Build Confidence

Identify your abilities and weaknesses together, accept them build on them and do the best with what you have.

2. Eat right, Keep fit

Adequate diet, regular exercise and adequate rest can help you to reduce stress and enjoy life.

3. Make Time for Family and Friends

These relationships need to be nurtured; if taken for granted they will not be there to share life's joys and sorrows. Eat together, play together, recreational activities, parents/guardian should give them room to share their views and ask questions.

4. Give and Accept Support

Friends and family relationships are strengthened when they give support and accept each other in times of needs

5. Create a Meaningful Budget

Financial problems cause stress. Not all we want are what we need at a particular time – use a scale of preference to identify needs and spend wisely.

6. Volunteer

Being involved in community service gives a sense of purpose and satisfaction that paid work cannot.

7. Manage Stress

We all have stressors in our lives but learning how to deal with them when they threaten to overwhelm us will maintain our mental health.

8. Find Strength in Numbers

Share your problem with a trained counselor in your school or locality who will help you find a solution and will make you feel less isolated.

9. Identify and Deal with Moods

We all need to find safe and constructive ways to express our feelings of anger, sadness, joy and fear.

10. Learn to Be at Peace with Yourself

Get to know who you are, what make you really happy, and learn to balance what you can and cannot change about yourself.

Summary

Mental health is an integral and equally important component of the well-being of an individual. Mental health enhances satisfactory inter-personal and social relationships. A good knowledge of early signs of poor mental health and tips for promoting optimal mental health among adolescents is important.

MENTAL DISORDERS

Introduction

Mental disorders account for a large proportion of the disease burden in young people in all societies. Most mental disorders begin during youth (12–24 years of age), although they are often first detected later in life. Poor mental health is strongly related to other health and development concerns in young people; notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health.

Those disorders that most commonly affect adolescence are anxiety disorders, which manifest through phobias, excessive worry and fear, and nervous conditions; and depression disorders, characterized by states of hopelessness or helplessness that are disruptive to day-to-day life. Other mental health conditions affecting youth include bipolar disorder, conduct disorder, attention-deficit/hyperactivity disorder, learning disorders, eating disorders, autism, and childhood-onset schizophrenia.

Definition

- **Mental disorders:**

It can be defined as an illness with psychological or behavioural manifestations and (or impairment in functioning due to social, psychological, genetic, physical or biological disturbance.) Mental disorders are characterized by abnormalities in a person's emotions, thoughts, cognition, sensory perceptions, beliefs and behaviour.

COMMON TYPES OF MENTAL DISORDERS

Anxiety disorders:	Signs and symptoms.
<ul style="list-style-type: none"> • Panic disorders • Specific phobias or social phobias • Generalized anxiety • Obsessive compulsive disorder • Acute stress reaction • Post-traumatic stress disorder 	<ul style="list-style-type: none"> • Fear • Pounding heart or accelerated heart rate • Trembling • Sweating • Difficulty in sleeping at night • Abdominal discomfort • Sensation of shortness of breath • Feeling dizzy, unsteady, light-headed and faint. • Feelings of unreality or being detached from oneself. • Fear of losing control or going crazy • Fear of dying • Numbness or tingling sensations • Chills (cold) or hot flushes (hot sensations of the body)
Mood disorders	Signs and symptoms
<ul style="list-style-type: none"> • Major depressive disorder 	<ul style="list-style-type: none"> • Depressed mood most of the day, nearly everyday • Markedly diminished interest or pleasure in all or almost all activities. • Fatigue or loss of energy • Poor appetite and significant weight loss • Insomnia particularly early morning wakening. • Psychomotor agitation or retardation in movement and thinking • Feeling of worthlessness or inappropriate guilt. • Diminished ability to think or concentrate • Recurrent thought of death • Suicidal thought and/or attempts
<ul style="list-style-type: none"> • Manic episode 	<ul style="list-style-type: none"> • Inflated self-esteem or grandiosity false estimation of ones-self • Decreased need for sleep • More talkative than usual or pressure to keep talking • Subjective experience that thought are raising • Attention too easily drawn to unimportant or irrelevant external stimuli. • Increase in goal directed activity • Dis-inhibition e.g. engaging in unrestrained buying sprees, sexual indiscretions or foolish business investment.

Conduct Disorder	<ul style="list-style-type: none"> • Signs and symptoms
<ul style="list-style-type: none"> • A repetitive and persistent pattern of Behaviour in which either the basic rights of others or major age-appropriate societal Norms or rules are violated. 	<ul style="list-style-type: none"> • Aggression to people and animals • Destruction of property. • Deceitfulness of theft. • Serious violation of rules
<ul style="list-style-type: none"> • Substance (drug) related disorders 	<ul style="list-style-type: none"> • Substance intoxication • Recurrent use of habit-forming drug resulting in a failure to fulfil major obligations. • Recurrent substance use in situations in which it is physically hazardous. • recurrent substance related legal problems continued substance use despite having persistent or recurrent social or interpersonal problems used or exacerbated by the effects of the substances. • A need for markedly increased amount to the substance to achieve intoxication or desired effect. (tolerance) • Withdrawal symptoms.
Adjustment disorders <ul style="list-style-type: none"> • Emotional or behavioural symptoms that occur in response to stressful life events 	<ul style="list-style-type: none"> • Marked distress that is in excess of what would be expected from exposure to the stressor. • Significant impairment in social or occupational functioning. • Adjustment disorder can manifest with depressed mood, anxiety, or disturbance of conduct.
Disorders of human sexuality <ul style="list-style-type: none"> • Non organic sexual dysfunction Sexual desire disorders Sexual arousal disorders Orgasm disorders Sexual pain disorders Substance induced sexual dysfunction Sexual dysfunction due to general medical conditions. • Sexual disorders (paraphilia) Exhibitionism Fetishism Paedophilia Sexual sadism Voyeurism 	Abnormal sexuality is sexual behaviour: <ul style="list-style-type: none"> • That is destructive to oneself or others, • That cannot be directed toward a partner, • That excludes stimulation of the primary sex organs, • That is inappropriately associated with guilt and anxiety or that is compulsive •

Transvestic Fetishism	
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Causes of Mental Disorders

Mental illness does not come without a warning. It is the combination of unsuccessful reaction to life problems and long term failure to adjust to real life situations. The causes may be attributed to:

- Emotional experiences e.g.
 - In infancy and childhood
 - Broken homes
 - Socio-economic problems
 - Psychosocial stressors. E. g. failure of examination, unwanted pregnancy, parental quarrels.
- Brain injuries e.g. at childbirth, accidents etc.
- Drug abuse e.g. alcohol, cannabis.
- Genetic factors.
- Organic brain syndrome e.g cerebral malaria, typhoid, meningitis, encephalitis

PREVENTION

Primary prevention: aimed at reducing the number of new cases, include efforts at education concerning risk factors and protective factors of mental disorders eg: need for adequate antenatal and delivery methods to prevent birth injury and mental retardation or the dangers of drug abuse.

Secondary prevention: aimed at reducing the number of identified cases through early detection and appropriate treatment. It is important to advocate prompt referrals to enable quick and effective management of every case.

Tertiary prevention: aimed at reducing the effect of the illness on individual and the society through rehabilitation and reintegration of the patient back into the society after the illness has been treated successfully. This usually involves vocational training, occupational therapy, support groups etc.

REFERRAL CENTRES

Persons with mental disorders can be referred to:

- Primary Health Care Centers
- Secondary and Tertiary Health Facilities e.g. State and General hospitals, Teaching hospitals, and Psychiatric hospitals.
- **MyQ** helpline 08027192781 or text 38120 (toll free)

SUMMARY

Recognition of the signs and symptoms of mental health disorders is important because early intervention may be critical to restoring health. Mental health disorders are typically marked by

disruption of emotional, social, and cognitive functioning. A good knowledge of cases, signs and common types of mental disorders will go a long way to help in promoting mental health among adolescents.

SUBSTANCE ABUSE

Introduction

Drug (Substance) abuse has become a public health problem all over the world. In resource-poor countries, the problem is of no less importance than in Western countries and exacts a tremendous toll in terms of morbidity and mortality. In Nigeria within the last two decades, adolescents and young adults have been found to be abusing licit (alcohol, tobacco) and illicit substances (Indian hemp, cocaine and heroin). The abuse of such substance has harmful effects on the individual, family and the larger society.

In addition to acute effects and disorders, substance use in children and adolescents can harm the healthy development of the body, brain, and behaviour. Also, apart from the consumption of such drugs, trafficking in illicit drugs constitutes a criminal offence. Unfortunately, male youths predominantly form the risk group at tender ages of 10-15 years. It is therefore essential for the society (Government and non-Governmental Organizations) to work out strategies (methods) of controlling drug abuse in our societies.

Definitions

- **Drug**
A drug is a substance which affects the body to modify its functioning. Drugs which mainly affect the level of consciousness/mind, mood and behaviour are called psychoactive drugs. These psychoactive drugs have habit-forming potentials. Examples of these drugs are cigarette (nicotine), alcohol, cannabis (Indian hemp), heroin, cocaine and kola-nut.
- **Tolerance**
This is said to have developed to a drug when it produces a decreased effect or when there is the need for markedly increased amounts of the substance to achieve a desired effect.
- **Substance Dependence**
This is a repetitive prolonged use of a habit forming drug to the extent that there will be an overriding desire for the drug, and tendency to increase the frequency and quantity used. There is also the development of withdrawal symptoms when attempt is made to stop the use of the drug.
- **Substance withdrawal**
This is the manifestation of physical and / or psychological symptoms occurring when a drug is reduced in amount or stopped and usually lasts for a limited time.
- **Substance intoxication**
This is the development of reversible substance – specific problems due to recent ingestion of (or exposure to) a substance e.g. excessive consumption of alcohol over a short period of time and usually disappears when that substance is eliminated from the body.

DRUG (SUBSTANCE) ABUSE: Substance abuse is a maladaptive recurrent pattern of use of a habit-forming drug that may lead to significant impairment or distress manifesting as:-

- Failure to fulfill major role obligations at work, school or home e.g. poor work performances, absenteeism, expulsion from school, neglect of children etc.
- Recurrent substance uses in situations in which it is physically hazardous e.g. operating a machine.
- Recurrent substance related legal problems e.g. arrest for substance-related disorderly conduct.
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or made worse by the effects of the substance.

The abuse of habit-forming drugs can progress from the stage of experimentation through the stage of more frequent use to the stage of drug dependence/addiction. At this stage of physical and/or psychological dependence, there is a craving for the drug of choice, tendency to increase the dose of drug used, withdrawal signs and symptoms when the drug is stopped.

WHY ADOLESCENTS USE SUBSTANCES

Adolescents often take to drugs because of environmental influences, defects in their personality (who they are) or because such substances are easily available. Some of the most common reasons are:-

- Peer pressure i.e. influence of friends;
- Ineffective control of drug availability;
- Out of curiosity - they want to find out about it;
- To gain acceptance by friends e.g. cultism in institutions of learning;
- As a means of escaping from or relieving pressures;
- To get high
- As a means of relaxation;
- Because parents/guardian/role models/mentors use drugs e.g. They smoke cigarette or drink alcohol;
- Because of problems at home or at school;
- Because they work on jobs or in environment that encourage drug use e.g. as bar attendants, cigarette vendors;
- Presence of personality problems e.g. low self-esteem.
- Heredity – alcohol and other drug problems tend to run in some families.
- Parental deprivations e.g. separation, divorce; death of parents.
- Advertising: youths learn wrong information from advertisement of tobacco and alcohol;
- Social change, Youths moving from rural areas to urban centers where they have no social support, unemployment.

DRUGS COMMONLY ABUSED IN NIGERIA

- Alcohol
- Tobacco
- Cannabis (Indian Hemp)
- Stimulants e.g. dexamphetamine, pemoline
- Anxiety relieving drugs e.g. valium, lexotan

- Opioids e.g. heroin
- Cocaine
- Volatile substances eg: Solvents, paint, petrol
- Coffee, tea, kola nuts
- Hallucinogens
- Codeine,
- Glue,
- Methane from pit toilets and gutters.

EARLY WARNING SIGNS OF DRUG ABUSE

There are certain behaviours, which can help parents and care givers to suspect in good time when a person is using drugs. These are:

- Sudden change in behaviour and mood
- Sudden change and decline in attendance and performance at school or work
- Unusual temper flare-ups.
- Increased borrowing of money from parents and friends
- Stealing at home, school or work place
- Unexplained long absence from home
- Unnecessary secrecy
- Changes in dressing and appearance.
- Presence of paraphernalia e.g. syrups, foil paper, lighter and burnt spoon syringe.
- Needle marks especially where there are veins.
- Selling belongings and personal items.

EFFECTS OF DRUG ABUSE

The consequences of excessive and/or prolonged drug abuse can be socio-economic, physical or psychological.

- **Social:**
 - Loss of sense of responsibility
 - Loss of Job
 - Family Disruption
 - Criminal behaviour,
 - Terrorism
 - Delinquent acts usually in youths
 - Lack of achievement
 - Promiscuity
 - Road traffic accidents

- Attempted suicide & suicide
- **Physical**
 - Physical dependence leading to withdrawal reactions e.g. alcohol.
 - Sympathetic Nervous System Stimulation as in amphetamine or cocaine abuse- restlessness, tremors etc.
 - Depression of the Central Nervous System with drugs such as alcohol, barbiturates, heroin, Valium etc.
 - Damage to organs such as liver, brain, pancreas, and peripheral nerves.
 - Head injury-Road traffic accidents, falls, home accidents etc.
 - Damage to unborn babies, e.g. fetal alcohol syndrome in alcoholic mothers, Low birth weight in chronic cigarette smokers, etc.
- **Psychological Complications**
 - Psychic dependence leading to cravings e.g. cannabis, tobacco, kolanuts.
 - Mood altering resulting in mood elevation or depression e.g. drugs such as cocaine, amphetamines, cannabis, and alcohol.
 - Abnormal behaviour such as psychosis with drugs such as cannabis, cocaine, amphetamines.
 - Psychological symptoms of withdrawal e.g. hallucinations, severe anxiety, sleep disturbance etc.
 - Dementia- Impairment of memory as in chronic alcohol use.
 - Personality disintegration and loss of self-esteem.
 - Lack of motivation as seen in chronic cannabis abuse.
 - Sexual disorders such as impotence and delayed ejaculation

CONSEQUENCES OF USING SUBSTANCES ON REPRODUCTIVE HEALTH

Apart from the general effects of drugs on the body, drugs particularly affect reproductive health in a very serious and harmful way. Drugs cause dis-inhibition and may also make young people to be more daring. In this state, they take risks including:

- Sexual experimentation: Unprotected sexual activity may lead to:
 - Infection with STIs and HIV/AIDS (untreated STIs may lead to infertility)
 - Unwanted pregnancy: (Illegal unsafe abortion may be procured to terminate unwanted pregnancy, which may lead to infection, bleeding, death or infertility).
- Prostitution in order to sustain the habit.
- Early initiation of sexual activity, which is more likely to have serious health problems in future such as cancer of the cervix.
- Poor performance at school, such school dropout falls into the low-income group where problems of unplanned families are more common.
- Unstable homes, marital disharmony, separation and divorce.

SUMMARY TABLE OF COMMON DRUGS OF ABUSE AND THEIR EFFECTS

DRUG GROUP	<i>EFFECTS</i>	DANGER	EXAMPLE
STIMULANTS	<ul style="list-style-type: none"> • Can cause increase in energy and activity. • Can suppress hunger, • Produce a state of excitement or 'feeling good', • Can cause one to be in a state of euphoria. The intensity of the feeling depends on the type of drug e.g. cocaine is stronger than caffeine in coffee. 	<ul style="list-style-type: none"> • Sleeplessness • Anxiety • Irregular heartbeat • Possible heart failure • Over excitement • Hypomania • Hallucination and other forms of mental disorders; Reckless behaviour • Tolerance and psychological dependence develop quickly. Amphetamine can cause psychosis 	<ul style="list-style-type: none"> • Cocaine (crack) • Caffeine, • Nicotine • Amphetamine
DEPRESSANTS	<ul style="list-style-type: none"> • Can slow down body functions; • Causes sleep or drowsiness • Leads to fall in blood pressure, lowering of the heart rate and breathing, unconsciousness, • Death; Can make a person to "feel good" at the beginning; • Can cause depression in addicts. 	<ul style="list-style-type: none"> • Drowsiness, • Uncoordinated behaviour and actions, • Difficulty in operating machines, • Unconsciousness and death. 	<ul style="list-style-type: none"> • Alcohol, • Lexotan, • Valium, • Other benzodiazepines • Barbiturates.
MARIJUANA	<ul style="list-style-type: none"> • Can alter the way people see, hear, and feel. • Can cause fear or reduce it thereby making the user bolder and more daring in taking risk • Can cause dryness of mouth and throat • Disorientation • Confusion. 	<ul style="list-style-type: none"> • Problem of coordination, • Long term use can also decrease libido, and affect sperm production; • Like cigarette smoking it can cause damage to the respiratory system especially the lungs; • Can reduce motivation and • Precipitate mental disorders. 	<p>Indian hemp, also referred to as</p> <ul style="list-style-type: none"> • "Weed, • "Igbo" • "Ganja".

INHALANTS	<ul style="list-style-type: none"> • Inhaled fumes can cause - Excitation, - Dis-inhibition - Euphoria. 	<ul style="list-style-type: none"> • Dizziness, • Incoordination, • Slurred speech, • Unsteady gait, • Lethargy, • Tremor • Generalized muscle weakness, • Blurred vision, • Euphoria, • Stupor or • Coma. • Facial rash 	<ul style="list-style-type: none"> • Glue (Solution for patching shoes), • Paint thinner, • Nail-polish remover, • Aerosols like hair spray, and petrol.
OPIOIDS	<ul style="list-style-type: none"> • Can induce analgesia, drowsiness and changes in mood. 	<ul style="list-style-type: none"> • Nausea or vomiting, • Muscle aches, • Watering of eyes and running of noses, • Sweating • Chills • Diarrhoea, • Yawning, • Fever, • Insomnia 	<ul style="list-style-type: none"> • Heroin, • Morphine, • Codeine.

- **Management**

Management of drug abusers is usually fraught with difficulties. Some of the difficulties encountered in managing drug addicts are due to the following characteristics

- Some of them can become aggressive and violent under the influence of drugs.
- Majority of drug addicts tell lies and cannot be believed or trusted
- Most of them are very manipulative, dependent on other people and crafty
- Under the influence of drugs, addicts have a high tendency to commit suicide or harm themselves,
- Some addicts are given to the life of crime and may not have developed enough skills to survive outside the drug culture;
- They may be completely occupied with seeking out drugs and taking them that nothing else matters to them including offer to help;
- Under the influence of drugs their mood may swing unpredictably.

- **Main methods of treatment**

- Referring the drug addict to treatment centres such as hospitals, counseling centres or rehabilitation homes for full assessment including history taking, examination, testing and treatment of all problems identified;
- If the person is having serious withdrawal symptoms, he may need to be admitted and detoxified. This is a process of getting rid of the drug in the person's body under controlled situation and monitoring. The client will be placed on medication by professionals under close observation. After the initial phase of detoxification and taking care of any existing physical problems, the person is enlisted into a drug treatment programme where psychological forms of treatment may be used to assist him or her to get out of the habit of taking drugs.
- The addict will also be assisted to develop skills that may equip him for independent economic existence when he goes back to society. This process is called rehabilitation. Rehabilitation programmes are of different types and can be set in different locations or for specific groups, such as adolescents
- On discharge back to society some drug addicts may be advised to attach themselves to self-help groups for further reinforcement of their determination to stay free of drugs. Self-help groups are made up of people who have similar problems in the past and have decided to come together to help and reinforce themselves so that they can continue to stay away from drugs. The most common of these groups is the AA or Alcoholic Anonymous. The group has established a set of regulations to guide their conduct, which they follow faithfully. These guidelines or rules are called the 12 steps and 12 traditions of the AA.
- Apart from these, the drug abuser/client needs constant support from the family, the community and his or her primary therapist. He needs to be counseled regularly to assist him have information to enable him make the right life choices.
- Counselors should refer identified health problems promptly.

- **Treatment of health problems related to drug abuse**

The main point to note in the treatment of problems related to drug abuse is that drug abuse is dangerous to health and is often a problem of young people whose lives may be ruined if adequate intervention is not made in good time. The situation should therefore always be given the seriousness it deserves.

Prevention

The main ways to prevent drug abuse are by controlling the supply of the drugs and by reducing the demand for the drugs by users. These are done through several strategies as follows:

- Use of mass media to increase public awareness to drug problems.
- Drug abuse preventive education in schools.
- Community and NGOs involvement in drug prevention activities.
- Provision of counseling centres in schools, mosques, churches and primary health care centres etc.
- Early identification, treatment and social reintegration of drug abusers.
- Legislation to prohibit production, distribution, advertisements, sale and use of drugs;
- Limiting the cultivation of drugs producing plants to medical and scientific purposes only;
- Providing those who grow drug producing crops like cannabis (Indian Hemp) with other economic activities so that they can stop further planting, e.g. by crop substitution
- Establishing effective monitoring system to check drug production and distribution;
- Participating in international conventions on drug control and collaborating with other countries to control drug trafficking;
- Ensure enforcement of drug control laws
- Preventing drug abuse in young people through education and counseling;
- Providing accurate information education and counseling to young people

Summary

These substances abuse could be licit (alcohol, tobacco) and illicit (Indian hemp, Cocaine, heroin). These substances have harmful effects on the body, brain and the behavior of an individual.

SESSION 5

ADOLESCENT NUTRITIONAL REQUIREMENT

Session Objectives:

By the end of this session participants will:

- Know the different classes of nutrient, their uses and sources
- Understand nutritional requirements for adolescents
- Understand the types of malnutrition and how it can be prevented

Time: 2hrs

Session Overview

- Classes of food
- Nutritional Consideration of special adolescent groups
- Harmful eating disorders
- Malnutrition

Method

- Brainstorming
- Lecture
- Discussion

Materials:

OHP/OHT

Flipchart stands/papers

Markers

INTRODUCTION

During adolescence, there is a greater demand for calories and nutrients due to the dramatic increase in physical growth and development over a relatively short period of time. Also, adolescence is a time of changing lifestyles and food habit - changes which affect both nutrient needs and intake.

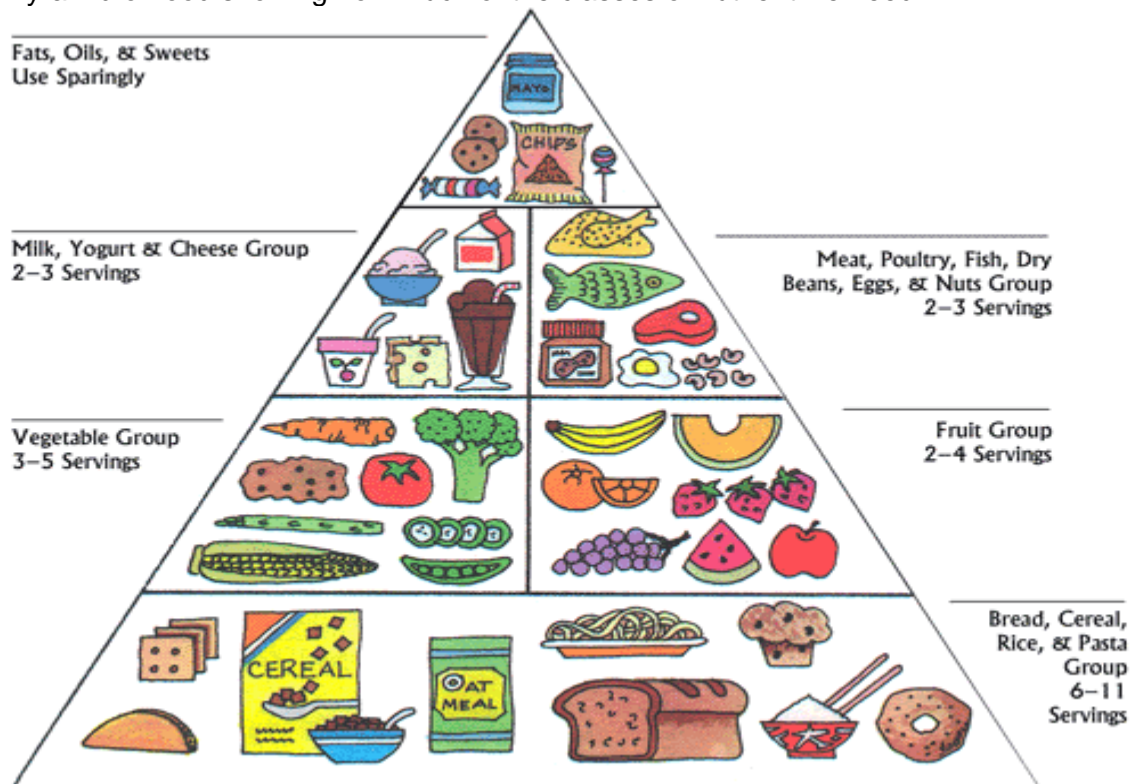
Adolescents can be at risk for dietary excesses and deficiencies. Dietary excesses of total fat, saturated fat, cholesterol, sodium, and sugar commonly occur. Most adolescents do not meet dietary recommendations for fruits, vegetables, and calcium rich foods. Other nutrition-related concerns for adolescents include high soft drink consumption, unsafe weight-loss methods, micronutrient deficiencies, especially iron-deficiency anemia, and eating disorders. Nutrition problems may also occur as a result of tobacco and alcohol abuse, pregnancy, disabilities, or chronic health conditions.

Classes of Food

Nutrient		Function	Deficiency	Sources
Carbohydrates		As fuel for energy for body heat and work		Rice, Maize, Sorghum, Yam, Cassava, Potatoes, Nuts, Fats and Oil
Protein		For growth and tissue repair; Production of enzymes and hormones; Improve immune functions; Preserve lean muscle mass; and supply energy in times when carbohydrates are not available	Impair mental and physical development	Meat, Beans, Milk, Eggs, Dairy products, Cheese
Fats		As fuel for energy and essential fatty acids		Butter, Margarine, Egg yolk, Nuts, Milk
Minerals	Calcium	Gives bones and teeth rigidity and strength	Stunted growth in children, bone mineral loss in adults; urinary stones	Milk, cheese and dairy products, Foods fortified with calcium, e.g. flour, cereals. eggs, fish cabbage
	Iron	Blood formation	Iron-deficiency anemia, weakness, impaired immune function, gastrointestinal distress	Meat and meat products, Eggs, bread, green leafy vegetables, pulses, fruits
	Iodine	For normal metabolism of cells	Goiter (enlarged thyroid), cretinism (birth defect)	Iodised salt, sea vegetables, yogurt, cow's milk, eggs, and cheese, Fish; plants grown in iodine-rich soil
	Zinc	For growth and development; wound healing,	Growth failure, loss of appetite, impaired taste acuity, skin rash, impaired immune function, poor wound healing	Maize, fish, meat, beans
	Fluorine	Helps to keep teeth and bones strong	Higher frequency of tooth decay	Fluorinated water, marine fish eaten with bones
> :-	A	- Healing epithelial cells	Night Blindness, dry, scaling	Tomatoes, cabbage, lettuce,

		- Normal development of teeth and bones	skin; increased susceptibility to infection; loss of appetite; anemia; kidney stones	pumpkins, Mangoes, papaya, carrots, Liver, kidney, egg yolk, milk, butter, cheese cream
	D	- Needed for absorption of calcium from small intestines - D evelopment and maintenance of bones	Rickets (bone deformities) in children; bone softening, loss, fractures in adults	Ultra violet light from the sun, Eggs, butter, fish, Fortified oils, fats and cereals
	K	- For blood clotting	Hemorrhaging	Green leafy vegetables, Fruits, cereals, meat, dairy products
	B Complex	Metabolism of carbohydrates, proteins and fats	Anemia, convulsions, cracks at corners of mouth, dermatitis, nausea, Anemia, fatigue, nervous system damage, sore tongue	Milk, egg yolk, liver, kidney and heart, Whole grain cereals, meat, whole bread, fish, bananas
	C	- Aiding wound healing - Assisting absorption of iron	Scurvy, anemia, reduced resistance to infection, loosened teeth, joint pain, poor wound healing, hair loss, poor iron absorption	Fresh fruits (oranges, banana, mango, grapefruits, lemons, potatoes) and vegetables (cabbage, carrots, pepper, tomatoes)
Fibre		To form a vehicle for other nutrients, add bulk to the diet (for weight reduction/management), provide a habitat for bacterial flora and assist proper elimination of waste	Constipation	Fruits and Vegetables
Water		Acts as transport medium; Provides body fluid (tears, digestive juices, etc) and regulates body temperature (production of sweat), detoxification (production of urine)	Dehydration	Well, spring, tap, borehole, etc

Pyramid of food showing how much of the classes of nutrient we need



NUTRITIONAL CONSIDERATION OF SPECIAL ADOLESCENT GROUPS

Pregnant Teenagers

One of the factors in the outcome of pregnancy is maternal age at the time of conception. There are greater risks of pregnancy complications in very young adolescents, including an increased incidence of low birth weight (LBW) infants and prenatal morbidity and mortality. In addition there is higher incidence of premature delivery and anaemia. Malnourished mothers are likely to give birth to low birth weight (LBW) infants, who are then susceptible to disease and premature death, continuing the cycle of poverty and malnutrition.

Early age at conception, smaller maternal size and poor nutritional status of young adolescents has been given as explanations for poor pregnancy outcome. Young adolescents who become pregnant have not yet completed their own growth and therefore require extra nutrient. Competition for nutrients between the mother's growth need and those of her fetus is one of the factors that contribute to unfavourable pregnancy outcome.

The pregnant adolescent requires an extra 300 calories and 30g of protein per day.

HIV Positive Adolescents

Pregnant adolescents with HIV are at particularly at high nutritional risk as a result of their higher dietary requirement. Infants born to HIV-positive mothers are more likely to be malnourished with low birth weight and impaired postnatal growth.

Malnutrition is common in HIV infection and it is one of the complications of AIDS. Wasting has been associated with increased infectious complications and reduced survival.

Vitamin A deficiency leads to rapid progression of HIV to AIDs, higher rate of mother- to-child- transmission and increased mortality.

HARMFUL EATING HABITS AND DISORDERS

Adolescents spend a good deal of time away from home and usually consume fast foods, which are convenient, but are often high in calories and fat. It is common for adolescents to skip meals and snack frequently. The social pressure to be thin and the stigma of obesity can lead to poor body image and unhealthy eating practices, particularly among young female adolescents. Males in contrast, may be susceptible to the use of high-protein drinks or supplements as they try to build additional muscle mass.

Religion, social and economic status, and the environment where one was raised or where one currently lives (urban, rural, or suburban) can influence food preferences. Adolescents also have their own particular “teen” culture that can strongly influence their food choices. This effect would be more striking when they are away from home.

MALNUTRITION IN ADOLESCENTS AND YOUNG PEOPLE

Malnutrition is a broad range of clinical conditions that result from deficiencies in one or a number of nutrients. It is caused by eating too little, too much or not the right food. It is a state in which the physical function of an individual is impaired to the point where he or she can no longer maintain adequate bodily performance processes such as growth, pregnancy, lactation, physical work, and resisting and recovering from disease.

Poor or inappropriate dietary habits increase the risk and/or incidence of chronic disease among adolescents. Of great concern is the increasing rate of obesity among adolescents as well as obesity-related health risks, such as diabetes and cardiovascular disease. Inadequate iron intake increases the incidence of iron-deficiency anaemia, especially among adolescents at highest risk such as pregnant teens, vegetarians, and competitive athletes.

Adolescent nutritional problems can be grouped into three major categories:

- Under-nutrition
- Micronutrient deficiency
- Overweight and Obesity

I. Under-nutrition

Under nutrition is manifested in the form of stunting (short-for-age) or wasting (thin-for-age)

➤ Stunting

Is observed when the height-for-age is less than two standard deviation units from the median height-for-age of the NCHs/World Health Organization reference values. Stunting is usually a consequence of chronic under-nutrition or deprivation of food.

➤ Wasting or thinness

Is the result of acute energy deficiency leading to the individual being underweight for his or her height (i.e. a Body Mass Index (BMI), $\text{weight}/\text{Height}^2$, below 18.5) Some of the consequences are:

- Lack of energy to participate actively in sports and other activities.
- Delayed physical development
- Delayed onset of menarche in girls
- Menstrual disorders
- Delayed growth of pelvic bones in girls with risk of obstetric complications in future
- Low pre-pregnancy weight leading to delivery of low birth weight and still born babies.
- Suppressed immunity making them more prone to infection and illness.
- Failure of the brain to attain its full intellectual capacity.
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Management

- Carry out regular assessment to determine the nutritional status through:
 - Anthropometrics measurement
 - Physical/clinical examination.
 - Dietary assessment
- Counsel adolescents to maintain and improve upon food choices and eating habits.
- Educate adolescents and their parents to improve on food choices and eating habits so as to satisfy the energy needs of the adolescents.
- Encourage adolescents from poor background to include low-cost nutritious foods in their diets.
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II. Micro-Nutrient Deficiency

a) **Iron Deficiency Anaemia (IDA):** Anaemia is one of the major nutritional problems of adolescents. The onset of menarche in girls leads to regular loss of blood and this leads to more demand for iron. During the growth spurt period, iron deficiency anaemia is also a serious problem among young adolescent but the problem increases with age for girls. Anaemia could also be caused by hookworm infestation. Some of the consequences of iron deficiency anaemia are:

- Pregnancy outcome is affected leading to low birth weight babies, prematurity, stillbirth, neonatal infection and maternal mortality.
- Reduces work capacity
- Reduces endurance of athletes
- Causes apathy and reduced ability to concentrate.
- Reduces cognitive functions leading to poor school performance.
- Reduces resistance to infection.

Prevention

- Give dietary advice
- Deworm and treat other parasites
- Check haemoglobin regularly
- Emphasize personal and environmental hygiene

Management

- Emphasize dietary sources of iron e.g. Dark green leafy vegetables, meat, and liver.

- Give dose of iron preparation and folic acid.
- Involve parents/guardians in planning meals to effect behaviour change.
- Consume vitamin C rich foods to improve Iron absorption.
- Educate both parents and adolescent to diversify diet.

b) **Iodine Deficiency Disorders (IDD):** Iodine deficiency disorders (IDD) are associated with brain damage, mental retardation, reproductive failure, child death and goitre.

Prevention

- Use only iodized salt for cooking.
- Diversify diet to include foods rich in Iodine.
- Counsel both adolescent and parents to improve food choices and eating habits.

Management

- Diversify diet to include foods rich in Iodine.
- Counsel both adolescent and parents to improve food choices and eating habits.

c) **Vitamin A Deficiency (VAD):** Vitamin A deficiency can lead to poor night vision, blindness and death in children. It hinders physical growth and lowers resistance to infections.

Prevention

- Diversify diets to include vitamin A rich foods
- Use red palm oil regularly for cooking without bleaching
- Eat fruits and vegetables (both dark green vegetables and orange coloured fruits).

Management

Counsel adolescents and parent to diversify diets to include vitamin A rich foods.
Encourage use of red palm oil for cooking without bleaching
Eat fruits and vegetables.

III. Overweight and Obesity

Obesity is defined as excess deposit of fat. The indicator for assessment is the Body Mass Index (BMI) which is weight in kilograms divided by the height in meters squared (Wt/Ht^2). Obesity is BMI > 30 while overweight is BMI between 25 and 30. BMI < 18.4 is reported as underweight. Obesity is caused by excess energy intake, high fat diets and sedentary lifestyles or low physical activity.

Obesity and overweight in childhood and adolescence leads to a higher risk of developing diabetes and other diet-related conditions and its persistence into adulthood puts a further strain on health.

The obese adolescent is less active with psychological and emotional problems such as depression because of low self-esteem.

Prevention

- Promote healthy living through consumption of a balanced diet.
- Avoid excess intake of high fatty foods and sugar foods..

- Encourage physical activity through exercises
- Build self-esteem.
- Promote behaviour change.

Management

- Promote healthy living through consumption of fruits and vegetables, complex carbohydrates.
- Avoid excess intake of high fatty foods and sugar foods.
- Encourage physical activity through exercises.
- Counsel on behaviour change.
- Refer to Nutritionist, dietician, and psychotherapy.

Summary

Adolescent is a period of increasing physical growth and development which requires a great demand for calorie and nutrient. Changing life style and food habits may lead to dietary excesses and deficiencies. However, proper growth require intake of all the different group substances (carbohydrate, protein, fat and water) in their correct proportion.

Module 4: PROMOTION OF PERSONAL HYGIENE

Introduction

This module is divided into three sessions. It is designed to familiarize participants with some good grooming routines, importance of hand washing and information on common conditions that can be controlled by improving personal hygiene.

Session 1: Good grooming routines

Session 2: Hand washing

Session 3: Common conditions controlled by improved personal hygiene

The Module at a Glance

Session Title	Time	Learner Objectives	Methods	Materials
Good Grooming Routines	2hrs	<ul style="list-style-type: none"> ▪ Explain some good grooming routines 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussion ▪ Lecture 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes ▪ BCC materials ▪ Projector (if available) ▪ T.V/DVDs/CDs (if available) ▪ use of VIPP (visualization in participatory program)
Hand Washing	3hrs	<ul style="list-style-type: none"> ▪ Describe how to wash hands properly ▪ Explain when to wash hands ▪ Mention the importance of soap ▪ Describe how to take care of your hands 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussion ▪ Lecture ▪ Demonstration and return demonstration 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes
Common Conditions Controlled By Improved Personal Hygiene	2hrs	<ul style="list-style-type: none"> ▪ Explain some common conditions that can be controlled by improving personal hygiene 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussion ▪ Lecture 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board and chalk ▪ Marker pen ▪ Paper tapes

SESSION 1: Good Grooming Routines

Learner Objectives

By the end of this session participants will be able to:

- Explain some good grooming routines.

Time: 2hrs

Session Overview

- Introduction
- Some grooming routines for the:
Hair, skin, teeth, nails, feet and genitals

Method

- Brainstorming
- Discussions
- Lecture

Materials

- Flip chart stand/ paper
- Chalkboard and chalk
- Marker pen
- Paper tapes

Content

Introduction

One of the most effective ways to protect others and ourselves from illness is through good personal hygiene. Personal hygiene can be defined as taking care of the whole body daily in order to be healthy and free from diseases. This includes washing your hands and the rest of your body, being careful not to cough or sneeze into the faces of others, putting waste items into a bin and using protection like gloves when you might be at risk of catching or passing on an infection.

Here are some grooming routines.

Hair

The hair is usually referred to as one's crowning glory and it is easy to maintain. The hair should be washed using soap or shampoo. It should be rinsed well and dried after every wash and keep clean. Apply hair cream to avoid dryness. Girls who dress their hair should wash it once a week while boys are to wash theirs every day. The hair should be brushed or combed after bathing.

Skin

Soap and water are essential for keeping the skin clean. Bathing with soap and water at least once or twice a day is recommended. Those who are involved in active sports should take a bath after such activities.

Use toilet soap, medicated or antiseptic soaps are not essential for the daily bath. A bath sponge should be used for scrubbing.

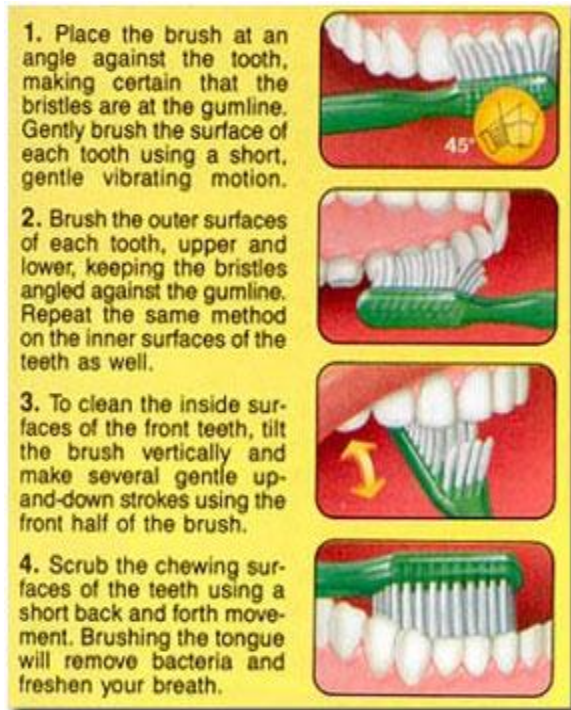
Drying with a clean towel is important. People should not share towels. A moisturising oil or cream can be rubbed on the body after bathing.

Teeth

The teeth can be kept clean by using a toothbrush and or chewing stick. The teeth should be brushed with a fluoride toothpaste (The trainer should ask students to give examples of local toothpaste) twice a day; that is, morning and night, to prevent tooth decay.

While brushing, attention should be paid to the fact that one is getting rid of the food particles stuck in between the teeth and in the crevices of the flatter teeth at the back - the molars and pre-molars. The upper teeth should be brushed down while the lower teeth should be brushed up. The tongue should be brushed as well as the inner surface of teeth. For those using toothbrushes, the following should be taken into consideration:

Steps in Brushing the Teeth



(Demonstrate the steps for washing teeth with the picture)

- A quality tooth brush should be used
- It should be rinsed well and left to dry after use.
- Toothbrush should be changed at least every three month. People should not share toothbrushes

Nails

Nails should be cut regularly and keep clean. However they should not be cut so close that they pinch the skin. Do not use your teeth to cut your finger nails.

Feet

The feet should be given a good scrub with a sponge. After a bath, ensure that in-between the toes are kept dry. Keep toenails clipped. Also shoes should be aerated regularly to prevent odour.

A clean pair of cotton socks should be worn every day. Many people have sweaty feet, and socks and shoes can get quite smelly. The same pair of unwashed socks should not be worn every day. At least two pairs should be kept and used alternately.

Genitals

The genitals and the anus need to be cleaned well because of the natural secretions in these areas. If not properly cleaned, irritations and infections can occur. In women, to avoid infections, they should wipe front to back after urinating or defecating. Clean underwear should be worn after bathing.

Underwears should be changed daily. Cotton underwears are preferable to other types as they generate less heat. White coloured underwears also generate less heat than dark-coloured ones

Specific hygiene issues for Women

Many women do not feel completely comfortable when menstruating. This discomfort can be as a result of pre-menstrual tension or caused by the menstrual flow.

Modern sanitary pads or tampons are helpful to deal with the flow. The user has to decide what suits her best. Whatever the preference, bathing is important. Some women have the problem of odour during menstruation. Cleanliness and changing of sanitary pads or tampons as often as is necessary reduce this problem. It is not advisable to use perfumed pads or tampons. In fact, using powder in the genital area is not recommended and should be discouraged.

For those who use tampons, it should be changed after six hours because of the possibility of getting infection caused by bacteria. Approximately 1% of all menstruating women carry this bacterium in their vagina. Absorbent tampons provide the medium for them to grow and spread infection especially if left beyond six hours. Therefore, the importance of not leaving a tampon inside the vagina for more than six hours cannot be overemphasised.

Specific Hygiene issues for Men

For uncircumcised men, a build up of secretions called smeg can form under the foreskin. Therefore, the foreskin should be pulled back gently during a bath and cleaned with soap. However, the soap should be rinsed off the foreskin well. For circumcised men, the penis and testicles should be washed with soap and water during a bath and rinsed well.

Travellers' Hygiene

When travelling, take special care if you are not sure whether the water available is safe.

Suggestions include:

- Drink only bottled water.
- When you wash your hands, make sure they are totally dry before you touch any food.
- Don't wash fruits or vegetables with unsafe water.
- In taking of fruits, preferably take those with an outer layer that can be removed easily e.g banana
- If you have no other water source, make sure the water is boiled before you drink.
- Make sure any dishes, cups or other utensils used are totally dry after they are washed.

SESSION 2: Hand Washing

Learner Objectives

By the end of this session participants will be able to:

- Describe how to wash hands properly
- Explain when to wash hands
- Mention the importance of soap
- Describe how to take care of the hands

Time: 3hrs

Session Overview

- Introduction
- How to wash hands properly
- When to wash hands
- Importance of Soap
- How to take care of the hands

Method

- Brainstorming
- Discussions
- Lecture
- Demonstration and return demonstration

Materials

- Flip chart stand/ paper
- Chalkboard and chalk
- Marker pen
- Paper tapes

Content

Introduction

A number of infectious diseases, particularly gastro-intestinal infections, can be spread from one person to another by contaminated hands. Washing the hands properly can help prevent the spread of the organisms which cause the infections. Some forms of gastro-enteritis can cause serious complications, especially for young children, the elderly or those with a weakened immune system. Drying the hands properly is as important as washing them.

When to Wash the Hands

The hands should be washed thoroughly:

- Before preparing food
- Before eating food and snacks
- Between handling raw and cooked or ready-to-eat food

- After going to the toilet or changing nappies
- After using a tissue or handkerchief for blowing the nose
- After handling garbage or working on the farm
- After handling animals
- After attending to sick children or other sick family members
- After handling dressings, bandages or contaminated clothes or material from an infected person
- After using chalk to write

How to Wash the Hands Properly

To wash the hands properly:

- Wet them with water
- Apply soap (liquid soap is the best) and lather well for 15-20 seconds.
- Rub hands together rapidly across all surfaces of the hands and wrists to help remove dirt and germs.
- The back of the hands should be scrubbed, wrists, between fingers and under fingernails should also be washed.
- Wash the hands for at least 10 seconds.
- Rinse well under running water or under water poured by someone else. It must be ensured that all traces of soap are removed, as residues may cause irritation.
- Air- dry your hands after washing. .

Rings and watches should be removed before washing the hands as they can be a source of contamination if they remain moist.

Importance of Soap

Soap contains ingredients that will help to:

- Loosen dirt on the hands
- Soften water, making it easier to lather the soap over the hands
- Clean the hands thoroughly, leaving no residues to irritate and dry the skin.

Why Liquid Soap is best

Generally, it is better to use liquid soap rather than bar soap, particularly in schools. The benefits of liquid soap include:

- It is hygienic - it is less likely to be contaminated.
- The right amount is dispensed per time - liquid soap dispensers do not dispense more than the required amount (more is not better).
- Less waste - it is easier to use and there is less wastage.
- Saves time - liquid soap dispensers are easy and efficient to use.

The Problems With Bar Soap - Particularly In Public Places

There are many reasons why bar soap can be a problem, particularly if it is used by a lot of people. These problems include:

- Bar soap can sit in pools of water and become contaminated with many harmful germs.
- People are less likely to use bar soap if it is 'messy' from sitting in water.
- Contaminated soap may spread germs and may be more harmful than not washing the hands.
- Bar soap can dry out - people are less likely to use it to wash their hands because it is difficult to lather.
- Dried out bar soap will develop cracks which can harbour dirt and germs.
- (STEPS FOR PROPER HAND WASHING TO BE INFUSED IN THE MANUAL)

How to Take Care of the Hands

You can care for the hands by doing the following:

- Applying a water-based absorbent hand cream.
- Using gloves to wash clothes especially for those who wash on a commercial level - *washer men*.
- Wearing gloves when farming to prevent a build-up of ingrained soil or scratches.
- *Consulting* a doctor if a skin irritation develops or continues.

Summary

Personal hygiene is an important factor in the life of a growing adolescent. Attention should be paid to keeping all parts of the body neat and clean to enhance good health outcome.

SESSION 3: Common Conditions Controllable By Improving Personal Hygiene

Learner Objectives

By the end of this session participants will be able to:

- Explain some common conditions that can be controlled by improving personal hygiene

Time: 2hrs

Session Overview

- Introduction
- Some common conditions include: Head lice, Dandruff, bad breath, body odour, perspiration

Method

- Brainstorming
- Discussions
- Lecture

Materials

- Flip chart stand/ paper
- Chalkboard and chalk
- Marker pen
- Paper tapes

Introduction

Every external part of the body demands a basic amount of attention on a regular basis. Neglect of personal hygiene can cause some problems. Here are some common conditions that can be controlled by improving personal hygiene .

COMMON CONDITIONS CONTROLLABLE BY PERSONAL HYGIENE

Head Lice

Lice (Nits) are tiny insects that live on the human scalp and suck blood for nourishment. Lice make a pinprick-like punctures on the scalp, emit an anti-clotting substance and feed on the blood.

Lice thrive on unclean hair. Children are especially prone to lice infestation. Lice spread from one head to another when there is close contact as in school environments. The eggs produced by lice are wrapped in shiny white sheaths and these show up on the upper layers of hair as the infestation increases. They make the scalp itchy and are a cause of annoyance and embarrassment. If unchecked, they can cause scalp infection.

Treatment of Head Lice

Anti-lice shampoos are available in the market, but in persistent cases a doctor's advice can be sought. Nit picking is painstaking and requires patience. A fine toothed comb and regular monitoring can get rid of the problem. Usually when a child is using an anti-lice shampoo, all members of the family are advised to use it too.

Dandruff

These are pieces of dead skin on the scalp which come off in tiny peels and can be seen as whitish flakes in the hair or on the shoulders.

Dandruff is associated with some disturbance in the tiny glands of the skin called the sebaceous glands. They excrete oil, but when there is too little oil, the skin becomes dry and peels. When there is too much oil, dandruff can also occur. It may have a slight yellow colour.

Washing of the hair with an anti-dandruff shampoo once to three times a week is necessary to get rid of the problem. Combs and brushes must be washed with soap. Hair should be brushed/combed regularly. Adequate diet and overall cleanliness will help. Massage the scalp everyday to improve circulation.

Bad Breath

Poor oral hygiene and infection of gums often result in a bad odour emanating from the mouth. This is called halitosis. Smoking can make this worse. Proper brushing of the teeth and oral care can get rid of bad breath. There can be other reasons for bad breathe e.g. colds, sinuses, throat infections or tonsil infections

Diseases of the stomach, liver, intestines or uncontrolled diabetes are also possible causes. Therefore, if bad breath persists despite good dental care, a doctor needs to be seen.

Body Odour

The body has nearly two million sweat glands. These glands produce about half a litre of sweat in a day. In tropical countries, naturally, more sweat is produced. The perspiration level increases with an increase in physical exertion or nervous tension.

Fresh perspiration, when allowed to evaporate does not cause body odour. An offensive smell is caused when bacteria that are present on the skin get to work on the sweat and decompose it. This is especially so in the groin area, underarms, and feet or in clothing that has absorbed sweat.

Regular baths and change of clothes should take care of the problem. Talcum powders, of the non- medicated kind, can be used under the armpits. Deodorants can also be used. Most commercial deodorants contain an antiperspirant, such as aluminium chloride.

Perfumed soaps do not interfere with sweat secretion, but contain hexachlorophene which destroys the bacteria that cause body odour.

If daily cleanliness routines do not reduce body odour, a doctor should be consulted.

Don'ts of Personal Hygiene
<ul style="list-style-type: none">• Do not share towel• Do not share bath sponge• Do not share sharp objects such as needle, comb, razor blades and pins• Do not share tooth brush• Do not share under wears such as - pants, boxers, socks, bras and night wears• Do not wear tight under wears• Do not wear nylon under wears (Cotton under wears are preferable)• Do not put sharp object into your ears

Perspiration

The body perspires to keep the body temperature from rising. Sweat is 99% water. The remaining 1% comprises a small quantity of urea, salt and some other compounds. Some people sweat more, some less due to hereditary and body composition factors. If the body perspires more, especially in hot weather, a slight increase in the intake of common salt is advised, to make good what is lost through perspiration. Excessive perspiration can lead to the scaling of the skin or inflammation (*Dermatitis*). This can also be a symptom of diabetes, anaemia or hyperthyroidism.

Summary

Personal hygiene is important for the control of certain health conditions such as head lice, body odor, bad breath and dandruff.

Module 5: Gender Issues

Introduction

Achieving gender equality is a moral imperative and a key Millennium Development Goal. This module enables educators to effectively address gender issues affecting, both boys and girls. It provides information about how gender norms function in society — in family relations, in schooling, in people’s experience of violence, in the media, and elsewhere. This module also explains how gender roles affect sexuality and sexual health. It helps boys and girls to think critically and to reflect upon their own attitudes about gender in a meaningful way.

Gender norms affect everyone’s well-being, including sexual health and risk of HIV. Around the world, gender norms and roles are changing rapidly. Raising adolescents’ awareness about gender issues is vital, because interventions during this formative period can later alter life outcomes dramatically. As young people approach adolescence, they feel more pressure to conform to culturally determined gender roles.

Young men and women can help reduce some of the risk factors that contribute to the health issues they face, if they are equipped to recognize and deal with them. Negative gender norms are one of such risk factor. People who work in the field of adolescent health need to understand the concept of gender and how they are influenced by their own cultures, traditions, and prejudices, sometimes without even realizing it. Everyone is taught – both as children and adults – to behave in certain ways and believe certain things according to gender-based norms.

Once young people recognize these gender-based norms, they can begin to learn how to change them and to resist expectations and situations that put them at risk. Peer educators can also help to challenge gender-based norms and stereotypes by being more aware of how gender influences them and their peers’ behaviour

This module is divided into three sessions. It is designed to familiarize peer educators with the concept of gender, stereotypes and norms, and forms of gender based violence that can be challenged

Session 1: Concept of Gender

Session 2: Gender stereotypes and norms

Session 3: Gender based violence

Module at a glance

Session Title	Time	Learner Objectives	Methods	Materials
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Concept of Gender	1hr	<ul style="list-style-type: none"> ▪ Explain important concepts in gender 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussion ▪ Lecture 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes
Gender stereotypes	1hr	<ul style="list-style-type: none"> ▪ Explain differences between sex and gender ▪ Mention various gender stereotypes 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussion ▪ Lecture 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes
Gender based violence and consequences	1hrs	<ul style="list-style-type: none"> ▪ Explain some common gender based violence (GBV) ▪ Discuss the consequences of GBV 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussion ▪ Lecture 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board and chalk ▪ Marker pen ▪ Paper tapes

SESSION 1: Definition of Gender concepts

Learner's objectives

By the end of this session, participants should be able to:

- Define the various concept in gender

Time: 1 hour

Session Overview

- Introduction
- Some common concepts in gender, gender stereotypes and gender based violence

Method

- Brainstorming
- Discussions
- Lecture

Materials

- Flip chart stand/ paper
- Chalkboard and chalk
- Marker pen
- Paper tapes
- Projector (if available)

Gender

Gender is a social, cultural and personal construct, not a biological construct; separate from the sex-based categories of male/female. It is a view through which to assess other social organizing principles with influence on the status of men and women-class/caste, race, age, religion, location/city/country side; not used in isolation.

Gender refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about 'typically' feminine or female and masculine or male characteristics and abilities, and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are commonly learnt from family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society.

Gender Relations

These refer to social relations between men and women. Major issues are power and hierarchy. How these relations are formed and supported by family, culture, state and market is an important consideration.

Sexual/gender Division of Labor

"Who does what work?" is an entry point to understanding gender as a social construct.

In some societies, females are viewed as the property of their husbands. In these places, families may be less likely to invest precious resources in feeding and educating girls, whom they assume will grow up and leave the family.

Although many boys have household chores, girls tend to be given more domestic responsibilities and have less free time than their brothers.

Boys may be discouraged from crying or from expressing feelings of vulnerability.

Girls may be discouraged from asserting themselves or from playing "rough" sports.

Gender Roles and Responsibilities

Gender roles and responsibilities are extensions of the division of labor, the key issue is the concept of "gender" (the social, not biological concept) and how different roles and responsibilities are assigned to men and women.

Gender roles refer to socially given roles, attributes and responsibilities that are related to being male or female in any society. It dictates the relationship between men and women, how they

are socialized to think and act. The factors that influence gender roles include, families, schools, friends, media, society, culture, religion, etc. Unlike sex roles which are universal and unchangeable, gender roles, attributes and responsibilities are dynamic and context-specific as they change over time for different reasons and across generations.

The intersection of these gender roles and responsibilities with a development project's goals and activities is the focal point of a gender analysis.

Gender equality -Equality between men and women exists when both sex are able to share equally in the distribution of power and influence.

Gender equity -Gender equity is the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality

Summary

Understanding of gender relations is an important factor for promoting human and community development. Exposing young people to this topic commences their preparation to a less patriarchal community and provide a conducive environment for promoting gender equity

SESSION 2: Gender Stereotypes

Learner's objectives

By the end of this session, participants should be able to:

- Identify various gender stereotypes
- Differentiate between sex and gender

Time: 1 hour

Session Overview

- Differences between sex and gender
- Some common gender stereotypes
- Exercise on understanding gender and sex

Method

- Brainstorming
- Discussions
- Lecture

Materials

- Flip chart stand/ paper
- Chalkboard and chalk
- Marker pen
- Paper tapes
- Projector (if available)

Introduction

Sex- Sex refers to the biological characteristics that make one being male or female, e.g only females can become pregnant.

Gender- Gender refers to socially or culturally defined ideas about masculinity and femininity.

Gender stereotypes

These are beliefs about what men, women, boys and girls are, can do or cannot do especially based on culture and traditions. Traditionally, the

Female stereotypic role is to get married and have children. She is also to put her family's welfare before her own: be loving, dependent, compassionate, caring, nurturing, and sympathetic; and find time to be attractive and feel beautiful.

Girls also suffer pressures to comply with norms of femininity, for example, to:

- be caregivers;
- be docile and submissive to males, underplay their intelligence, undervalue or withhold their opinions and ideas;
- accept having their rights limited;
- accept close monitoring of their dress, friendships, and their comings and goings;
- be careful not to hurt people's feelings;
- give in to having unwanted sex

The **male stereotypic role** is to be the provider. He is also seen to be assertive, competitive, independent, courageous, and career-focused; holds his emotions in check; and be adventurous. These sorts of stereotypes can prove harmful; they can stifle individual expression and creativity, as well as hinder personal and professional growth. Stereotypes can be positive or negative, but they rarely communicate accurate information about others. When people automatically apply gender assumptions to others regardless of evidence to the contrary, they are perpetuating gender stereotyping. Many people recognize the dangers of gender stereotyping; yet continue to make these types of generalization.

Boys also often suffer pressure to prove their heterosexuality and manhood, for example, to:

- be brave and assertive;
- have money and prepare to become providers;
- suppress certain emotions (for example, vulnerability and tenderness) or behaviors that may appear "feminine";
- engage in physical violence (against people they know or do not know);
- perform as an athlete and have a muscular body;

- avoid seeking health care, or even admitting that they are sick or have been harmed;
- “prove” their heterosexuality, for example, by having heterosexual intercourse or even fathering a child;
- take risks by engaging in unsafe sex (thus increasing their risk of acquiring HIV infection); and take physical risks (including with drugs, alcohol, or with a vehicle).

Boys may face harassment or brutality by police. This is especially true for boys from minority or marginalized groups or from low-income neighborhoods. Some boys face severe beatings from relatively minor misbehavior.

Forms of Gender stereotypes

Physical: Males and females have different bodies, but even here we aren’t sure how much of the difference is caused by inherent biology and how much by the way we raise boys and girls.

Emotional: Women are assumed to be more caring and more emotional than are men. They are stereotyped as sentimental and “sweet. Men are seen as being strong and should not express emotions such as crying when in pain. But women are allowed to cry as an expression of weakness

Intellectual: Men are viewed as the protectors and providers of their families, which in pre- industrialized society meant being stronger, but today may mean being smarter. Women on the other hand are saddled with the domestic responsibilities and care of the children as opposed to participating in socio-economic processes.

Exercise on understanding Gender and Sex

		<i>(personal opinion/</i>		
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Is this a 'gender' or 'sex' Statement?	True/ False	belief or generalization)	Sex (S) or Gender (G)	Why?
<i>Women give birth, men do not</i>				
<i>Women are more loving and caring</i>				
<i>The most important role of the man is to be breadwinner and head of the household.</i>				
<i>Men think and act more rationally than women</i>				
<i>Women can menstruate men cannot</i>				
<i>Women make poor managers</i>				
<i>Most men are taller than women</i>				
<i>According to united nations statistic, women do 67 per cent of the world's work, yet their earnings for it amounts to only 10 per cent of the world's income</i>				
<i>Women have developed breast that are usually capable of lactating, while men do not</i>				
<i>Study show that girls perform better in girls-only class room situation</i>				
<i>Sex is not as important for women as it is for men¹³. In a study of 224 cultures, there were 5 in which men did all the cooking and 36 in which women did all the house building</i>				

<i>Only men can provide the sperm for fertilization</i>				
<i>Women are the weaker sex</i>				
<i>Men do not cry</i>				

Note to Facilitator

When integrating a gender perspective into a peer education programme, peer educators should keep the following points in mind Incorporating a gender perspective into activities with young people requires continual effort and awareness-raising. It is not a one-time action or simply a matter of using correct terminology (e.g., speaking about both young men and young women or using ‘she and he’ instead of just ‘he’ in documents). Use concrete examples of gender issues — from your own setting. Start with examples of inequality and discrimination that students recognize (e.g. stigma associated with HIV and AIDS). Discuss how gender norms perpetuate child marriage, female genital mutilation, and violence (including sexual violence).

- Recall that many learners have experienced violence. Discussing the topic calls for sensitivity and planning. Establish a safe learning environment.

Gender has to do with relationships, not only between the sexes but also among women and among men. For example, mothers teach daughters not to contradict men; fathers teach sons ‘not to act like women’ by crying when they are hurt. Keep emphasizing that boys, as well as girls, can benefit from less rigid gender norms and arrangements. Remember that many students have already chosen less conventional gender roles and feel good about themselves.

- A quick way to remember the difference between sex and gender is that sex is biological and gender is social. This means that the term ‘sex’ refers to physical characteristics we are born with, while gender roles are learnt gradually and can change.

Men and women can manipulate gender-based ideas and behaviours for their own benefit, perhaps without harming anyone but at the same time reinforcing stereotypes (e.g., women crying, men using force to get something done). Challenging our own attitudes, or the norms of people around us, can be difficult or confusing. But it is possible and can be empowering.

- It is difficult to be 100 percent gender-sensitive; everyone is influenced by gender in our ideas and actions. However, a peer educator must try to model gender sensitive behaviour by not reinforcing gender stereotypes. Peer educators should aim to treat young men and women equally and to address power imbalances, where possible.

- Gender sensitivity does not mean that we no longer recognize differences between men and women, boys and girls. Some differences remain because of biology; we may choose to retain others even in equal relationships (for example, men opening doors for women to be polite).

Summary

Understanding Gender stereotypes are essential steps for toward prevention of gender discrimination which leads to uneven development. Gender sensitivity promotes recognition of differences in ability and capacities between males and females

SESSION 3: Gender Based Violence and Consequences

Learner's objectives

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

- Explain some common gender based violence (GBV)
- Discuss the consequences of GBV

Time: 1 hour

Session Overview

Introduction

Forms of gender based violence

Consequences of gender based violence

Method

- Brainstorming
- Discussions
- Lecture

Materials

- Flip chart stand/ paper
- Chalkboard and chalk
- Marker pen
- Paper tapes
- Projector (if available)

Introduction

This session draws attention to the importance of understanding Gender Based Violence by participants. It uncovers the term Violence Against Women/girls (VAW) as a wide spread phenomenon that relates male and female gender, one as victim and the other as perpetrator. Many definitions continue to focus solely on the fact that women and girls are victims of violence: for example, the UNHCHR's CEDAW (Convention to Eliminate All Forms of Discrimination Against Women) committee states that GBV is "...violence that is directed against a woman because she is a woman. The session also discusses the forms and consequences of GBV.

Studies suggest that young people are at greatest risk of physical violence, while sexual violence predominately affect those who have reach puberty or adolescence. Boys are at greater risk of physical violence than girls, while girls face greater risk of sexual violence, neglect and forced prostitution.

Definition of gender based violence

Gender-based violence includes any physical, mental or social abuse which is directed against a person on the basis of gender or sex and has its roots in gender inequality. From the socialization process, gender based violence is experienced by the girl-child in many ways. Girls are burdened with house hold chores and care of the sick rather than being allowed to play games, participate in sports or other social events, whereas the boys are at liberty to participate freely in social events. Similarly in an event of occurrence of teenage pregnancy, it is the girl who is made to drop-out of school, while the boy continues with his education unhindered.

It is therefore, important to integrate a gender perspective into peer education efforts to effectively challenge gender stereotypes and prevent gender based violence.

Forms of Gender Based Violence

- Sexual harassment, abuse and exploitation
- Child labour and Slavery
- Child trafficking
- Rape manipulation within the home, workplace, school and domestic violence.
- Battery,
- Confinement,
- Emotional abuse,
- Threat of failure
- Pornography,
- Harmful traditional practices, (i.e. FGM/Cutting),
- Early/forced marriage,
- Dowry abuse,
- Widow ceremonies,
- Punishments directed at women for defying cultural norms,
- Denial of education, food and clothing to girls/women by virtue of their sex.

Sexual abuse: Sexual abuse refers to any action that pressures or coerces someone to do something sexually they don't want to do. It can also refer to behavior that impacts a person's ability to control their sexual activity or the circumstances in which sexual activity occurs, including oral sex, rape or restricting access to birth control and condoms.

Sexual abuse could be any of the following:

- Touching of someone's vulva or vagina
- Touching of breasts
- Touching of buttocks
- Touching of anus
- Touching of penis
- Unwanted kissing or touching.
- Unwanted rough or violent sexual activity.
- Rape or attempted rape.
- Refusing to use condoms or restricting someone's access to birth control.

Incest: Sexual activity between family members and close relative. Examples: father and daughter, mother and son, brother and sister, uncle and niece,

Rape: When one person or group of people wants and pursues a sexual act on to or inside another person who does not want to participate and fully nor freely consent to take part in that act. Unwanted sexual touch or sexual use of someone through force or coercion is rape

What to do when sexually abused:

First get to a safe place away from the attacker. You may be scared, angry and confused, but remember the abuse was in no way your fault. You have options. You can:

- Contact Someone You Trust. Many people feel fear, guilt, anger, shame and/or shock after they have been sexually assaulted. Having someone there to support you as you deal with these emotions can make a big difference. It may be helpful to speak with a counselor, someone at a sexual assault hotline or a support group. Get more tips for building a support system.

- Report What Happened to the Police. If you do decide to report what happened, you will have a stronger case if you do not alter or destroy any evidence. This means don't shower, wash your hair or body, comb your hair or change your clothes, even if that is hard to do. If you are nervous about going to the police station, it may help to bring a friend with you. There may also be sexual assault advocates in your area who can assist you and answer your questions.

- Go to an Emergency Room or Health Clinic. It is very important for you to seek health care as soon as you can after being assaulted. You will be treated for any injuries and offered medications to help prevent pregnancy and STIs.

Remember there is always help. For more information or to find out about available resources in your area, chat with a peer advocate.

Causes of GBV

Although violence takes place in many different forms, gender-inequality is the root cause. Culture of the people is often used to justify the use of violence toward women. However, the right to be free from abuse is a fundamental and universal right. Hence, overt violence/assault need not always be present.

- Gender Inequality- power imbalances between men and women
- Male attitudes of disrespect towards women including lack of respect for the human rights of women and girls
- Unquestioned assumptions about appropriate male and female behaviour
- Desire for power and control
- Political motives, including as a weapon of war, for power/control, to instill fear. Traditional tensions, feuds- Collapse of traditional society and family supports
- Cultural and traditional practices, religious beliefs
- Poverty
- Alcohol/drug abuse
- Boredom, lack of services, activities and programs
- Loss of male power/role in family and community; seeking to regain and/or assert power
- Legal/justice system/laws silently condone violence against women and girls, insufficient laws against GBV
- Impunity for perpetrators.

Consequences of GBV

Health:

Individual consequences to the victim:

• Injury, disability, or death, STIs and AIDS. Injury to the reproductive system including menstrual disorders, childbearing problems, infections, miscarriages, unwanted pregnancies, unsafe abortions. Depression, leading to chronic physical complaints and illnesses. Female genital mutilation (FGM), resulting in shock, infection, excessive bleeding or death, and longer-term affects such as emotional damage, including anger, fear, resentment, self-hate and confusion. Loss of desire for sex and painful sexual intercourse. Difficult pregnancy and labour, chronic pain, infection and infertility.

Emotional/Psychological:

Individual consequences to the victim:

• Emotional damage including anger, fear, resentment and self-hate. Shame, insecurity, loss of ability to function and carry out daily activities. Feelings of depression and isolation. Problems with sleep and eating. Mental illness and thoughts of hopelessness and suicide. Gossip, judgments made about the victim, blaming the victim, treating the victim as a social outcast.

Impact on wider society

• Expensive, drain on community resources; family, neighbours, friends, schools, community leaders, social service agencies, etc. Victim unable to continue as contributing member of society; unable to keep up with child care, unable to earn an income. If perpetrators not apprehended or arrested, this sends a strong message that the behaviour is somehow acceptable, leading to further incidents of violence.

Legal/Justice System

- Lack of access to legal system, lack of knowledge of existing laws, confusion regarding the most appropriate channels i.e. criminal, traditional etc. Victim reluctant to report due to heavy stigma attached to sexual abuse. Strain on police/court resources already challenged and overburdened. Lack of sensitivity to the issues expressed by judges. Costs incurred by the victim.

Security, Physical Environment of the Community

- Victim feels insecure, threatened, afraid, Climate of fear and insecurity impacting women's freedom and perception of personal safety. Lack of female participation in the community life. Fear of going to school and work.

Excessive bleeding or death, and longer-term affects such as emotional instability, including anger, fear, resentment, self-hate and confusion. Loss of desire for sex and painful sexual intercourse. Difficult pregnancy and labour, chronic pain, infection and infertility.

Summary

Gender based violence is a manifestation of gender discrimination particularly towards girls and children. Differential treatment toward boys and girls in the family, school and society are forms of gender based violence. Gender based violence has health , emotional and psychological implication

Module 6: Planning, Monitoring and Evaluating Peer Education Program

Introduction

This module is divided into three sessions. It is designed to build the capacity of participants in planning, executing and evaluating peer education programmes

Session 1: Planning and Organising Peer Education Program

Session 2: Monitoring/ tracking progress of peer education activities,
Evaluation of Peer Health Education activities

The Module at a Glance

Session Title	Time	Learner Objectives	Methods	Materials
Planning and organising peer education program	1hr	<ul style="list-style-type: none"> ▪ Mention 10 steps required for planning an effective peer education program ▪ Explain the importance of planning for P2P program ▪ Plan for a 4 day peer education activity 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussion ▪ Lecture ▪ Group work 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes ▪ Projector (if available)
Monitoring and evaluation of peer education activity	1hr	<ul style="list-style-type: none"> ▪ Explain the term monitoring ▪ Mention the reasons for monitoring peer education activities ▪ Mention the steps in monitoring and evaluation ▪ Mentions the tools for monitoring peer education activities Explain the term evaluation ▪ Explain the reasons for evaluating peer education program 	<ul style="list-style-type: none"> ▪ Brainstorming ▪ Discussion ▪ Lecture 	<ul style="list-style-type: none"> ▪ Flip chart stand/ paper. ▪ Chalk board /chalk ▪ Marker pen ▪ Paper tapes ▪ Projector (if available)

SESSION 1: Planning and Organizing Peer education program

Learner Objectives

By the end of this session participants will be able to:

- Explain the steps required for planning an effective peer education program
- Mention the steps in planning
- Describe a sample plan for peer education activity

Time: 1hr

Session Overview

- Introduction
- Planning and organising peer education activity
- Steps in planning P2P program
- Evaluation of peer education activities

Method

- Brainstorming
- Discussions
- Lecture
- Group work
- Role play

Materials

- Flip chart stand/ paper
- Chalkboard and chalk
- Marker pen
- Paper tapes

Introduction

Planning

The act of developing a scheme or working out a method beforehand for the accomplishment of an objective. A **plan** is like a map that one uses to achieve certain aims, goals and objectives.

Features of a Plan

- Systematic
- Logical
- SMART

S-specific M-measurable A-achievable R-realistic T-Time bound

Peer educators will be responsible for carrying out activities within and outside of the school environment. These activities should be well planned to ensure a successful outcome. Planning starts by identifying what activity to be conducted, agreeing as a group on the date and venue of the activities. Share responsibilities among group members and ensure that everyone performs their allocated tasks.

Peer educator activities are numerous, e.g. educational outreach to the community, school debate, quizzes, talk show, playlets, film show and training.

Quality time should be invested into planning for the activities under the guidance of the peer educator facilitator.

Importance of Planning for P2P program

- Consensus towards pursuit of mission.
- Provides a clear guide and focus
- Saves resources – time, money and energy
- Evaluation framework
- Develop expertise

Steps in Planning P2P program

Step 1: Conduct a needs assessment

Step 2: Create a work plan

Step 3: Consider incentives for youth

Step 4: Determine where to work

Step 5: Identify a program coordinator

Step 6: Identify a team to develop the project

Step 7: Develop capacity of the project team

Step 8: Develop and strengthen a network of support for the program

Step 9: Organize a physical space for the project

Step 10: Analyze and develop program financing, sustainability and integration

Implementation of P2P program

Step 1: Design and Plan Program Activities

Step 2: Develop and Review Educational and Promotional Materials

Step 3: Plan Logistics and Transportation

Step 4: Plan Support and Supervision for the Peer Educators

Step 5: Establish Ties with Other Youth Programs

Suggested P2PAactivities

- Make presentations in schools or in the community
- Perform theater/drama presentations, followed by discussion
- Show video/movie presentations, followed by discussion
- Set up kiosks to offer information.
- Distribute education and communication materials
- Consensus towards pursuit of mission.
- Provides a clear guide and focus
- Saves resources – time, money and energy
- Evaluation framework
- Develop expertise

Sample Plan for Peer educator activity

Activities	Period	Location	Resources	Responsibility
School debate	Week 1 of school resumption	School hall	PAS, refreshment	Facilitator
Community outreach	During 1 st term holiday	Community center	PAS	PEs and Facilitator
Film show	Week 2 of 2 nd term resumption	Dining hall	PAS	PEs and Facilitators
Health talk	During school session	Assembly	PAS	PEs

This sample plan will provide guidance for PEs and Facilitators to develop their own plan of activities during school sessions

SESSION 2: Monitoring and Evaluation of Peer education program

Learner Objectives

By the end of this session participants will be able to:

- Define monitoring and evaluation
- Mention the importance of Monitoring and Evaluation
- Explain the tools for monitoring and evaluation of Peer educators activities

Time: 1hr

Session Overview

- Introduction
- Monitoring and evaluation
- Tools for monitoring and evaluation

Method

- Brainstorming
- Discussions
- Lecture
- Group work

Materials

- Flip chart stand/ paper
- Chalkboard and chalk
- Marker pen
- Paper tapes

Introduction

Monitoring and evaluation are not often included in project development, usually because people find it too technical an issue that is beyond their capacities or because they do not make it a priority. When people are passionate about what they are doing, they believe that their project is progressing well and having a big impact. This is not sufficient to inform us about the real progress and impact of the programme. It is not enough to 'feel and know' intuitively that a project is achieving its objectives.

Although M&E might be found boring and painstaking, it is important to know whether, and to what extent, the activity is achieving its objectives and whether it is having the desired impact.

Definition of terms

What is monitoring?

Monitoring is the routine and systematic process of data collection and measurement of progress towards programme/project objectives. Monitoring focuses on the activities. It helps to assess whether the activities are carried out as planned to ensure that the program is on track to meet its objectives. Some of the main questions that monitoring activities seek to answer include: Are planned activities occurring? Are the planned services being provided? Are the objectives being met? This is usually conducted at regular intervals e.g on weekly, monthly, quarterly basis, etc.

What is evaluation?

Evaluation is the process of systematically investigating a project's merit, worth, or effectiveness. Evaluation focuses on the results of the peer education program. It seeks to measure whether the objectives have been achieved. The question that it answers is: Does the project/ programme make a difference? The common types of evaluation include process evaluation, outcome evaluation, and impact evaluation. This can be done periodically, quarterly, biannually or annually.

Types of Evaluation

Process evaluation consists of quantitative and qualitative assessment to provide data on the strengths and weaknesses of a project's components. It answers questions such as: Are we implementing the programme as planned? What aspects of the programme are strong? Which ones are weak? Are the intended clients being served? What can we do to strengthen the programme? Are we running into unanticipated problems? Were remedial actions developed? Were these actions implemented?

Outcome evaluation consists of quantitative and qualitative assessment of the achievement of specific programme/project outcomes or objectives. Usually conducted at the project-level, it assesses the results of the project. Outcome evaluation addresses questions such as: Were outcomes achieved? How well were they achieved? If any outcomes were not achieved, why

were they not? What factors contributed to the outcomes? How are the clients and their community affected by the project? Are there any unintended consequences? What recommendations can be offered to improve future implementation? What are the lessons learnt?

Impact evaluation is the systematic identification of a project’s effects – positive or negative, intended or unintended – on individuals, households, institutions, and the environment. Impact evaluation is typically carried out at the population level, rather than at the project level. Furthermore, impact evaluation refers to longer-term effects than does the outcome-level evaluation

Importance of Monitoring and Evaluation

- To observe the efficiency of the techniques and skills employed -Scope for modification and improvement.
- To Verify whether the benefits reached the people for whom the program was meant .
- Form a knowledge perspective, evaluation is to establish new knowledge about social problems and the effectiveness of programs designed to alleviate them.
- To understand people’s participation & reasons for the same.
- Evaluation helps to make plans for future work.
- To ensure that the project is going on as planned
- To effect changes early where necessary
- To learn new lessons from our experience
- To have evidence to show about our work

Tools for Monitoring and Evaluation

P2P Service Peer Form						
Name of Peer Educator -----						
Name of School/ Community -----						
Name of Facilitator -----						
SN	Date	Type of service provided	Category of beneficiary	Number /type of IEC materials distributed		Remark
				Type	No	

<http://www.advocatesforyouth.org/>

Advocates for Youth deals with issues of young people's sexual and reproductive health internationally and provides information, training, and strategic assistance to youth-serving organizations, policymakers, youth activists, and the media.

<http://www.avert.org>

AVERT is an international HIV/AIDS charity with useful statistics, information for youth, news, recent updates, and resources on homosexuality.

<http://europeer.lu.se/index.1002---1.html>

Europeer is Lund University's and the European Union's resource centre for youth peer education in Western Europe. It focuses on the health, development, and empowerment of young people.

<http://www.fhi.org>

Family Health International works on improving reproductive and family health around the world through biomedical and social science research, innovative health service delivery interventions, training, and information programmes.

<http://www.goaskalice.columbia.edu>

Columbia University sponsors this youth-friendly, funny, and educational question-and-answer Internet education programme.

<http://www.ippf.org>

International Planned Parenthood Federation (IPPF) is the largest voluntary organization dealing with issues of sexual and reproductive health. It hopes to promote and establish the right of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health.

<http://www.iwannaknow.org>

This is the American Social Health Association's sexual health information site for young people.

<http://www.savethechildren.org.uk>

Save the Children is the leading British charity working to create a better world for children. It works in 70 countries and helps children in the world's most impoverished communities.

<http://www.siecus.org>

The Sexuality Information and Education Council of the United States (SIECUS) promotes comprehensive sexuality education and advocates for the right of individuals to make responsible sexual choices.

<http://www.teenwire.com>

Planned Parenthood's sexual education site features many articles written by and for young people.

<http://www.unaids.org>

Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together the efforts and resources of eight United Nations system organizations to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the HIV/AIDS epidemic.

<http://www.unfpa.org>

The United Nations Population Fund (UNFPA) supports developing countries, at their request, to

improve access to and the quality of reproductive health care, particularly family planning, safe motherhood, and prevention of STIs, including HIV/AIDS.

<http://www.unicef.org>

The United Nations Children's Fund (UNICEF) works with partners around the world to promote the recognition and fulfillment of children's human rights. Within this site, go to

<http://www.unicef.org/programme/lifeskills.html> , for extensive information on life skills-based education.

<http://www.unodc.org/youthnet>

The Global Youth Network is an initiative of the International Drug Control Programme of the United Nations Office on Drugs and Crime (UNODC). The Global Youth Network aims to increase youth involvement in developing drug abuse prevention policies and programmes.

<http://www.youthclubs.org.uk>

This British network supports and develops high-quality work and educational opportunities for all young people.

<http://www.youthhiv.org/>

Youth HIV, a project of Advocates for Youth, provides a website created by and for HIV-positive youth and HIV peer educators. The purpose is to provide a safe and effective website offering sexual and mental health information, community support, opportunities for advocacy, resources and referrals, and online peer education.

References

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Support International Change Peer Educator Training Manual. Arusha, Tanzania.2007

Youth Peer Provider Program Replication Manual. Planned Parenthood Global

Youth Sexuality, Reproductive Health And Environmental Education Peer Educators' Training Produced By Path Foundation Philippines, Inc. 2003.Youth Peer education toolkit: Training of Trainer's Manual. United Nations Population Fund and Youth Peer Education Network (Y-

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