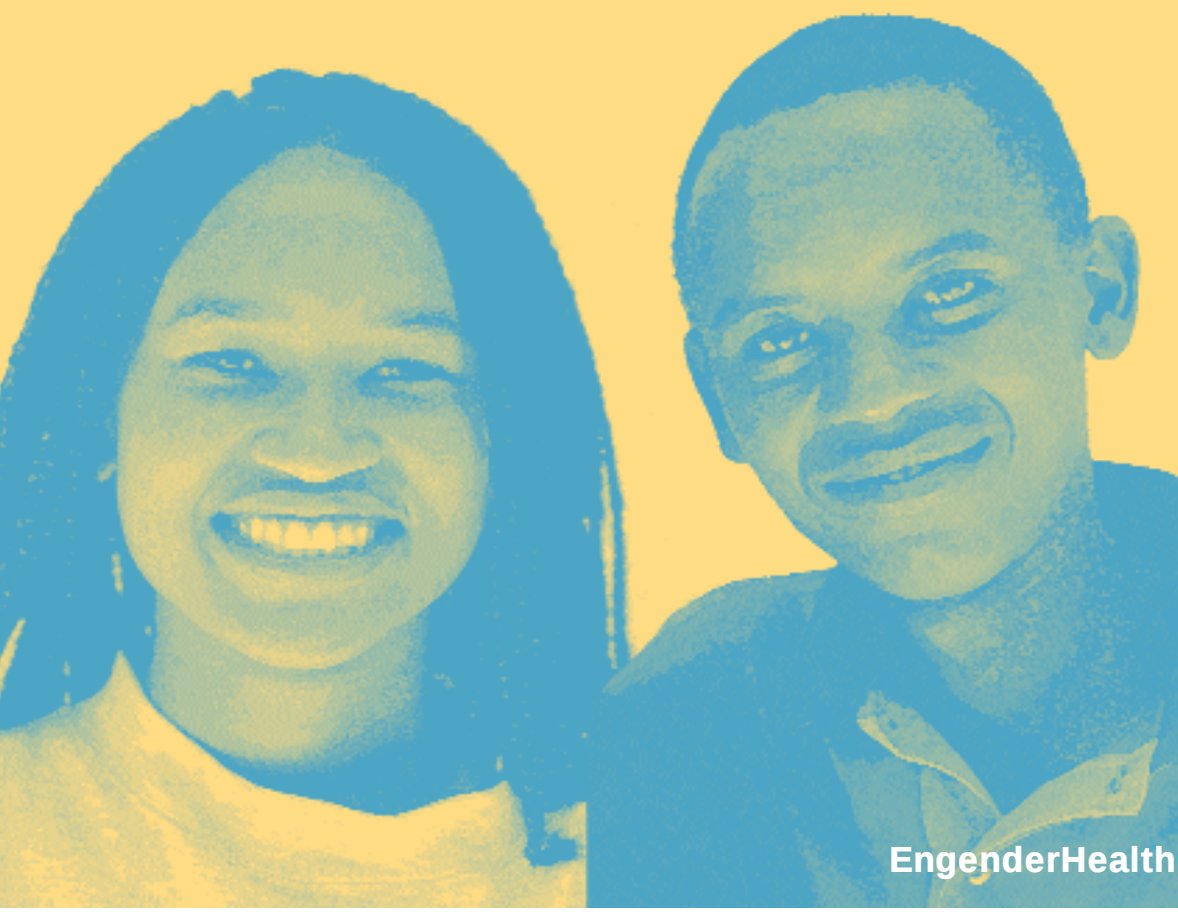


Youth-Friendly Services

A manual for service providers



EngenderHealth



Youth-Friendly Services

A Manual for Service Providers



ENGENDERHEALTH
Improving Women's Health Worldwide

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PART 1

Information for the Trainer

Striving Toward Quality Youth Reproductive Health Services: EngenderHealth's Approach	3
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Striving Toward Quality Youth Reproductive Health Services: EngenderHealth's Approach

EngenderHealth recognizes that a variety of issues must be addressed in order to make reproductive health services more youth friendly. First, all staff at a health facility, from reception staff to physicians, must think about and assess their own beliefs about adolescent sexuality. The negative attitudes that many service providers have toward youth usually are a major constraint to service provision. Although clearly every individual working at a health care facility has a right to his or her values about adolescent sexual behavior, it is imperative that providers recognize that adolescents, like adults, are entitled to basic sexual and reproductive health rights. These rights, such as the right to dignified, respectful treatment, the right to a full range of accessible, affordable services, and the right to private, confidential services, require that providers must, at times, separate their personal values from their professional duties in order to offer quality reproductive health care to youth.

Many service providers do not fully understand the psychosocial context in which adolescents live because they may not have had sufficient interaction with youth or have not had training specifically related to young people. The quality of care given to youth may increase substantially when providers understand cross-cultural issues of adolescent development. These include autonomy, identity development, body-image concerns, and peer-group identification. When providers have a basic understanding of both these issues and health needs specific to youth, such as the risks of pregnancy at an early age, the increased biological vulnerability of young women to HIV and other STIs, and the unique factors that influence decisions about contraceptive methods during adolescence, they can build communication and counseling skills to establish a better sense of trust between the client and service provider.

In isolation, training and guidelines will not foster the change health care facilities need to provide quality services. Ultimately, facilities must mobilize themselves to provide youth-friendly services. EngenderHealth understands that any initiative to improve reproductive health service delivery must be a continuous process that offers ongoing support to a clinic. To achieve this end, EngenderHealth has adapted its use of the COPE[®] (client-oriented, provider-efficient) services process to improve adolescent reproductive health services. The COPE technique, which is implemented after an initial training in youth-friendly services, enables staff to assess areas for improvement, identify potential solutions, and carry out recommended steps. Directions and guidelines for implementing COPE are included in this manual. This simple and innovative approach to improving services has been taken to a national scale in many countries around the world and offers great potential for improving the quality of care for adolescents.

This manual includes training activities that can be conducted with various levels of staff who provide adolescent reproductive health services. The activities can be adapted and tailored to address the participants' specific needs. Additional activities can be created to enhance this basic foundation for training.

Sample Agenda for a Four-Day Youth-Friendly-Services Training

Day One

Introductory Activities and Service Provider Values

Time	Training Content	Training Method
9:00–9:30	Training Overview, Goals, and Objectives	Lecture
9:30–10:00	Introductions: Get That Autograph or Individual Introductions and Expectations	Game
10:00–10:10	Training Norms	Group discussion
10:10–10:40	Pretraining Questionnaire	Participant questionnaire
10:40–10:55	BREAK	
10:55–11:40	The Importance of Working with Youth	Lecture
11:40–12:30	A Framework for Working with Youth	Lecture, corresponding exercise
12:30–1:30	LUNCH	
1:30–2:30	Characteristics of a Youth-Friendly Service	Small-group work
2:30–3:30	Values Clarification about Adolescent Sexuality	Forced-choices activity with group discussion
3:30–3:45	BREAK	
3:45–4:45	Service Provider Experiences of Adolescence	Reflection, dyad discussions
4:45–5:00	Reflection	Group discussion

Day Two
Adolescent Development and Youth Sexual and Reproductive Health

Time	Training Content	Training Method
9:00–9:45	Adolescent Psychosocial Development	Matching exercise
9:45–10:30	Puberty	Small-group work
10:30–10:45	BREAK	
10:45–11:30	Gender Roles: Act Like a Man, Act Like a Woman	Group discussion led by facilitator
11:40–12:15	Understanding Sexuality	Lecture, corresponding exercise
12:15–1:15	LUNCH	
1:15–2:15	Defining a Sexually Healthy Adolescent	Case studies
2:15–3:00	Human Sexual Development through the Life Span	Forced-choices activity with group discussion
3:00–3:15	BREAK	
3:15–4:00	Reproductive Anatomy	Small-group work
4:00–4:45	Values Clarification about Gender, Family Planning, HIV, and Other STIs	Sentence stems
4:45–5:00	Reflection	Group discussion

Day Three
Youth Sexual and Reproductive Health and Communication with Youth

Time	Training Content	Training Method
9:00–10:30	Family Planning	Small-group work
10:30–10:45	BREAK	
10:45–11:00	The STI Handshake	Game
11:00–11:45	Common STIs	Corresponding exercise
11:45–12:30	Who Is at Most Risk for an STI?	Voting game
12:30–1:30	LUNCH	
1:30–2:00	Condom Steps	Game
2:00–3:00	Effective Communication and Counseling Skills	Lecture with brainstorming and role plays
3:00–3:15	BREAK	
3:15–4:15	Role Plays with Adolescent Clients	Role plays
4:15–5:00	Youth Panel	Question-and-answer session with panel of adolescents
5:00–5:15	Reflection	Group discussion

Day Four
Creating Youth-Friendly Services and Closing Activities

Time	Training Content	Training Method
9:00–9:45	Case Studies	Case studies of situations that require modifications in services to accommodate youth
9:45–11:45	Using the COPE® Self-Assessment Guides	Introduction to COPE®, Small-group work with guides
11:45–12:30	Discussion of Findings from Self-Assessment	Group discussion
12:30–1:30	LUNCH	
1:30–3:30	Action Planning for Youth-Friendly Services	Small-group work followed by presentation to larger group
3:30–3:45	BREAK	
3:45–4:00	Reflection	Group discussion
4:00–4:30	Posttraining Questionnaire	Participant questionnaire
4:30–4:45	Training Evaluation	Evaluation form
4:45–5:00	The Rainstorm/Adjourn	Closing group activity

PART 2

Introductory Activities

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Training Overview, Goals, and Objectives

Objectives

1. To provide an overview of the goals, objectives, and agenda for the training
2. To brainstorm participants' expectations for the training
3. To provide logistical information for the training

Time

30 minutes

Materials

- Flipchart paper
- Markers
- Overhead projector if using a transparency
- Agenda
- Handout: “Youth-Friendly-Services Training: Overall Goal and Objectives” (page 13)

Advance Preparation

1. Write an agenda and a list of goals and objectives on a flipchart or a transparency.
2. Make enough copies of the handout for distribution to all the participants.

Steps

1. Welcome the participants to the training. Ask the facilitators to introduce themselves by briefly describing their background, experience, and interest in working with adolescents.
2. Distribute the handout “Youth-Friendly-Services Training: Overall Goal and Objectives” to the participants. Review the goal and objectives of the training.
3. Explain that the purpose of the training is:
 - To create awareness of the attitudinal and organizational issues affecting the delivery of reproductive health services to youth
 - To increase the participants' knowledge and skills regarding adolescent reproductive health issues
 - To assess which adolescent reproductive health services are needed in the participants' communities
4. Ask the participants, “What do you hope to gain from this session?” As they respond, write their expectations on a flipchart.

5. Distribute the training agenda to the participants. Review the list of issues and topics that will be addressed each day. Ask the participants if they have any questions or concerns regarding the agenda. Let them know that if the agenda does not address an issue or topic that they are interested in, changes may be made in the schedule or they will be referred to appropriate resources.
6. Discuss the logistical details about the training, such as the beginning and ending times for each day, meal breaks and other breaks, the location of bathrooms and smoking areas, per diem rates and other financial matters, and whom to see about any administrative problems or needs.

Youth-Friendly-Services Training: Overall Goal and Objectives

Goal

To develop skills in the provision of quality sexual and reproductive health services to youth

Objectives

1. To identify personal values and attitudes regarding adolescent sexuality and reproductive health, and to understand how these values can affect service delivery
2. To describe basic principles of adolescent physical, cognitive, and social development
3. To accurately explain information on reproductive health, including reproductive anatomy and physiology, pregnancy, contraception, family planning, and HIV and other STIs
4. To demonstrate the skills needed to effectively communicate with and counsel adolescent clients
5. To identify strategies to successfully provide youth-friendly services to adolescent clients

Introductions: Get That Autograph

Objectives

1. To enable the participants to introduce themselves
2. To give the participants an opportunity to learn about others in the group so they can better understand each other

Time

30 minutes

Materials

- Pens or pencils
- Handout: “Get That Autograph” (page 17)

Advance Preparation

1. Review the handout “Get That Autograph.” You may use it as is or adapt it to the participants’ needs and interests.
2. Make enough copies of the handout for distribution to all the participants.

Steps

1. Tell the participants that the training activities will be highly interactive. Explain that they will be asked to get involved in the learning and cooperatively work with others in the group. Also tell them that during this activity they will be meeting other people in the training.
2. Distribute the handout and the pens or pencils to the participants. Tell them the activity is called “Get That Autograph.”
3. Tell the participants that they will walk around the room, introduce themselves to each other, and sign their name under one category that applies to them on the other participants’ handouts. Explain that each person may sign his or her name under one category on each handout. Each person may also sign under either the same category or a different category on the handouts. The goal is for each participant to have a different signature under each category on his or her handout. Tell the participants they will have 15 minutes to complete the activity.

Note to the Facilitator

Each person can sign only one category on each handout.

4. After 15 minutes, reconvene the group. Explain that you want all the participants, one at a time, to state their name, where they work, and one thing they do for fun outside of

work, such as a hobby or physical activity. Then after this brief introduction, that participant will read aloud one of the signed statements on his or her handout and the name of the person who signed it. Ask the person whose name was called to introduce him- or herself in the same manner. Continue until all the participants have introduced themselves.

Summary

Tell the participants that they have now met other people in the training and have learned a little bit about each other. Explain that they will have opportunities to meet and work with one another throughout the training.

Handout

Get That Autograph

Steps

1. Find a person who fits into one of the categories below.
2. Ask that person to sign his or her name in the space provided.
3. Continue until all the categories have been signed.

Find a person who...

1. Interacts with adolescents on a daily basis

2. Has only male children

3. Has only female children

4. Has an adolescent son or daughter

5. Is not married

6. Has worked in reproductive health for less than one year

7. Has worked in reproductive health for more than five years

8. Has attended a training or conference on adolescent health before

9. Is excited about this training

10. Feels comfortable discussing reproductive health issues with adolescents

Individual Introductions and Expectations (Alternate Activity)

Objectives

1. To enable the participants to introduce themselves
2. To give the participants an opportunity to learn about others in the group so they can better understand each other
3. To allow the participants to discuss their expectations of the training

Time

30 minutes

Materials

- Flipchart paper
- Markers
- Overhead projector if using a transparency
- Agenda
- Handout: “Youth-Friendly-Services Training: Overall Goals and Objectives” (page 13)

Advance Preparation

1. Write an agenda on a flipchart or a transparency.
2. Make enough copies of the handout for distribution to all the participants.

Steps

1. Tell the group to sit in a circle. Explain that you want all the participants, one at a time, to state their name; where they work; one thing they do for fun outside of work, such as a hobby or physical activity; and one thing they expect to get from participating in this training. Write their expectations on a flipchart. If there is more than one trainer, one can record the participants’ expectations on a flipchart while the other facilitates the activity.
2. After all the participants have introduced themselves, review the list of expectations. Briefly discuss which will and will not be addressed in this training. If it is possible and appropriate to modify the training to meet these expectations, you may do so. If it is impossible or inappropriate to modify the training to meet some of the participants’ expectations because they are impractical or outside the scope of the training (e.g., learning to be a men’s reproductive health trainer), explain to the participants why this is the case. If possible, offer to provide resources they can use to fulfill these expectations.

3. If necessary, review the goals and objectives of this training.

Summary

Tell the participants that they have now met other people in the training and have learned a little bit about each other. Explain that they will have other opportunities to meet and work with one another throughout the training. Tell them that they also know the goals, objectives, and agenda for the training. Answer any questions that the participants may have at this time.

Training Norms

Objective

To establish ground rules or group norms for the training

Time

10 minutes

Materials

- Flipchart paper
- Markers

Advance Preparation

Write some sample training norms on a flipchart. Common norms are:

- Arriving on time
- Turning off beepers and cellular phones
- Not interrupting when others are speaking
- Respecting others' views
- Using “I” statements (speaking from your own perspective)

Steps

1. Tell the participants that during this training they will be asked to reflect on and assess their attitudes about a variety of issues related to sexuality and will participate in interactive activities. State that in order for people to participate fully, they need to feel safe and comfortable. Explain that you want them to brainstorm group norms that will establish a comfortable learning environment.
2. Show the group the sample group norms that you wrote on a flipchart. Ask the participants if they would like to add any other norms; if so, record them on the flipchart. Ask the participants to look over the list and think about these expectations.
3. Facilitate a group discussion by asking the following questions:
 - Would you like to revisit or clarify any of the norms?
 - Are you comfortable with these norms? If not, how can we change them to make them acceptable?
 - Can you agree to abide by these norms throughout the training?
4. Post the norms on the wall where they are visible to all the participants.

Training Option

Instead of providing a sample of group norms on a flipchart, you can simply ask the group to create their own list.

Summary

Tell the participants that each of them has agreed to abide by the group norms. State that the group will make sure that all the participants follow the norms. If necessary, other group norms can be added during the training.

Pretraining Questionnaire

Objective

To establish the participants' range of knowledge and attitudes at the beginning of the training (which will be compared to their knowledge and attitudes at the end of the training, as demonstrated in the "Posttraining Questionnaire" on page 221)

Time

30 minutes

Materials

- Flipchart paper
- Markers
- Pens or pencils
- Handout: "Pretraining Questionnaire" (page 25)

Advance Preparation

Make enough copies of the handout for distribution to all the participants.

Steps

1. Tell the participants that EngenderHealth is interested in measuring changes in their knowledge and attitudes in order to improve the training. Explain that they will be asked to complete a questionnaire at the beginning and at the end of the training. Explain to the participants that the survey is not a test, and assure them that all answers and information will be anonymous and confidential.
2. Distribute the "Pretraining Questionnaire" handout and the pens or pencils to the participants, and instruct them to fill it out to the best of their ability. Tell the participants they will have 30 minutes to complete the questionnaire.
3. Collect the questionnaires, and inform the participants that the material on the survey will be covered in this training. Tell them that the survey will be administered again at the end of the training to determine whether the group's knowledge and/or opinions have changed over the course of the training.
4. During a break or at the end of the day, grade the surveys and record them on one copy of the "Group Performance Matrix" (page 27).

Training Options

- If most of the participants are low-literate/illiterate, read aloud the questions and ask the participants to answer by raising their hands. Record the responses of the group as a

whole on the “Group Performance Matrix” for comparison with the “Posttraining Questionnaire” results.

- If some of the participants are low-literate/illiterate, ask some of the other participants to assist them in completing the test.

Summary

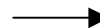
Remind the participants that the questionnaire is anonymous and confidential. Emphasize that the material on the survey will be covered in this training.

Handout

Pretraining Questionnaire

Decide whether you agree (A) or disagree (D) with each of the following statements. Write your response (A or D) to each statement in the space provided.

1. _____ All adolescents should be able to receive reproductive health services, regardless of their marital status.
2. _____ For an adolescent reproductive health program to be successful, staff must have the same values about sex and sexuality as the adolescents they serve.
3. _____ Service providers should tell an unmarried adolescent who has been having sex that he or she should not be.
4. _____ Adolescents' voices and needs must be considered when programs for youth are designed.
5. _____ Service providers should give contraceptives to an unmarried girl if she requests them.
6. _____ Young people do not want to learn about reproductive health issues.
7. _____ Adolescents have many legitimate questions about sex that require honest and factual responses.
8. _____ Masturbation is a healthy expression of a young person's sexuality.
9. _____ Condoms break easily and, therefore, are not effective in preventing pregnancy.
10. _____ Service providers should not bother discussing condoms with young people because most of them do not have sex.
11. _____ Adolescents with sexually transmitted infections (STIs) deserve their illness because of their behavior.
12. _____ Depo-Provera is a better method than the pill for adolescent girls because they may forget to take the pills.
13. _____ Before having children, adolescent girls should never use hormonal methods of contraception (Depo-Provera, pills).



Handout

Pretraining Questionnaire (continued)

14. _____ Sexuality education should be provided in schools.
15. _____ Young girls who complain of pain during menstruation are usually overreacting.
16. _____ Although preejaculatory fluid does not contain sperm, the fluid may transmit HIV and other STIs to a man's sexual partner.
17. _____ The human sexual-response cycle begins to function only when an individual enters puberty, not beforehand.
18. _____ Besides abstinence, condom use is the only method that prevents both pregnancy and STIs.
19. _____ Adolescents are at higher risk than adults for complications during pregnancy and delivery.
20. _____ STIs that are caused by viruses, including herpes and genital warts, can be cured with medications.
21. _____ Women are less likely than men to show signs and symptoms of most STIs.
22. _____ The highest reported cases of STIs are among young people (ages 15 to 24).
23. _____ Scientific research shows that the thinking abilities of youth change as they pass through adolescence and become adults.
24. _____ Emergency contraception must be used within one week of unprotected sex in order to be effective.
25. _____ Premature ejaculation is a common concern of young men.

Group Performance Matrix

Course Location: _____ Dates: _____

Question #		Participants												
		1	2	3	4	5	6	7	8	9	10	11	12	Total
1	A													
2	D													
3	D													
4	A													
5	A													
6	D													
7	A													
8	A													
9	D													
10	D													
11	D													
12	D													
13	D													
14	A													
15	D													
Attitudinal Subtotal (Question #s 1-15)														
16	A													
17	D													
18	A													
19	A													
20	D													
21	A													
22	A													
23	A													
24	D													
25	A													
Knowledge Subtotal (Question #s 16-25)														
Total # of Correct Answers														

The Importance of Working with Youth

Objective

To explain the importance of reaching youth with reproductive health services

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Overhead projector if using transparencies
- Flipcharts or transparencies based on the trainer's resource: "The Importance of Working with Youth" (pages 31–34)
- Handout: "The Importance of Working with Youth" (pages 35–38)

Advance Preparation

1. Write the information on the trainer's resource on flipcharts or transparencies, one subject per flipchart or transparency.
2. Make enough copies of the handout for distribution to all the participants.

Instructions

1. Begin by giving the participants a general orientation to the concept of reproductive health: Explain that for a long time, family planning programs focused on demographic goals related to stopping overpopulation. In the past 10 years, many agencies have moved beyond this traditional scope of family planning programs to incorporate what we call a "reproductive health approach." This approach recognizes that:
 - Family planning can be addressed only within the larger context of reproductive and sexual concerns expressed by clients.
 - Service providers must focus on informed choice, quality of care, gender sensitivity, and human sexuality.
 - Service providers must consider a wide range of reproductive health issues, including HIV and other STIs, safer motherhood, gender-based violence, postabortion care, and reproductive cancers.
 - Traditional family planning clients are not the only individuals with reproductive health needs. New populations, such as adolescents, men, and commercial sex workers, are also having their needs met by programs that incorporate a reproductive health approach.

2. Ask the group to brainstorm some reasons why it is important for reproductive health programs to work with adolescents. Print their answers on a flipchart.
3. Explain that many good reasons exist for working with youth and that you have prepared some flipcharts or transparencies with data that support this. Use an overhead projector to show the transparencies to the group or review the flipcharts with them.
4. Ask the group if they have any questions. Distribute the handout “The Importance of Working with Youth” when you show the flipcharts or transparencies at the end of the presentation.
5. Conclude the activity by asking the group why they think you did this exercise. Be sure to include the point that as reproductive health professionals, we have to explain the reasons for meeting the critical reproductive health needs of youth, and that we have a role to play as “agents of change” to help others in the health field understand the importance of providing services to youth.

The Importance of Working with Youth

Flipchart or Transparency 1 — Defining Youth

Youth, the period between childhood and adulthood, involves distinct physiological, psychological, cognitive, social, and economic changes. We will use several terms in this training to describe individuals in this age range, who are between ages 10 and 24. These terms include *youth*, *young people*, *young adults*, *adolescents*, and *teenagers*. Technically, adolescents are defined as individuals ranging in age from 10 to 19, while youth are defined as individuals between ages 10 and 24.

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.

Flipchart or Transparency 2 — Adolescent Population

Of the world's 1.6 billion young people (ages 10 to 24), 1.4 billion live in developing countries.

Individuals 10 to 24 years old as a percentage of the total population in 2000:

- Bangladesh 36
- Nepal 33
- Philippines 32
- Vietnam 32

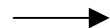
SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000; Population Reference Bureau. 2000. The World's Youth 2000.

Flipchart or Transparency 3 — Changes during Adolescence

Major physical, cognitive, emotional, sexual, and social changes occur during adolescence and affect young people's sexual behavior. Engaging in risky sexual behaviors, such as unprotected sex, substance abuse, and dangerous recreational activities, can be caused by:

- Curiosity
- Peer pressure
- Sexual maturation
- A feeling of invulnerability
- A sense of omnipotence

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.



Trainer's Resource

The Importance of Working with Youth (continued)

Flipchart or Transparency 4 — The Increasing Gap between Puberty and Marriage in Girls

Today, girls enter puberty earlier while marrying later than they did in the late 19th century. This means that unmarried female adolescents require reproductive health care for a long period of time.

1890

Menarche: age 14.8	Timespan: 7.2 years -----	Marriage: age 22
--------------------	------------------------------	------------------

1988

Menarche: age 12.5	Timespan: 11.8 years -----	Marriage: age 24.3
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SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000; Family Health International: Reproductive Health of Young Adults, 2000; U.S. data adapted from the Alan Guttmacher Institute, 1995.

Flipchart or Transparency 5 — Sexually Transmitted Infections (STIs)

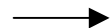
- STIs are disproportionately higher among young people than adults for both biological and behavioral reasons.
- The highest reported cases of STIs are among young people (ages 15 to 24).
- In developed countries, two-thirds of all reported cases of STIs occur in people under age 25.
- STI rates are higher in developing countries. For example, South Asia and Sub-Saharan Africa have a disproportionate number of cases of gonorrhea, and one-third of all STIs occur in young people.

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.

Flipchart or Transparency 6 — HIV/AIDS

- About half of all HIV infections occur among men and women 25 years old and younger.
- Up to 60% of new infections in developing countries occur among 15- to 24-year-olds.
- Twice as many young women as young men are newly infected. (In most African countries, this ratio is 6:1.)
- Women between ages 15 and 25 account for 70% of HIV infections worldwide.
- Women become infected five to 10 years earlier than men.

SOURCE: Kiragu, K. 2001. Youth and HIV/AIDS: Can we avoid catastrophe? Baltimore: Johns Hopkins University *Population Reports*, series L, no. 12, Fall.



Trainer's Resource

The Importance of Working with Youth (continued)

Flipchart or Transparency 7 — Health Consequences of Early Pregnancy

- The risk of maternal death among pregnant women ages 15 to 19 is four times higher than the risk among women ages 25 to 29.
- Adolescent births are more likely to result in low birth weight, premature births, stillbirths, and neonatal deaths.

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.

Flipchart or Transparency 8 — Contraceptive Use

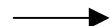
- Many young people are sexually active.
- After becoming sexually active, unmarried youth delay the use of contraception for about a year.
- Few married young people use contraception.
- Two common reasons why young adults do not use contraception are because they did not expect to have sex, and they lack knowledge about contraception.

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000; Family Health International. 1999. Reproductive Health of Young Adults.

Flipchart or Transparency 9 — Why Are Youth Vulnerable to STIs?

- Sizable numbers of young people are sexually active.
- Having first sexual intercourse at a young age is a strong risk factor for contracting STIs.
- Young people's immature reproductive and immune systems make them vulnerable to STIs.
- Young women and girls are less able to refuse sex and/or insist on adequate protection.
- Young girls are often abused and coerced into sex by older adults who have more than one partner. Worldwide, an estimated 170 million children work and live on the streets of urban areas.
- Many young males and females use sex as a survival mechanism.
- Many young males and females are involved in forced sex work and sexual exploitation.
- Other youth, mostly young girls, simply do not know how to protect themselves from exploitative sex (date rape, drugging, incest, sexual abuse).
- Poverty, civil strife, dislocation, and lack of support all create marginalized youth.

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.



Trainer's Resource

The Importance of Working with Youth (continued)

Flipchart or Transparency 10 — Reasons Youth Fail to Seek Reproductive Health Care Services

- Poor treatment (Kurz et al., 1995; MSI, 1995; Senderowitz, 1995)
- Fear of being judged by service providers (Ferrando et al., 1995)
- Lack of privacy (Gorgen et al., 1993; MSI, 1995)
- Feeling that services are intended for married people (WHO, 1995)
- Unaware of service locations or services offered (Bryce et al., 1994; UNICEF, 1996; WHO, 1995)

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.

Handout

The Importance of Working with Youth

Defining Youth

Youth, the period between childhood and adulthood, involves distinct physiological, psychological, cognitive, social, and economic changes. We will use several terms in this training to describe individuals in this age range, who are between ages 10 and 24. These terms include *youth*, *young people*, *young adults*, *adolescents*, and *teenagers*. Technically, adolescents are defined as individuals ranging in age from 10 to 19, while youth are defined as individuals between ages 10 and 24.

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.

Adolescent Population

Of the world's 1.6 billion young people (ages 10 to 24), 1.4 billion live in developing countries.

Individuals 10 to 24 years old as a percentage of the total population in 2000:

- Bangladesh 36
- Nepal 33
- Philippines 32
- Vietnam 32

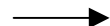
SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000; Population Reference Bureau. 2000. The World's Youth 2000.

Changes during Adolescence

Major physical, cognitive, emotional, sexual, and social changes occur during adolescence and affect young people's sexual behavior. Engaging in risky sexual behaviors, such as unprotected sex, substance abuse, and dangerous recreational activities, can be caused by:

- Curiosity
- Peer pressure
- Sexual maturation
- A feeling of invulnerability
- A sense of omnipotence

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.



Handout

The Importance of Working with Youth (continued)

The Increasing Gap between Puberty and Marriage in Girls

Today, girls enter puberty earlier while marrying later than they did in the late 19th century. This means that unmarried female adolescents require reproductive health care for a long period of time.

1890

Menarche: age 14.8	Timespan: 7.2 years -----	Marriage: age 22
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Sexually Transmitted Infections (STIs)

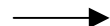
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HIV/AIDS

- About half of all HIV infections occur among men and women 25 years old and younger.
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- Women become infected five to 10 years earlier than men.

SOURCE: Kiragu, K. 2001. Youth and HIV/AIDS: Can we avoid catastrophe? Baltimore: Johns Hopkins University *Population Reports*, series L, no. 12, Fall.



Handout

The Importance of Working with Youth (continued)

Health Consequences of Early Pregnancy

- The risk of maternal death among pregnant women ages 15 to 19 is four times higher than the risk among women ages 25 to 29.
- Adolescent births are more likely to result in low birth weight, premature births, stillbirths, and neonatal deaths.

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.

Contraceptive Use

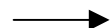
- Many young people are sexually active.
- After becoming sexually active, unmarried youth delay the use of contraception for about a year.
- Few married young people use contraception.
- Two common reasons why young adults do not use contraception are because they did not expect to have sex, and they lack knowledge about contraception.

SOURCE: Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000; Family Health International. 1999. Reproductive Health of Young Adults.

Why Are Youth Vulnerable to STIs?

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- Young people's immature reproductive and immune systems make them vulnerable to STIs.
- Young women and girls are less able to refuse sex and/or insist on adequate protection.
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Handout

The Importance of Working with Youth (continued)

Reasons Youth Fail to Seek Reproductive Health Care Services

- Poor treatment (Kurz et al., 1995; MSI, 1995; Senderowitz, 1995)
- Fear of being judged by service providers (Ferrando et al., 1995)
- Lack of privacy (Gorgen et al., 1993; MSI, 1995)
- Feeling that services are intended for married people (WHO, 1995)
- Unaware of service locations or services offered (Bryce et al., 1994; UNICEF, 1996; WHO, 1995)

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A Framework for Working with Youth

Objectives

1. To identify the range of strategies used to serve youth
2. To develop a clear understanding of youth reproductive health services

Time

50 minutes

Materials

- 8 x 10” cards (or paper)
- Paper
- Markers
- Tape
- Four signs: “Motivation,” “Health Education,” “Counseling,” and “Reproductive Health Services”
- Handout: “A Framework for Working with Youth” (pages 43–44)

Advance Preparation

1. In large letters, write each of the following terms on cards, one term per card: “Motivation,” “Health Education,” “Counseling,” and “Reproductive Health Services.”
2. Tape the four signs across a blank wall.
3. Write each of the activities or situations in the handout “A Framework for Working with Youth” on paper, one activity per sheet of paper.
4. Make enough copies of the handout for distribution to all the participants.

Steps

1. Introduce this activity by explaining that many different approaches are possible for working with youth directly. Providing reproductive health services and counseling are two such strategies. And when we speak of “youth-friendly services,” most of the time we are referring to these specific approaches, which usually take place in a clinical setting (although they could also occur elsewhere). Other strategies, however, are also important when we try to reach youth; these include social marketing and community education and mobilization. Social marketing is an approach that is used to influence individuals and communities to change unhealthy behaviors. An example of a social marketing approach is the use of billboards or television commercials that advertise the negative effects of unsafe sex and advocate the use of condoms. Community mobilization is an approach that is used to involve community members in the design and/or implementation of programs that seek to address problems that directly or indirectly affect the community. Still other strategies do not involve working directly

with young people, but rather seek to create a safe, supportive environment for them. These particular approaches concern policies, work with institutions, economic development, community mobilization efforts that involve teachers and parents are geared toward supporting (not directly involving) adolescents, and parental support.

2. Review the handout “A Framework for Working with Youth.” Make sure that all the participants understand the differences among the four approaches covered in the framework.
3. Explain that the four approaches covered in Table 1 of the handout can actually overlap. For example, a brochure that encourages adolescents to get screened for STIs and provides a fair amount of information on condom use combines motivation and community education. Similarly, a radio show during which callers receive one-on-one information involves both health education and counseling. And counseling and reproductive health services overlap when a peer educator talks to a client about his STI risk and then gives him condoms so that the young man can protect himself.
4. Explain that each participant will receive one or more sheets of paper with an activity written on it. The participants’ task will be to post each activity on the wall along the “Motivation”/“Health Education”/“Counseling”/“Reproductive Health Services” continuum.
5. Tell the group to place each sheet of paper they have where it belongs on the wall.
6. Once the participants put all the sheets of paper on the wall, review their placement and move any sheets that the group feels should appear in a different spot on the continuum.
7. Conclude the activity by asking the group the following questions:
 - Are you currently involved in any motivation, health education, counseling, or reproductive health service activities for youth? If any participants answer “yes,” ask which types of activities these are.
 - Did this activity provide you with new ideas for other activities? Which new activities might be possible within your work?

Trainer's Resource

A Framework for Working with Youth

Write each of the following activities on paper, one activity per sheet.

The type(s) of approach the activity involves is indicated by the letter or letters in parentheses that follow each statement (see the list of abbreviations below).

Note to the Facilitator

Do not write the letter(s) on the sheets of paper.

Abbreviations

M: Motivation
HE: Health Education
C: Counseling
S: Reproductive Health Services

Activities

- Peer educators tell other adolescents to use the services offered at the local clinic. (M)
 - A clinic remains open late one evening each week in an attempt to reach youth after school. (C, S)
 - A theater group acts out situations in which girls are teased and then discusses them. (HE)
 - A radio call-in show answers young people's questions about reproductive health. (HE, C)
 - A young woman arrives at a clinic complaining of pain and tenderness in her lower abdomen. (S)
 - A doctor conducts a testicular exam on a 16-year-old. (S)
 - A sign on a signpost tells youth to delay early marriage. (M)
 - A brochure discusses how family planning can improve people's lives. (M)
 - A billboard shows a photograph of a young person entering a family planning clinic. (M)
 - A couple talks with a nurse about which family planning method will be best for them. (C)
 - A health worker responds to a young woman's concern about the pill by explaining that she will be able to have children when she decides to stop taking it. (C)
- 

Trainer's Resource

A Framework for Working with Youth (continued)

- A radio spot encourages young people to use condoms. (M)
- A peer educator distributes condoms to his friends at school. (S)
- A pharmacist helps a young man understand his need to use condoms consistently. (C)
- A service provider gives a young woman emergency contraception after her partner's condom broke. (S)
- A 15-year-old goes to a clinic for a pregnancy test. (S)
- A newsletter explains the signs and symptoms of STIs. (HE)
- An adolescent male is screened for STIs and given medicine for symptoms of gonorrhea. (S)
- A young man discusses STI prevention with his peers at school. (HE, C)
- Peer educators talk about preventing HIV during a school program. (HE)
- A peer educator helps her friend assess his risk for HIV. (C)
- A community fair is organized to provide information to youth about AIDS. (HE)

Handout

A Framework for Working with Youth

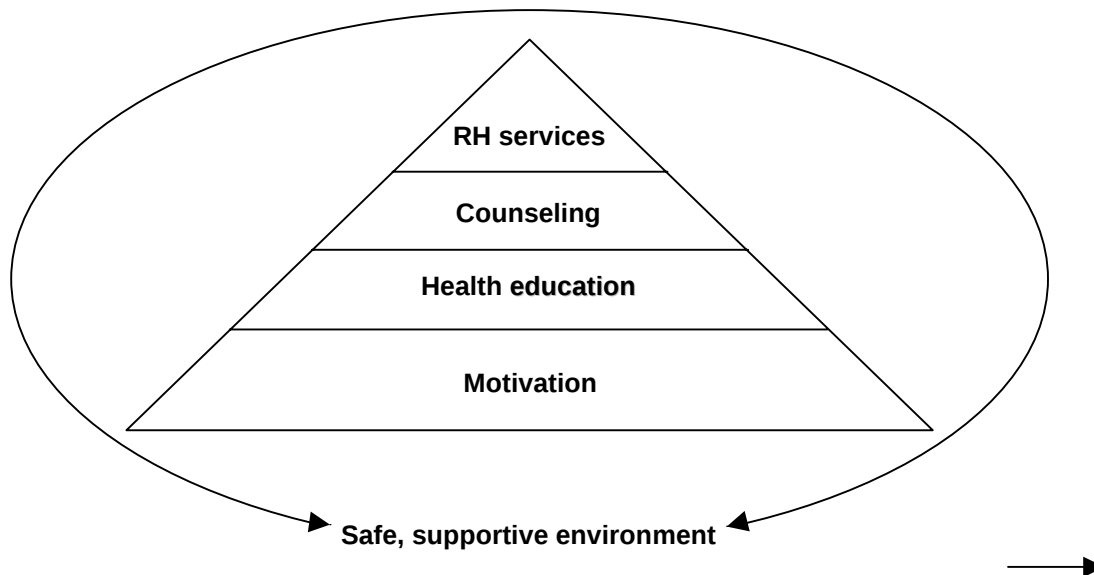
Reproductive health programs use many ways to reach youth directly. Most of these strategies fall into one of four categories: motivation, health education, counseling, or reproductive health services. A safe, supportive environment is also needed to improve adolescent health outcomes. This type of environment can be created by, for example, policies, institutions, communities, and parents.

The definitions of these approaches are as follows:

- **Motivation:** Stimulating behavior change in individuals by marketing a product, service, or action
- **Health education:** Transmitting information in order to help clients understand the importance of reproductive health issues
- **Counseling:** Exchanging information in order to create awareness and enable clients to make voluntary, informed decisions about their reproductive health
- **Reproductive health services:** Services, such as STI screening and treatment, family planning, pregnancy care, fertility evaluation, cancer evaluation, sexual dysfunction, and other disorders of the reproductive system, provided within or outside of a clinical setting

Figure 2-1 shows the relationships among these various approaches.

FIGURE 2-1 Relationships among Reproductive Health Approaches



Handout

A Framework for Working with Youth (continued)

A pyramid is used to represent the number of clients who actually benefit from a particular approach. For example, motivation can reach more clients than actual reproductive health services can, so it takes up a larger section of the pyramid. The pyramid also represents the logical progression of a client seeking services: Since motivation can create interest, the client may seek out information. Once the client has some information, he or she may seek out counseling. If the client then has counseling, he or she may decide that a reproductive health service is necessary.

The differences among these approaches are shown in Table 2-1 (see below).

TABLE 2-1 Reproductive Health Approaches

Approach	Goals	Content	Direction	Biased or Objective	Location
Motivation	To influence behavior in a particular direction	Persuasive arguments that focus on benefits	One-way	Biased	Anywhere
Health Education	• To provide facts • To raise awareness	Facts	One-way or two-way	May be biased or objective	Anywhere
Counseling	• To help clients make voluntary, informed choices • To help clients become satisfied	• Facts • Clients' feelings, needs, concerns	Two-way	Objective	Private atmosphere
Reproductive Health Services	To provide services that lead to better health outcomes in clients	• Medical treatment • Provision of medicine or commodities (antiseptic solution, cotton, gauze)	One-way	Objective	Private atmosphere

Characteristics of a Youth-Friendly Service

Objective

To establish criteria for an ideal reproductive health service-delivery setting for youth

Time

60 minutes

Materials

- Flipchart paper
- Markers
- Handout: “Characteristics of a Youth-Friendly Service” (page 47)

Advance Preparation

1. Write the following titles and questions on a flipchart:

Programmatic Characteristics

What types of services would be offered?

How would the services be designed?

Service Provider Characteristics

What would the staff be like?

How would they treat adolescent clients?

Health Facility Characteristics

What would the site look like?

Where would it be located?

2. Make enough copies of the handout for distribution to all the participants.

Steps

1. Tell the participants to think about the number of adolescents they serve at their facilities. Ask them if they think that enough youth access the services, and why or why not. Take a few responses.
2. Explain to the participants that during this activity they will have an opportunity to think about what type of facility would attract youth. What would the site look like? What services would be available for youth? Who would provide the services to youth?
3. Divide the participants into three groups. Instruct each group to go to a specific part of the room. Distribute a sheet of flipchart paper and markers to each group.
4. When the groups are ready, explain that you want them to imagine that they have been given funding to create a new adolescent reproductive health facility.

5. Ask the groups to describe what this facility would be like. Display the questions that they have written on the flipchart (show the flipchart) and point to it as you read aloud the questions.

Programmatic Characteristics

What types of services would be offered?
How would the services be designed?

Service Provider Characteristics

What would the staff be like?
How would they treat adolescent clients?

Health Facility Characteristics

What would the site look like?
Where would it be located?

Note to the Facilitator

If there are six groups, ask groups one and two to report on “Programmatic Characteristics,” groups three and four on “Service Provider Characteristics,” and groups five and six on “Health Facility Characteristics.” If there are only three groups, ask each group to report on all three characteristics.

6. Give the groups 30 minutes to discuss and write their answers on a flipchart. Monitor the groups, and remind them when five minutes remain to complete the task.
7. After 30 minutes, reconvene the groups, and tell them that each group will have 10 minutes to report what they have written on their flipchart. After the first group reports, each successive group can add only what the other groups did not already mention under each category.
8. After the reports, if there are six groups, ask the participants to look at the lists and discuss the following questions:
 - Do you disagree with any characteristics? Why?
 - Which are the most important characteristics? Why?
 - Which characteristics can be modified with minimal effort or cost?
 - Which characteristics can you personally change or modify?

Summary

Summarize and highlight the most important characteristics from the lists. Remind the participants that some of the characteristics can be modified or added with little effort or cost, while others will require administrative support and approval. Review the handout “Characteristics of a Youth-Friendly Service.” Refer the participants to the characteristics that may be on the handout but that they did not mention during their discussion.

Handout

Characteristics of a Youth-Friendly Service

Programmatic Characteristics

- Youth are involved in program design.
- Both boys and girls are welcomed and served.
- Unmarried clients are welcomed and served.
- Group discussions are available.
- Parental involvement is encouraged but not required.
- Affordable fees are available.
- A wide range of services is offered or necessary referrals are available.
- An adequate supply of commodities is available.
- Drop-in clients are welcome, and appointments are arranged rapidly.
- Waiting times are short.
- Educational material is available on-site.
- Services are well promoted in areas where youth gather.
- Linkages are made with schools, youth clubs, and other youth-friendly institutions.
- Alternative ways to access information, counseling, and services are provided.

Service Provider Characteristics

- Staff are trained in adolescent issues.
- Respect is shown to young people.
- Privacy and confidentiality are maintained.
- Adequate time is given for client-provider interaction.
- Peer counselors are available.

Health Facility Characteristics

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

Youth Perceptions of the Program

- Privacy is maintained at the facility.
- Confidentiality is honored.
- Youth are welcome regardless of marital status.
- Boys and young men are welcome.
- Service providers are attentive to youth needs.

SOURCE: Adapted from PHN Center FOCUS on Young Adults project, 2000.

PART 3

Service Provider Values

Values Clarification about Adolescent Sexuality	51
Service Provider Experiences of Adolescence	53

Values Clarification about Adolescent Sexuality

Objectives

1. To assess the participants' attitudes about adolescent sexuality
2. To help the participants understand the impact that their personal attitudes may have on service delivery

Time

60 minutes

Materials

- 8 x 10" cards (or paper)
- Flipchart paper
- Markers
- Four signs: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree"

Advance Preparation

1. In large letters, write each of the following terms on 8 x 10" cards (or sheets of paper), one term per card: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree."
2. Display the signs around the room, leaving enough space between them to allow participants to stand near each one.
3. Write the following statements on a flipchart:
 - Condoms should be available to youth of any age.
 - Sex before marriage is acceptable.
 - Sex education can lead to early sex or promiscuity.
 - It is worse for an unmarried girl to have sex than for an unmarried boy.
 - Condoms are the best method of birth control for a young person because they protect against sexually transmitted infections (STIs).
 - Youth will not use adolescent reproductive health services even if they are offered.
 - Providing sexual and reproductive health services to youth may lead to early sex or promiscuity.

Steps

1. Tell the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about working with adolescents and adolescent reproductive health issues.
2. Explain that you will read aloud a statement. The participants will decide what they think about the statement and stand near the sign that most closely represents their

opinion. After the participants have made their decisions, you will ask several of them to share their opinions with the group. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong.

3. Also remind the participants that they must listen to each other. This activity is not about debate, but about dialogue. Instruct them to state their personal opinion to support their agreement or disagreement with each statement and not to rebut other participants' opinions.
4. Read aloud the first statement you selected, and ask the participants to stand near the sign that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue for each of the statements you selected.
5. Once all the statements have been read, ask the participants to return to their seats.
6. After reviewing all the statements, facilitate a discussion by asking the following questions:
 - Which statements, if any, did you find challenging to form an opinion about? Why?
 - How did you feel expressing an opinion that was different from that of some of the other participants?
 - How do you think people's attitudes about some of the statements might affect their interactions with young clients or their ability to provide reproductive health services to adolescents?

Note to the Facilitator

For the sake of discussion, if the participants express a unanimous opinion about any of the statements, ask a volunteer to play the role of “devil’s advocate” by expressing an opinion that is different from theirs.

Summary

State that it is normal to have strong feelings and values about these topics. Tell the participants that learning to be aware of their own values will help them be more open to listening to different points of view. When adolescents notice that service providers are more accepting of differences, they will more openly and honestly assess and express their own values. This, in turn, can help young people assess the attitudes and beliefs that lead to high-risk behavior.

Service Provider Experiences of Adolescence

Objective

To help the participants develop a better understanding of adolescence by exploring their own personal experiences as youth

Time

60 minutes

Materials

- Paper
- Flipchart paper
- Markers
- Pens or pencils

Advance Preparation

1. Distribute sheets of paper for the participants to write on.
2. Write the following questions on a flipchart:
 - What were the most important things in your life?
 - What did you like to do in your free time?
 - Which adults played a significant role in your life?
 - What did you think about the other sex?
 - What was difficult about being a teenager?
 - Where did you go to access health information?

Steps

1. Ask the participants if they remember what it was like to be an adolescent. Then ask why they think it is important to remember this now.
2. Tell the participants that during this activity they will explore their own adolescent experiences. Explain that each person will be assigned a particular age. Divide the room into thirds. Tell the first third of the room that they will be reflecting on when they were age 12. The second third will think back to when they were age 16, and the remaining third will think back to when they were age 19.
3. Distribute the paper and the pens or pencils to the participants. Explain that you want them to think about and answer the six questions on the flipchart (show the flipchart). Read aloud the questions, and ask each participant to write his or her answers on a sheet of paper, based on the age they were assigned. Tell the participants they will have 15 minutes to complete the activity.

4. After 15 minutes, tell the participants that you want them to share their answers with one other person in the same age group. Divide the participants into pairs. Explain that each pair will have 10 minutes to share their responses. Assure them that they have to share only what they feel comfortable discussing.
5. After 15 minutes, reconvene the group. Ask various participants to share some of the memories that the activity made them think about. Begin by taking comments from the 12-year-old group, then the 16-year-old group, and finally the 19-year-old group.
6. Conclude the activity by discussing the following questions:
 - What did you learn from this activity?
 - Was it easy or difficult to remember what it was like to be an adolescent? Why?
 - Would you consider the issues that we just discussed to be similar or different at ages 12, 16, and 19? What does this mean in terms of the needs and concerns of young reproductive health clients during the various stages of adolescence?
 - How can this activity improve the way you interact with adolescent clients?

Summary

Tell the participants that it is important to reflect on our past in order to remember some of the positive and negative experiences we had as adolescents. This may help us to understand that youth today may have similar needs, concerns, and experiences. It may also help us to be empathetic to young people when they seek reproductive health services.

PART 4

Adolescent Development

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Adolescent Psychological and Social Development

Objective

To help the participants understand the psychological and social changes youth experience during the three phases of adolescence

Time

45 minutes

Materials

- Flipchart paper
- Colored paper
- Markers
- Handout: “Adolescent Psychological and Social Development” (page 59)

Advance Preparation

1. Write five to seven characteristic behaviors of adolescents from the handout “Adolescent Psychological and Social Development” on a flipchart.
2. Write each of the following terms on sheets of colored paper, one term per sheet: “Early Adolescence,” “Middle Adolescence,” and “Late Adolescence.”
3. Write each of the following terms on sheets of colored paper, one term per sheet: “Independence,” “Cognitive Development,” “Peer Group,” “Body Image,” and “Sexuality.”
4. Make enough copies of the colored sheets of paper and the handout for distribution to all the participants.

Steps

1. Tell the participants that during this activity they will be learning or reviewing the stages of adolescent development.
2. Divide the participants into small groups of five or six, and provide the following directions.
3. Explain that each group will be asked to complete a chart by filling in the empty rows and columns with sheets of paper that have bulleted information on them. Begin by helping each group set up a chart. Provide the groups with three sheets of colored paper with the headings “Early Adolescence,” “Middle Adolescence,” and “Late Adolescence.” Ask the groups to place these sheets across the wall, in order, to form the top row of their chart. Give them five sheets of colored paper with the headings “Independence,” “Cognitive Development,” “Peer Group,” “Body Image,” and “Sexuality.” These sheets will form the left-hand column of the chart. Next, provide

each group with a set of 15 sheets. Each sheet lists all the bullet points for a particular developmental stage and task. As a group, the participants will place each sheet in the corresponding square.

4. Give the groups 15 minutes to discuss the sheets and to place them in the correct spaces. After the groups complete the charts, review the squares in each chart, and clarify the meaning and significance of each bullet. Every group will get one point for each square that is correctly positioned. The group with the most points at the end of the game will be the winner.

Note to the Facilitator

If the group is small, ask the participants to work together to create one big chart. Simply hang the sheets of paper going across the top and down the left side, and then ask the participants to place the 15 sheets in the correct places.

5. After reviewing the charts, facilitate a discussion by asking the following questions:
 - Was it easy or difficult to complete the chart?
 - Was one developmental stage easier to identify than the others?
 - Were you surprised by some of the answers?
 - How do adolescents you know (family members, friends, or clients) struggle with these issues? Can you provide any examples?
 - Do the stages in the model apply to most adolescents from different cultures?
6. If time allows, ask each participant to review the chart and think of how a service provider may need to consider a young person's psychological and social development during a counseling session. Ask the participants to write one thing that a counselor should consider when working with a person in early, middle, and late adolescence.

Summary

Distribute the handout "Adolescent Psychological and Social Development." Note that it is a theoretical model developed by Western psychologists and that some issues may not apply to all cultural contexts.

Briefly review the handout. Remind the participants that developmental charts provide only general guidelines, and that not all adolescents fit neatly into these categories. Different factors may affect individual youth as they experience the various stages of adolescence.

Handout

Adolescent Psychological and Social Development

The process of adolescent psychological and social development is characterized by a range of normal adolescent behavior (see the chart below).

Characteristic Behaviors of Adolescence

Developmental Stage	Early Adolescence (10 to 13 years old)	Middle Adolescence (14 to 16 years old)	Late Adolescence (17 to 19 years old)
	• Transition to adolescence • Characterized by puberty	• Essence of adolescence • Strong peer-group influence	• Transition to adulthood • Assumption of adult roles
Independence	• Challenges authority, parents, and other family members • Rejects things of childhood • Desires more privacy	• Moves away from parents and toward peers • Begins to develop own value system	• Is emancipated: begins to work or pursue higher education • Enters adult life • Reintegrates into family as emerging adult
Cognitive Development	• Finds abstract thought difficult • Seeks to make more decisions • Has wide mood swings	• Starts to develop abstract thought • Begins to respond based on analysis of potential consequences • Has feelings that contribute to behavior but do not control it	• Firmly establishes abstract thought • Demonstrates improved problem solving • Is better able to resolve conflicts
Peer Group	• Has intense friendships with members of the same sex • Possibly has contact with members of the opposite sex in groups	• Forms strong peer allegiances • Begins to explore ability to attract partners	• Is less influenced by peers regarding decisions and values than before • Relates to individuals more than to peer group
Body Image	• Is preoccupied with physical changes • Is critical of appearance • Is anxious about menstruation, wet dreams, masturbation, breast or penis size	• Is less concerned about body image than before • Is more interested in looking attractive	• Is usually comfortable with body image • Accepts personal appearance
Sexuality	• Begins to feel attracted to others • May begin to masturbate • May experiment with sex play • Compares own physical development with that of peers	• Shows an increase in sexual interest • May struggle with sexual identity • May initiate sex inside or outside of marriage	• Begins to develop serious intimate relationships that replace group relationships as primary relationships

SOURCE: Adapted from The Center for Continuing Education in Adolescent Health, Division of Children's Medicine, Children's Hospital Medical Center, 1994; PHN Center FOCUS on Young Adults project, 2001.

Puberty

Objective

To help the participants understand the physical changes adolescents experience during puberty

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Handout: “Physical Changes and Common Concerns during Puberty” (page 63)

Advance Preparation

1. Prepare two charts, one for boys and one for girls, based on the handout “Physical Changes and Common Concerns during Puberty” on separate flipcharts. Leave the columns entitled “Physical Changes” and “Common Concerns” blank for the participants to fill in.
2. Make enough copies of the handout for distribution to all the participants.

Steps

1. Ask the participants if they remember the feelings they experienced when they went through puberty. Also ask them if they think that today’s adolescents are more prepared than they were to handle the physical and emotional changes that occur during puberty.
2. Tell the participants that they will identify and discuss the physical changes and concerns that both boys and girls experience during puberty.
3. Divide the participants into small groups of fewer than six people per group.

Note to the Facilitator

If there are more than two groups, tell half the groups to generate a list for boys and the other half to generate a list for girls.

4. After forming the small groups, explain that group 1 will identify all the physical changes and concerns that occur in girls as they go through puberty and group 2 will identify all the physical changes and concerns that occur in boys as they go through puberty.

5. Ask each group to write their responses in two columns on a flipchart, with one column listing physical changes and the other listing common concerns. Display the sample flipchart you prepared as an example. Give the groups 15 minutes to generate their lists. Ask each of the small groups to appoint one person who will summarize their lists for the larger group.
6. After 15 minutes, reconvene the group. Ask one person from each small group to present their findings to the larger group. Correct any misinformation. After the first group reports, ask each successive group to list only the items that have not been mentioned in previous reports.
7. After the reports, facilitate a discussion by asking the following questions:
 - What are some of the similarities and differences in the lists of concerns?
 - Do you think that one sex is more prepared than the other to handle the physical and emotional changes that occur during puberty?
 - What can you do to help youth manage their concerns regarding sexual feelings?

Summary

Conclude the session by reminding the participants that puberty can be a challenging time for a young person. During puberty, adolescents experience significant physical, social, and cognitive changes.

Distribute the handout “Physical Changes and Common Concerns during Puberty” to all the participants. Make sure to point out any important issues that were not included in the discussion.

Handout

Physical Changes and Common Concerns during Puberty

Boys

Physical Changes	Common Concerns
• Growth spurt occurs • Skin becomes oily; pimples may appear • Voice deepens • Body hair gets thicker; hair grows under arms, on chest, and on face • Shoulders broaden • Perspiration increases • Muscles develop • Pubic hair appears • Penis and testes enlarge • Sperm production begins • Ejaculation occurs, either during sleep or sexual activity • Sexual feelings are stronger and more frequent	• Body image • Penis size • Wet dreams • Masturbation, which is normal • Frequent erections, especially during inconvenient times • Breast growth; small lumps in the breast • Feeling different from other boys, especially when puberty occurs later than for others in peer group

Girls

Physical Changes	Common Concerns
• Growth spurt occurs • Skin becomes oily; pimples may appear • Hair grows under arms • Perspiration increases • Breasts develop • Waistline narrows • Hips widen • Uterus and ovaries enlarge • Pubic hair appears • External genitals enlarge • Ovulation occurs • Menstruation begins • Sexual feelings are stronger and more frequent	• Body image • Breast size • Menstruation • Genital hygiene • Masturbation, which is normal • Harassment from boys • Feeling different from other girls, especially when puberty occurs earlier than for others in peer group

Gender Roles: Act Like a Man, Act Like a Woman

Objectives

1. To recognize that it can be difficult for both men and women to fulfill the gender roles that society establishes
2. To examine how messages about gender can affect human behavior

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Tape

Advance Preparation

No advance preparation is needed.

Steps

1. Ask the participants if they have ever been told to “act like a man” or “act like a woman” based on their sex. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?
2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.
3. In large letters, write on a flipchart the phrase “Act like a man.” Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the flipchart, and write the meanings of “Act like a man” inside this box. Some responses might include the following:
 - Be tough.
 - Do not cry.
 - Yell at people.
 - Show no emotions.
 - Take care of other people.
 - Do not back down.

4. As the participants share their thoughts, ask the following questions in order to fill in the box completely:
 - What messages are given to men about engaging in sexual activity?
 - What messages are given to men about taking risks?
 - What messages are given to men about what to do when they are in pain or need help?
 - What messages are given to men about violence?
5. After completing the messages inside the box, ask the participants, “How are men treated when they try to act ‘outside of the box’? What names are men called when they act ‘outside of the box’ by showing their emotions, acting scared, abstaining from sex, and not acting tough?” Write some of these names, such as sissy, wimp, gay, and mama’s boy, outside of the box. Explain that society uses these names to keep men inside this limiting box.
6. Once you have brainstormed your list, facilitate a discussion by asking the following questions:
 - How can it be limiting for men to be expected to “act like a man”?
 - Which emotions are men not allowed to express?
 - How can “acting like a man” affect a man’s relationship with his partner and children?
 - How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?
7. Next, in large letters, write on a flipchart the phrase “Act like a woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the flipchart, and write the meanings of “Act like a woman” inside this box. Some responses may include the following:
 - Be passive.
 - Be the caretaker.
 - Act sexy, but not too sexy.
 - Be smart, but not too smart.
 - Be quiet.
 - Listen to others.
 - Be the homemaker.
8. As the participants share their thoughts, ask the following questions in order to fill in the box completely:
 - What messages are given to women about engaging in sexual activity?
 - What messages are given to women about being assertive?
 - What messages are given to women about the importance of beauty?

9. Ask the participants to think about what happens to a young woman when she acts in a manner that is outside of the “Act like a woman” box. Ask them to share some of the names that this person is called. Write some of these names, such as aggressive, manly, and bossy outside the box. Explain that society uses these names to keep women inside this limiting box.
10. Once you have brainstormed your list, facilitate a discussion by asking the following questions:
 - How can it be limiting for women to be expected to “act like a woman”?
 - Which emotions are women not allowed to express?
 - How can “acting like a woman” affect a woman’s relationship with her partner and children?
 - How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?

Summary

Conclude the activity by summarizing the discussion and sharing any final thoughts. A final comment and question could be as follows:

The roles of men and women are changing in our society. It has slowly become less difficult to step “outside the box.” Still, it is hard for men and women to live outside these boxes. What would make it easier for men and women to live outside the box?

Understanding Sexuality

Objective

To help the participants gain an understanding of the broad concept of sexuality and the many areas of our lives that involve our sexuality

Time

35 minutes

Materials

- Flipchart paper
- Markers
- Handout: “The Five Circles of Sexuality” (pages 73–74)

Advance Preparation

1. Write “Sex” and “Sexuality” in separate columns on a flipchart.
2. Make enough copies of the handout for distribution to all the participants.

Steps

1. Ask the participants what the term *sex* means to them. Allow the participants to share their thoughts, and record their responses in the “Sex” column on the flipchart.
2. Next, read aloud the following definitions of *sex* and *sexual intercourse*, and ask the participants for any comments on the definitions.

Sex: Sex refers to one’s biological characteristics—anatomical (breasts, vagina, penis, testes), as a male or female. *Sex* is also a synonym for *sexual intercourse*, which includes penile-vaginal sex, oral sex, and anal sex.

3. Ask the participants what the term *sexuality* means to them. Allow the participants to share their thoughts, and record their responses in the “Sexuality” column on the flipchart.
4. Next, read aloud the following definition of *sexuality*, and ask the participants for any comments on the definition.

Sexuality: Sexuality is an expression of who we are as human beings. Sexuality includes all the feelings, thoughts, and behaviors of being male or female, being attractive, and being in love, as well as being in relationships that include intimacy and physical sexual activity.

Sexuality begins before birth and lasts throughout the course of the life span. A person’s sexuality is shaped by his or her values, attitudes, behaviors, physical

appearance, beliefs, emotions, personality, likes and dislikes, spiritual selves, and all the ways in which he or she has been socialized. Consequently, the ways in which individuals express their sexuality are influenced by ethical, spiritual, cultural, and moral factors.

5. Explain that while many people often associate the term *sexuality* with the terms *sex* or *sexual intercourse*, it encompasses much more than that. To help the participants understand the complexity of sexuality, discuss four different aspects of sexuality in a brief mini-lecture. One way to present these four aspects is to draw four circles that all touch each other (see the handout “The Five Circles of Sexuality” on pages 73–74). Each circle represents one of the elements of sexuality. When all four circles are placed together, they suggest the total definition of sexuality. In this diagram, there is a space in the middle of the circles where the words “Values,” “Spirituality,” and “Culture” are written. These factors may all play a role in how an individual experiences the four components of sexuality. After each concept is described to the participants, ask them to provide examples to demonstrate their understanding of each element:

Sensuality: This is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses when enjoyed can be sensual. The sexual-response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure.

Our body image is part of our sensuality. Our feeling attractive and proud of our bodies influences many aspects of our lives.

Our sensuality also involves our need to be touched and held by others in loving and caring ways. This is called “skin hunger.” Adolescents typically receive less touch from family members than young children do. Therefore, many teenagers satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from an adolescent’s need to be held, rather than from sexual desire.

Fantasy is another part of our sensuality. Our brain gives us the capacity to fantasize about sexual behaviors and experiences without having to act on them.

Intimacy and relationships: This is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from the relationships around us, particularly those within our families.

Emotional risk-taking is part of intimacy. In order to have true intimacy with others, an individual must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.

Sexual identity: Every individual has his or her own personal sexual identity. Four main elements make up an individual’s sexual identity:

- **Biological sex** is based on our physical status of being either male or female.
- **Gender identity** is how we feel about being male or female. Gender identity starts to form around age 2, when a little boy or girl realizes that he or she is different from the opposite sex. If a person feels like he or she identifies with the opposite biological sex, he or she often considers him- or herself transgender. In the most

extreme cases, a transgendered person will have an operation to change his or her biological sex so that it can correspond to his or her gender identity.

- **Gender roles** are society's expectations of us based on our biological sex. See "Gender Roles: Act Like a Man, Act Like a Woman" (pages 65–68).
- **Sexual orientation** is the fourth part of our sexual identity. Sexual orientation refers to the biological sex we are attracted to romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is very feminine or a woman is very masculine, people often assume that these individuals are homosexual. Actually, however, the man and woman are expressing different gender roles. Their feminine or masculine behavior, respectively, has nothing to do with their sexual orientation. A gay man may be very feminine, very masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex sexual behavior and not consider him- or herself homosexual. For example, men in prison may have sex with other men but may think of themselves as heterosexual.

Sexual health: This involves our behavior related to producing children, enjoying sexual behaviors, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections (STIs) are part of our sexual health. See "Defining a Sexually Healthy Adolescent" (pages 75–90).

6. After discussing these four circles of sexuality, draw a fifth circle that is not connected to the other four. This circle is a negative aspect of sexuality and can prevent an individual from living a sexually healthy life. Say that this circle can "cast a shadow" on the four other circles of sexuality and describe it as follows:

Sexuality to control others: This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of using sex to control somebody else. Sexual abuse and commercial sex work are others. Even advertising often sends messages of sex in order to get people to buy products.

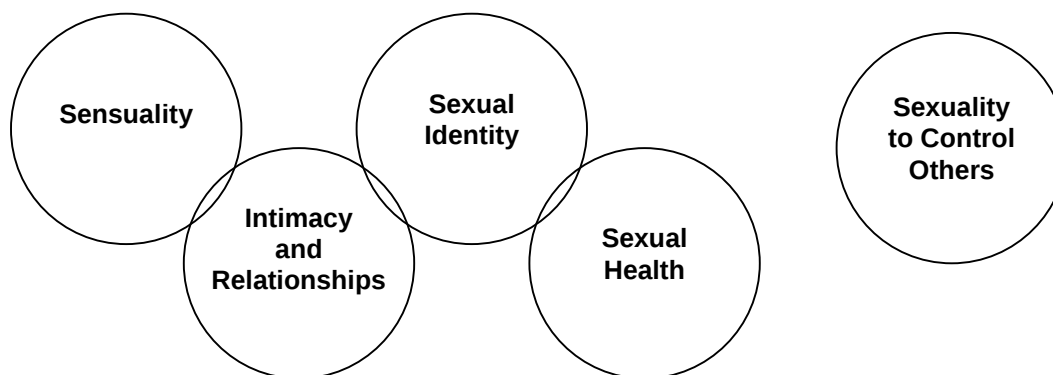
7. After 5 minutes, reconvene the group and facilitate a discussion by asking the following questions:
 - Where is "sexual intercourse" included within the definition of sexuality? Does the term play a large or small role in the definition?
 - How does culture influence the various circles of sexuality?
 - Which circles of sexuality are very different between males and females? Do men and women experience sensuality the same way? Do men and women view relationships the same way? Do men and women have the same sexual health needs?
 - If adolescents receive sexuality education, which circles of sexuality will they be most likely to learn about? Which circles will usually be omitted from sexuality education? Why do you think this is?

Summary

Conclude the activity by reminding the group that people tend to define sexuality in simple terms. Typically, they consider only the sexual act. Sexuality is much more complex and is influenced by many factors, including culture, gender, age, and family values. Many of these factors are well established by the time a person enters adolescence. So we must remember that adolescents are sexual beings.

Handout

The Five Circles of Sexuality



Sensuality

This is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses when enjoyed can be sensual. The sexual-response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure.

Our body image is part of our sensuality. Our feeling attractive and proud of our bodies influences many aspects of our lives.

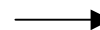
Our sensuality also involves our need to be touched and held by others in loving and caring ways. This is called “skin hunger.” Adolescents typically receive less touch from family members than young children do. Therefore, many teenagers satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from an adolescent’s need to be held, rather than from sexual desire.

Fantasy is another part of our sensuality. Our brain gives us the capacity to fantasize about sexual behaviors and experiences without having to act on them.

Intimacy and Relationships

This is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from the relationships around us, particularly those within our families.

Emotional risk-taking is part of intimacy. In order to have true intimacy with others, an individual must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.



Handout

The Five Circles of Sexuality (continued)

Sexual Identity

Every individual has his or her own personal sexual identity. Four components make up an individual's sexual identity:

Biological sex is based on our physical status of being either male or female.

Gender identity is how we feel about being male or female. Gender identity starts to form around age 2, when a little boy or girl realizes that he or she is different from the opposite sex. If a person feels like he or she identifies with the opposite biological sex, he or she often considers him- or herself transgender. In the most extreme cases, a transgendered person will have an operation to change his or her biological sex so that it can correspond to his or her gender identity.

Gender roles are society's expectations of us based on our biological sex.

Sexual orientation is the fourth part of our sexual identity. Sexual orientation refers to the biological sex we are attracted to romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is very feminine or a woman is very masculine, people often assume that these individuals are homosexual. Actually, however, the man and woman are expressing different gender roles. Their feminine or masculine behavior, respectively, has nothing to do with their sexual orientation. A gay man may be very feminine, very masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex sexual behavior and not consider him- or herself homosexual. For example, men in prison may have sex with other men but may think of themselves as heterosexual.

Sexual Health

This involves our behavior related to producing children, enjoying sexual behaviors, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections (STIs) are part of our sexual health.

Sexuality to Control Others

This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of using sex to control somebody else. Sexual abuse and commercial sex work are others. Even advertising often sends messages of sex in order to get people to buy products.

Defining a Sexually Healthy Adolescent

Objective

To help the participants identify the qualities and characteristics of a sexually healthy adolescent

Time

60 minutes

Materials

- Flipchart paper
- Markers
- Handout: “Behaviors of Sexually Healthy Individuals” (pages 89–90)
- Handout: “Five Case Studies” (pages 79–87)

Advance Preparation

Make enough copies of the handouts for distribution to all the participants.

Steps

1. Tell the participants that it is important for them to understand the qualities and characteristics of a sexually healthy adolescent. This type of young person is able to make good decisions that protect him or her from pregnancy and sexually transmitted infections (STIs), while staying both physically and mentally/emotionally healthy. By knowing what these qualities and characteristics are, service providers can help the adolescent become or remain sexually healthy.
2. Explain that they will be divided into small groups and given a case study to assess. Each case study describes a particular adolescent or group of young people, and they will be asked to identify whether the subject(s) is/are sexually healthy. After this small-group discussion, the participants, as a large group, will brainstorm the qualities and characteristics of a sexually healthy adolescent.
3. Divide the participants into small groups, and distribute the case studies. Instruct each group to read the case study and then discuss it. Ask them to determine which behaviors, qualities, and characteristics of the subject would be considered sexually healthy or unhealthy. Tell the participants they will have 10 minutes to complete the activity.

Note to the Facilitator

If there are more than three groups, ask more than one group to work on the same case study.

4. After 10 minutes, reconvene the group. Ask for a volunteer from each group to read aloud the case study and present the group's assessment of the healthy or unhealthy qualities and characteristics of the adolescent(s). If more than one group reports on a specific case study, ask the volunteers to report only on different ways they perceive the same adolescent(s).
5. Write the qualities and characteristics that the groups identified as healthy and unhealthy on a flipchart.

Note to the Facilitator

Make sure the “Healthy Adolescents” list includes the following items:

- Appreciate their own body
- Practice health-promoting behaviors, such as having regular checkups, doing breast and/or testicular self-exams, and seeking early identification of potential problems
- Avoid exploitative or manipulative relationships
- Identify and live according to their own values
- Take responsibility for their own behavior
- Communicate effectively with family, peers, and partners
- Negotiate sexual limits
- Accept refusals for sex
- If having sexual intercourse, practice safer sex to prevent sexually transmitted infections (STIs) and unintended pregnancy
- Seek new information and resources to enhance their sexuality as needed

SOURCE: SIECUS, 1997. Guidelines for Comprehensive Sexuality Education: K through 12, 2nd ed.

6. Distribute the handout “Behaviors of a Sexually Healthy Individual.” Review the list, and ask the participants to share any thoughts they have.

Note to the Facilitator

It is important that the participants' values about adolescent sexuality do not interfere with their assessment of sexual health. Some participants may feel that any unmarried adolescent who is sexually active should automatically be considered sexually unhealthy. Try to encourage the participants to base their assessment of sexual health on factors that transcend age and marital status. In many respects, the criteria for a sexually healthy adolescent should be no different than those for an adult.

7. Facilitate a group discussion by asking the following questions:
 - Was it difficult to assess and identify healthy and unhealthy qualities and characteristics? If so, why?
 - Where do you think the adolescents learned their behaviors?
 - Do you think that the adolescents knew they were being healthy or unhealthy?
 - Did the group disagree about whether the adolescent(s) was healthy or unhealthy?

- Do any qualities and characteristics apply to adults but not to adolescents?
- What was the most important thing you learned from this activity?

Summary

Conclude the activity by stating the importance of helping youth be sexually healthy. Remind the participants that assessing a client's sexual health may be more difficult than it seems at first. Note that an individual can be sexually active and still considered sexually healthy if he or she engages in certain safe sexual behaviors and demonstrates sexual knowledge. Also point out that a person can be sexually unhealthy and still not engage in sexual intercourse. Opportunities to support a young person's sexual health can occur during counseling sessions or in group discussions during sexuality education. While this may be beyond the services offered at your site, it is important to develop a resource list of other facilities and agencies that provide services to youth so service providers can refer adolescent clients to them when necessary.

Handout

Case Studies

Case Study 1

Bina and Deepak, who are both 19 years old, have been together for seven months. Bina always hears her mother tell her older sister that she must abstain from having sex until she gets married. Bina disagrees, but wants to wait until she finds the right person. Two months ago, Bina decided that Deepak was the right person. Before becoming sexually active, Bina and Deepak visited a clinic together. They were both screened for sexually transmitted infections (STIs), and Bina decided to begin taking birth control pills. Bina feels loved and respected when she has sex with Deepak. Sometimes, however, she does not want to have sex when he does. Deepak often expresses his frustration when Bina stops them, but she never allows him to change her mind.

Questions for group discussion:

Do you consider Bina a sexually healthy young person? Why or why not?

Does Bina engage in behaviors that are sexually healthy? If so, what are they?

Does Bina engage in behaviors that are sexually unhealthy? If so, what are they?



Handout

Case Studies (continued)

Case Study 2

Laura and Carlos are both 17 years old. They have been practicing safer sex for the last nine months because neither of them wants to get a sexually transmitted infection (STI) or have a baby. They love each other and are looking forward to graduating from high school next year. Laura cannot wait to leave home. She usually complains about being abused at home, but she has never given Carlos any details. Carlos cannot wait to meet more mature and experienced girls when he moves to the city next year. He tells Laura that she is lucky to have him for a boyfriend and that she would have trouble finding another boyfriend like him. Laura agrees, even though sometimes she is scared of Carlos but does not know why. Sometimes he yells at her because she does things he does not like.

Questions for group discussion:

Do you consider Laura a sexually healthy young person? Why or why not?

Does Laura engage in behaviors that are sexually healthy? If so, what are they?

Does Laura engage in behaviors that are sexually unhealthy? If so, what are they?



Handout

Case Studies (continued)

Case Study 3

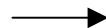
James and Nancy have been together for three months. He is 27 years old, and she is 16. Nancy likes James because he is older than she is and has a good job. He gives her money when she needs it and buys her gifts that she cannot afford. Nancy is worried about getting pregnant, but she never uses birth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

Questions for group discussion:

Do you consider Nancy a sexually healthy young person? Why or why not?

Does Nancy engage in behaviors that are sexually healthy? If so, what are they?

Does Nancy engage in behaviors that are sexually unhealthy? If so, what are they?



Handout

Case Studies (continued)

Case Study 4

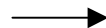
Stephen is 21 years old. Over the past few years, he has realized that he feels a strong attraction to other men. He thinks that he is gay, but he has never told anyone else about this because he fears being mistreated. Stephen has never had sexual intercourse. Part of the reason for this is that he is very scared of AIDS. He also thinks he is not emotionally ready for the responsibilities that come with sexual activity. He usually satisfies his sexual desires through masturbation. He does this almost every day and is a little concerned that this may be abnormal.

Questions for group discussion:

Do you consider Stephen a sexually healthy young person? Why or why not?

Does Stephen engage in behaviors that are sexually healthy? If so, what are they?

Does Stephen engage in behaviors that are sexually unhealthy? If so, what are they?



Handout

Case Studies (continued)

Case Study 5

Grace, who is 15, has been dating her boyfriend Simon for the past six months. She enjoys kissing him, but she is very uncomfortable when he touches her. Although his touch feels good, she is embarrassed by her body. She feels that she is too heavy and that her breasts are not big enough. Sometimes Grace stops eating for days in order to lose weight, but she never has any success. Simon is very frustrated that Grace does not want to have sex with him. He has threatened to break up with her if they do not have sex. Grace is thinking of having sex with Simon because she does not want to lose him. She has asked her friends to help her with her problem. She has also talked to a counselor at a clinic, and she has obtained some condoms in case she decides to have sex. She is very nervous about her situation. She does not want to have sex, yet she is afraid that she will give in to Simon.

Questions for group discussion:

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

Does Grace engage in behaviors that are sexually healthy? If so, what are they?

Does Grace engage in behaviors that are sexually unhealthy? If so, what are they?

Handout

Behaviors of Sexually Healthy Individuals

Human Development

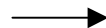
- Appreciate their own body
- Seek additional information about reproduction as needed
- Believe that human development includes sexual development, which may or may not include reproduction or sexual experience
- Interact with members of both sexes in respectful, appropriate ways
- Affirm their own sexual orientation and respect the sexual orientation of others

Relationships

- View family as a valuable source of support
- Express love and intimacy in appropriate ways
- Develop and maintain meaningful relationships
- Avoid exploitative or manipulative relationships
- Make informed choices about family options and relationships
- Exhibit skills that enhance personal relationships
- Understand how cultural heritage affects ideas about family, interpersonal relationships, and ethics

Personal Skills

- Identify and live according to their own values
- Take responsibility for their own behavior
- Enjoy and express their sexuality throughout life
- Express their sexuality in ways that correspond to their values
- Enjoy sexual feelings without necessarily acting on them
- Discriminate between life-enhancing sexual behaviors and those that are harmful to themselves or others
- Practice effective decision making
- Communicate effectively with family, peers, and partners



Handout

Behaviors of Sexually Healthy Individuals (continued)

Sexual Behavior

- Enjoy and express their sexuality while respecting the rights of others
- Seek new information and resources to enhance their sexuality as needed
- Engage in sexual relationships that are consensual, nonexploitative, honest, and pleasurable
- Negotiate sexual limits
- Accept refusals for sex
- If having sexual intercourse, practice safer sex to prevent sexually transmitted infections (STIs) and unintended pregnancy

Sexual Health

- Use contraception to prevent unintended pregnancy
- Act consistently with their own values when dealing with unintended pregnancy
- Seek early antenatal care
- Avoid contracting or transmitting STIs, including HIV
- Practice health-promoting behaviors, such as having regular checkups, doing breast and/or testicular self-exams, and seeking early identification of potential problems
- Take action or get support to prevent sexual abuse

Society and Culture

- Demonstrate respect for people with different sexual values
- Exercise democratic responsibility to influence legislation dealing with sexual issues
- Assess the impact of family, cultural, religious, media, and societal messages on their thoughts, feelings, values, and behaviors related to sexuality
- Promote the rights of all people to obtain accurate sexuality information
- Avoid behaviors that exhibit prejudice and bigotry
- Reject stereotypes about the sexuality of diverse populations
- Educate others about sexuality

SOURCE: SIECUS, 1997. Guidelines for Comprehensive Sexuality Education: K through 12, 2nd ed.

Human Sexual Development through the Life Span

Objective

To help the participants review and understand the milestones of human sexual development from birth to death

Time

45 minutes

Materials

- Flipchart paper
- 8 x 10” cards (or paper)
- Markers
- Tape
- Handout: “Milestones in Male and Female Sexual and Social Development” (pages 93–94)

Advance Preparation

1. Draw a time line on three sheets of flipchart paper, and write the numbers from 0 to 100, in increments of five, on it. Leave some space between the numbers to account for the numbers in between those written in.
2. In large letters, write each of the following milestones of sexual development on 8 x 10” cards, one milestone per card:
 - Begins to have sexual responses
 - Explores and stimulates one’s own genitals for the first time
 - Shows an understanding of gender identity
 - Shows an understanding of gender roles
 - Asks questions about where babies come from
 - Begins to show romantic interest
 - Shows the first physical signs of puberty
 - Begins to produce sperm (boys)
 - Begins to menstruate (girls)
 - Begins to engage in romantic activity
 - Has sex for the first time
 - Gets married
 - Begins to bear children
 - Experiences menopause
 - Experiences male climacteric (decreased male hormone levels)
 - Experiences sexuality in later life

3. Make enough copies of the handout for distribution to all the participants.

Note to the Facilitator

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

Steps

1. Tell the participants that they are going to engage in an activity to determine when certain aspects of sexual development begin in a person's life. Explain that they will be given cards with milestones of sexual development and will be asked to place these on a continuum that represents a person's life span from birth to death. The numbers 0 to 100 account for the ages of an individual throughout his or her lifetime.
2. Distribute the cards with the milestones of sexual development to the participants. Ask them to show their cards and stand at the place on the continuum at which they think the events occur. Encourage the participants to seek help from the other participants. Give the group five minutes to position the cards on the time line.
3. Once all the cards are placed on the time line, ask the participants to discuss whether or not they agree with the placement of each card. After the participants have discussed each card, provide the correct answers by referring to the handout "Milestones in Male and Female Sexual and Social Development." Move the cards to the correct place on the time line as needed.
4. Explain to the participants that the onset of the milestones may differ among individuals and is affected by a variety of factors. So these milestones occur within a range of years. For example, questions about where babies come from begin between ages 3 and 5 and can sometimes start at an older age.
5. Reconvene the group, and facilitate a discussion by asking the following questions:
 - When on the time line does most sexual development occur?
 - At what age do most youth receive sexuality education? Does this happen before or after most sexual development?
 - Were you surprised about the placement of any of the cards? Which ones? Why?
 - How is this information helpful when working with adolescents?

Summary

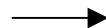
Tell the participants that during this activity they were able to see the sexual and social development that people go through in their lifetime. Realizing that many of the milestones occur during adolescence helps us to understand the challenges that young people face during their physical, emotional, and social development. It is important to note that because of many factors, individuals may reach particular milestones at different ages than those listed on the handout.

Handout

Milestones in Male and Female Sexual and Social Development

Certain aspects of sexual and social development begin at different times in a person's life. These milestones, which occur within a range of years, are:

- **Begins to have sexual responses.** Occurs before birth. A male fetus achieves genital erections in utero; some males are even born with erections. Sexual responses in females also occur before birth.
- **Explores and stimulates one's own genitals for the first time.** Occurs between ages six months and one year. As soon as babies can touch their genitals, they begin to explore their bodies.
- **Shows an understanding of gender identity.** Occurs by age 2. Children are aware of their biological sex.
- **Shows an understanding of gender roles.** Occurs between ages 3 and 5. Children begin to conform to society's messages about how males and females should act.
- **Asks questions about where babies come from.** Occurs between ages 3 and 5.
- **Begins to show romantic interest.** Occurs between ages 5 and 12, although this may vary by culture. At this stage, children show the first signs of sexual orientation (sexual preference toward males or females).
- **Shows the first physical signs of puberty (the transition from childhood to maturation).** Occurs between ages 8 and 13. This usually occurs slightly earlier for girls than boys.
- **Begins to produce sperm (boys).** Occurs between ages 11 and 18. This milestone depends in part on the child's nutrition and may be delayed when nutrition is severely compromised.
- **Begins to menstruate (girls).** Occurs between ages 9 and 16. This milestone depends in part on the child's nutrition and may be delayed when nutrition is severely compromised.
- **Begins to engage in romantic activity.** Occurs between ages 10 and 15. This milestone depends heavily on cultural factors.



Handout

Milestones in Male and Female Sexual and Social Development (continued)

- **Has sex for the first time.** Varies greatly by individual and cultural factors, but middle to late adolescence is fairly common.
- **Gets married.** Varies greatly by individual and cultural factors.
- **Begins to bear children.** Varies based on individual and cultural factors.
- **Experiences menopause.** Occurs in women at around age 50 (it can start in the late 30s or early 40s as well). A woman goes through a process of physiological changes characterized by the end of ovulation, menstruation, and the ability to reproduce.
- **Experiences male climacteric (decreased male hormone levels).** Occurs between ages 45 and 65. A man goes through a process of physiological changes characterized by a decrease in testosterone production.
- **Experiences sexuality in later life.** Older adults (those aged 50 to 60 or beyond) can remain sexually active to the end of their lives. Although some age-related changes in sexuality take place, the total loss of sexual functioning is not a part of the normal aging process.

PART 5

Youth Sexual and Reproductive Health

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Reproductive Anatomy and Physiology

Objective

To help the participants review and understand the anatomy and physiology of the male and female reproductive systems

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Tape
- Handout: “Male Reproductive Anatomy and Physiology” drawing with labels (page 99)
- Handout: “Female Reproductive Anatomy and Physiology” drawing with labels (page 101)

Advance Preparation

1. List on two separate flipcharts the parts of the male and female reproductive systems that the participants will include in their drawings.
2. Make enough copies of the handouts for distribution to all the participants.

Male Reproductive Anatomy and Physiology	Female Reproductive Anatomy and Physiology
Bladder	Anus
Penis	Cervix
Prostate gland	Clitoris
Scrotum	Fallopian tubes
Testicles	Labia majora
Urethra	Labia minora
Vas deferens	Ovaries
	Urethra
	Uterus
	Vagina

Steps

1. Tell the participants that during this activity they will review the male and female reproductive systems. Explain that they will find out how much they know about male and female anatomy.

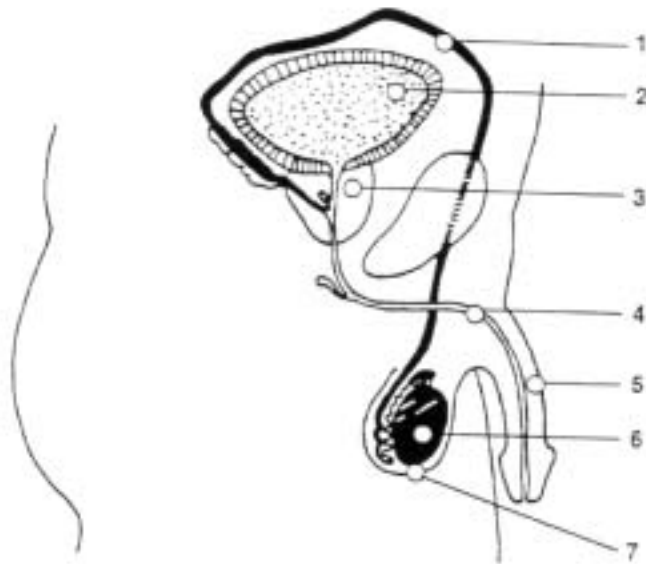
2. Explain that they will be working in small groups to draw either the male or female reproductive system. Display the names of the body parts listed on the flipcharts that should be included in the drawings.
3. Divide the participants into small groups of four or five people. Distribute the flipchart paper and markers to each group. Tell each group to draw either the male or female anatomy. Give the groups 20 minutes to complete their drawings.
4. When the groups are finished, ask them to display their drawings on the wall. Ask the participants to walk around the room and take a close look at all the drawings.
5. After 10 minutes, reconvene the groups and distribute the handouts with the labeled parts of the male and female reproductive systems. If accurate charts of the male and female reproductive systems are available, display them. Ask the participants to look at their drawings and discuss discrepancies. Take a few minutes to review the process of conception and pregnancy.
6. After all the parts of the male and female reproductive systems have been reviewed, facilitate a discussion by asking the following questions:
 - What was your reaction and/or the group's reaction as you drew the male and female reproductive systems?
 - Was it easier to draw one reproductive system than the other?
 - Were there major discrepancies between your drawing and the handout?
 - What did you learn from drawing the male and female reproductive systems?

Summary

Conclude the activity by reminding participants that even though they have been working in the field of reproductive health, it is always valuable to review what they know. Tell them that most groups experience some kind of embarrassment or discomfort when they work on these drawings. Remind them that adolescents may also be embarrassed while receiving education and counseling during a routine clinic visit.

Handout

Male Reproductive Anatomy and Physiology

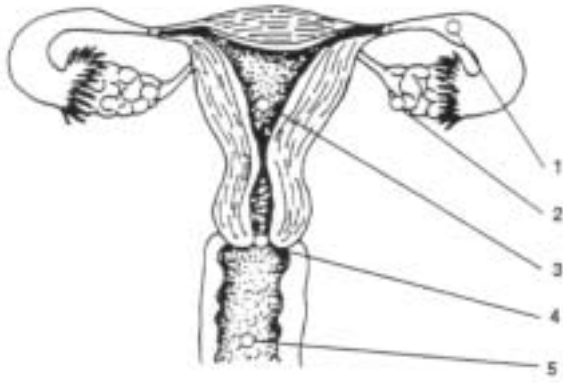


1. Vas deferens
2. Bladder
3. Prostate gland
4. Urethra
5. Penis
6. Testicle
7. Scrotum

SOURCE: Advocates for Youth. Life Planning Education. 1995.

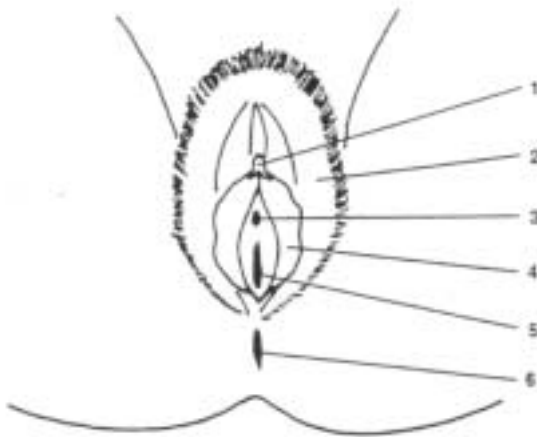
Handout

Female Reproductive Anatomy and Physiology



Internal

1. Fallopian tube
2. Ovary
3. Uterus (womb)
4. Cervix
5. Vagina



External

1. Labia majora (outer lips)
2. Clitoris
3. Urethra
4. Labia minora (inner lips)
5. Vagina
6. Anus (opening)

SOURCE: Advocates for Youth. Life Planning Education. 1995.

Values Clarification about Gender, Family Planning, HIV, and Other STIs

Objectives

1. To assess the participants' attitudes about gender, family planning, HIV, and other sexually transmitted infections (STIs)
2. To help the participants understand the impact that personal attitudes have on service delivery

Time

45 minutes

Materials

- Flipchart paper
- One 3 x 5" card per participant (minimally)
- Markers
- Tape
- Pens or pencils

Advance Preparation

Write the following six statements on a flipchart, one statement per flipchart:

- People with HIV should...
- When partners claim to be monogamous, condoms should...
- Men do not use family planning methods because...
- When it comes to sex, men...
- When it comes to sex, women...
- Youth who are infected with an STI deserve...

Steps

1. Tell the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about working with adolescents and adolescent reproductive health issues. Tell them that they will be asked to share their opinions. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong. Ask the group why it is important to be aware of your own values.
2. Distribute one 3 x 5" card and a pen or pencil to each participant. Tell the participants *not* to write their name on the card.

3. Explain that you have written six incomplete sentences on flipcharts. You will display one sentence at a time. Instruct the participants to complete the sentence with the first idea that comes to mind. Tell them not to spend too much time thinking about their answer, and to be brief. Emphasize that they should be honest with their answers; nobody will know what they have written.
4. After the participants have written answers to all the incomplete sentences, ask the participants to pass their card to a central place where you can pick them up. Shuffle the cards, and redistribute one card to each participant. It does not matter if a participant get his or her own card.
5. Read aloud each incomplete statement, and ask the participants to read aloud the answer written on the card they are holding. Tell the whole group to listen to the answers that are read from the cards. Make sure that they answer one at a time and speak loudly enough for everyone to hear.
6. After reading all the sentences and hearing responses from the group, facilitate a discussion by asking the following questions:
 - What did you hear as you listened to the responses?
 - Were most of the responses positive or negative?
 - Do you think that the responses are the groups' honest attitudes and values? Why or why not?
 - How can we deal with people who have dramatically different values and attitudes than we do?
 - Which of the values and attitudes that you heard could negatively affect service provision to youth?
 - What were some of the values and attitudes that you heard that could positively affect service provision to youth?
 - What did you learn from this activity that will be helpful when working with youth?

Summary

State that it is normal to have strong feelings and values about these topics. Tell the participants that learning to be aware of their own values will help them to be more open to listening to different points of view. When youth notice that service providers are accepting of differences, the adolescents will more openly and honestly assess and express their own values and perspectives.

Family Planning

Objective

To help the participants review and understand basic information on specific family planning methods, with an emphasis on how to present this information to youth

Time

90 minutes

Materials

- Flipchart paper
- Markers
- Samples of family planning methods
- Handout: “Family Planning Fact Sheet: Male Condom” (page 107)
- Handout: “Family Planning Fact Sheet: Female Condom” (page 109)
- Handout: “Family Planning Fact Sheet: Oral Contraceptive Pills” (page 111)
- Handout: “Family Planning Fact Sheet: Injectables” (page 113)
- Handout: “Family Planning Fact Sheet: Norplant Implants” (page 115)
- Handout: “Family Planning Fact Sheet: Intrauterine Device (IUD)” (page 117)
- Handout: “Family Planning Fact Sheet: Emergency Contraception” (page 119)

Advance Preparation

Make enough copies of the handouts for distribution to all the participants.

Steps

1. Tell the participants that during this activity they will learn basic facts about family planning methods that adolescents most commonly use.
2. Ask the participants to brainstorm all the family planning methods they have heard about. Tell them to include methods that may not or do not work. List the methods in two columns: One column will include effective methods; the other will include ineffective methods.
3. Briefly explain why the methods listed in the “ineffective” column do not work. Explain that the group will spend the rest of the time learning about the methods that *do* work.
4. Divide the participants into five small groups. Assign one of the family planning methods to each group. Explain that they will have 10 minutes to become experts on their family planning method by learning the following information:
 - What is it?

- How does it work?
 - How effective is it?
 - What are the advantages of using it?
 - What are the disadvantages of using it?
 - What are the possible side effects?
 - What special considerations should an adolescent client think about before choosing this method?
5. Explain to the groups that after becoming experts about their respective family planning method, they will explain their method to the other participants. Tell them that you want the groups to share responsibility, so each group member is responsible for at least one of the items and will report on that item. Explain to the participants they will have five minutes to give their reports.
 6. After each report, correct any misinformation or add any pertinent information that was not included in the group's presentation.
 7. After all the reports are completed, note that sterilization for men and women was not included in the list. Provide some basic information about sterilization so that the participants understand the method. Inform them that there is no medical reason to deny sterilization to an adolescent client. Point out, however, that sterilization often is not recommended at the beginning of childbearing years since young people may regret having had the procedure as they get older if they have not completed their family size.
 8. Conclude the activity by facilitating a discussion by asking the following questions:
 - Which method(s) do you think adolescents would be more likely to use? Why?
 - What is the most important information to teach youth about family planning methods?

Summary

This activity gives the participants an opportunity to learn basic information about family planning so that they can pass it on in a simple manner to young people. Tell the participants that it is important to explain information to adolescents in the most concrete, basic, and nonjudgmental way possible. When receiving information this way, adolescents can listen and make a choice that will increase the likelihood of their using contraception consistently.

Handout

Family Planning Fact Sheet: Male Condom

What is it?

A male condom is a thin sheath usually made of latex (some condoms are made of polyurethane, and some are made of lamb's intestines) that is placed on an erect penis.

How is it used?

A male condom holds the semen so that it does not pass into the vagina, the anus, or the mouth. The condom is placed on an erect penis before sex. Afterward, the condom is carefully taken off. Each condom can be used only once.

How effective is it?

A male condom effectively prevents pregnancy and many sexually transmitted infections (STIs) when used correctly every time a man and his partner have sex.

What are the advantages to using it?

- Protects against HIV and other STIs
- Is easily available without a prescription
- Is an excellent option for someone who does not need ongoing contraception
- Has no hormonal side effects
- May prevent premature ejaculation

What are the disadvantages to using it?

- Sometimes breaks
- May interrupt sexual activity when being put on
- May cause decreased sensitivity

What are the possible side effects?

It rarely causes an allergic reaction (either to latex or to a spermicidal lubricant).

What special considerations should an adolescent client think about before choosing this method?

Male condoms are a particularly good method for adolescents because they protect against STIs and are available without a prescription. But they require skill development in terms of learning how to use them correctly and negotiating their use with a partner.

Handout

Family Planning Fact Sheet: Female Condom

What is it?

A female condom is a polyurethane pouch that is placed in the vagina.

How does it work?

A female condom holds the semen so that it does not pass into the vagina. The condom is inserted into the vagina before sexual intercourse. A small plastic ring in the back of the condom sits against the cervix to keep it in place. Once the female condom is inserted, the man puts his erect penis inside it during sexual intercourse. After sex, the condom is carefully removed.

How effective is it?

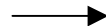
A female condom effectively prevents pregnancy and many sexually transmitted infections (STIs) when used correctly every time a woman and her partner have vaginal sex. However, the female condom is not as effective in preventing pregnancy as some other family planning methods.

What are the advantages to using it?

- Protects against HIV and other STIs
- Provides women with a family planning method that they can use themselves to prevent pregnancy and STIs
- Is available without a prescription
- Is an excellent option for someone who does not need ongoing contraception
- Has no hormonal side effects
- May prevent premature ejaculation
- Can be inserted prior to sex, so it does not interrupt sexual spontaneity, is not dependent on the male erection, and does not require immediate withdrawal after ejaculation
- Comes lubricated on the inside, and since it is made of polyurethane and not latex (like some male condoms), a water-based or oil-based lubricant can be used with it

What are the disadvantages to using it?

- May interrupt sexual activity when being put on
- May cause decreased sensitivity
- May make noise
- Is difficult to find in some areas
- Is more expensive than the male condom
- May make sexual partners uncomfortable because inserting it requires touching the vagina



Handout

Family Planning Fact Sheet: Female Condom (continued)

What are the possible side effects?

None

What special considerations should an adolescent client think about before choosing this method?

Female condoms are a particularly good method for adolescents because they protect against STIs and are available without a prescription. But female condoms require skill development in terms of learning how to use them correctly and negotiating their use with a partner.

Handout

Family Planning Fact Sheet: Oral Contraceptive Pills

What are they?

Oral contraceptive pills are pills that a woman takes by mouth.

How do they work?

Oral contraceptives stop the egg from leaving the ovary every month. They also make it difficult for sperm to enter the womb by thickening the mucus at the entrance of the womb. A woman must take one pill every day according to instructions.

How effective are they?

Oral contraceptives are very effective when used correctly.

What are the advantages to using them?

- Usually increase regularity of menstrual periods, while decreasing bleeding
- May reduce premenstrual syndrome, endometriosis, and acne
- Do not interrupt sexual activity
- Can be discontinued by a woman on her own

What are the disadvantages to using them?

- Can be forgotten by a woman, who must take a pill every day
- Do not protect against sexually transmitted infections (STIs)
- May cause unpleasant side effects (see below)

What are the possible side effects?

- May cause nausea
- May result in weight gain
- May produce spotting between periods, longer or heavier periods, or no periods at all
- May cause mood swings
- May decrease libido

What special considerations should an adolescent client think about before choosing this method?

Oral contraceptive pills are appropriate and safe for youth. But the failure rates for oral contraceptive use are higher for adolescents than for all other ages. The primary reason for oral contraceptive failure is forgetting to take the pills regularly, which is often due to a lack of knowledge or confusion about pill-taking. Service providers can help adolescents figure out where to keep the pills and how to remember to take them at the same time every day.

Handout

Family Planning Fact Sheet: Injectables

What are they?

Injectables (e.g., Depo-Provera, Noristerat) are contraceptives delivered to the woman through an injection in her arm or buttocks.

How do they work?

Injectables stop the egg from leaving the ovary every month. They also make it difficult for sperm to enter the womb by thickening the mucus at the entrance of the womb. A woman must get an injection every three months for Depo-Provera and every two months for Noristerat.

How effective are they?

Injectables are one of the most effective contraceptive methods.

What are the advantages to using them?

- Do not interrupt sexual activity
- Can be used without the knowledge of others
- The woman does not have to remember to do something every day

What are the disadvantages to using them?

- May delay a woman's getting pregnant (six to 12 months) after stopping injections
- Cause changes in menstrual cycle, such as spotting or bleeding between periods, longer or heavier periods, or no periods at all
- Require return visits every three months
- Do not protect against sexually transmitted infections (STIs)
- May cause unpleasant side effects (see below)

What are the possible side effects?

- May cause headache
- May result in weight gain
- May produce changes in menstrual periods

What special considerations should an adolescent client think about before choosing this method?

Injectables are safe and appropriate for adolescents. Injectables are also a good method for youth who have difficulty remembering to take oral contraceptives. But it may be difficult for adolescents to remember to return to a facility after two or three months for their next injection, depending on the type of injection they are using.

Handout

Family Planning Fact Sheet: Norplant Implants

What are they?

Norplant implants consist of six matchstick-sized plastic capsules. A trained doctor or nurse places the Norplant implants under the skin of a woman's upper arm by making a very small cut. The capsules can stay in the arm for up to five years, but they can be taken out sooner if the woman wishes.

How do they work?

Norplant implants stop the egg from leaving the ovary. The implants also make it difficult for sperm to enter the womb by thickening the mucus at the entrance of the womb.

How effective are they?

Norplant implants are one of the most effective contraceptive methods.

What are the advantages to using them?

- Protect against pregnancy for up to five years
- Do not interrupt sexual activity
- The woman does not have to remember to do something every day

What are the disadvantages to using them?

- Cause changes in menstrual cycle, such as spotting or bleeding between periods, longer or heavier periods, or no periods at all
- Require a small cut in the arm that may leave a tiny scar
- Do not protect against sexually transmitted infections (STIs)
- May cause unpleasant side effects (see below)

What are the possible side effects?

- May cause headache
- May result in weight gain
- May cause changes in menstrual periods

What special considerations should an adolescent client think about before choosing this method?

Norplant implants are appropriate and safe for adolescents. Youth must receive counseling on the irregular bleeding that Norplant implants may cause. Some adolescents are concerned that others may be able to detect the Norplant capsules that are under the skin of the upper arm. Service providers should reassure clients that the implants can rarely be seen under the skin of the upper arm.

Handout

Family Planning Fact Sheet: Intrauterine Device (IUD)

What is it?

An IUD is a small device usually made of plastic or of plastic and copper. A doctor or other trained health worker places the IUD in a woman's womb. The most commonly used copper IUD can be left in place for up to 10 years.

How does it work?

The IUD stops sperm from meeting the egg.

How effective is it?

The IUD is one of the most effective contraceptive methods.

What are the advantages to using it?

- Protects against pregnancy for up to 10 years
- Does not interrupt sexual activity
- The woman does not have to remember to do something every day

What are the disadvantages to using it?

- Does not protect against sexually transmitted infections (STIs)
- Increases risk for pelvic inflammatory disease (PID)

What are the possible side effects?

May cause changes in menstrual cycle, such as spotting between periods, longer periods, heavy bleeding, or more menstrual cramping

What special considerations should an adolescent client think about before choosing this method?

IUDs are appropriate for adolescents in stable, mutually monogamous relationships. Women under age 20 who have not given birth appear to have greater risks for expulsion of the IUD and painful menstrual periods. Careful screening for STIs is important. Because IUDs increase the risk for PID, adolescents at risk for STIs should consider other contraceptive methods, in addition to condoms.

Handout

Family Planning Fact Sheet: Emergency Contraception

What is it?

Emergency contraception, which is also called the “morning-after pill,” can be used to protect against an unintended pregnancy. If a woman has unprotected sexual intercourse or a condom breaks, she can take a regimen of pills within 72 hours that will prevent pregnancy.

How does it work?

Emergency contraceptive pills prevent a fertilized egg from being implanted and developing in the womb. The pills are a set of synthetic hormones that make the uterus a hostile environment for a fertilized egg.

How effective is it?

Studies have found that emergency contraception reduces a woman’s chances of becoming pregnant by about 75% when she takes the pills within 72 hours of unprotected sex.

SOURCE: Hatcher, R. A., et al., 1994. Contraceptive Technology, 17th ed., New York: Ardent Media, Inc.

What are the advantages to using it?

Emergency contraception is the only option available to reduce pregnancy risk in cases of rape or mechanical failure of a contraceptive device.

What are the disadvantages to using it?

- Does not protect against sexually transmitted infections (STIs)
- May cause unpleasant side effects (see below)

What are the possible side effects?

- May cause headache
- May produce dizziness
- May cause nausea and vomiting
- May result in abdominal pain

What special considerations should an adolescent client think about before choosing this method?

The earlier that emergency contraception is taken after unprotected sex, the greater are the chances that it will be effective. **Emergency contraception is not effective after 72 hours.**

The STI Handshake

Objectives

1. To help the participants understand the ways that sexually transmitted infections (STIs) are spread from one person to another
2. To help the participants understand how STIs can spread rapidly in a community through sexual partners
3. To help the participants recognize ways to prevent themselves from becoming infected with STIs

Time

15 minutes

Materials

- 3 x 5” cards (or sheets of paper)
- Markers
- Pens or pencils

Advance Preparation

1. Mark the 3 x 5” cards as follows: Mark one card with a star (*), a few cards with the letter A, and a few cards with the letter C. Leave the rest of the cards blank.
2. Make enough cards for distribution to all the participants.

Steps

1. Distribute one card to each participant. Ask the participants to write their names on the top right-hand corner of the card. Tell them to hold onto their card throughout this activity.
2. Explain to the participants that you want them to walk around the room, shake hands with five other people, and then sign each other’s cards. (If the group contains fewer than 15 people, ask each participant to shake hands with only three other people.)
3. Tell the participants that once they have shaken hands with five people, their card should contain five signatures. After the participants have completed their task, ask them to return to their seats.
4. Inform the group that this is an exercise to demonstrate how quickly STIs can spread within a community. Review the definition of STIs and how they are transmitted: STIs are transmitted from an infected person to another person via oral, vaginal, and/or anal sex.

5. Ask the participants if STIs can be transmitted between two people who are uninfected. Acknowledge that STIs cannot be transmitted in this manner and that they can be transmitted only via an infected person.
6. Explain that for the purposes of this exercise, one participant will represent a person who is infected with an STI. Remind the participants that this person does not actually have an STI but will act as if he or she does.
7. Ask the participants to look at their card and see if there is a star (*) on it. Ask the person with the star (*) card to stand up. Inform the person standing that for the purposes of the exercise, you will say that he or she has an STI. Make the point that you cannot tell if someone has an STI simply by looking at the person. In fact, many individuals who have STIs do not even know that they are infected.
8. Next, ask the participants if shaking hands can spread STIs. Acknowledge that while STIs cannot be transmitted this way, for the purposes of this exercise, you will say that shaking hands will represent having sex with another person. Therefore, the participants will have put themselves at risk for an STI with anyone with whom they shook hands.
9. Ask the participant with the star (*) card to read aloud the names of the people who signed his or her card. Next, ask those people to stand up. Note that all the people who are standing may now be infected with the STI. Ask the people who are standing to read aloud the names of those with whom they shook hands; ask those people to stand. Continue to do this until all the participants are standing. If a person's name has been called more than once, remind the participants that this person has put him- or herself at risk multiple times.
10. Now that all the participants are standing, ask them to see if they have an A on their card. Inform the group that everyone with an A on his or her card abstained and said "no" to sex, and, therefore, is not infected with the STI. Tell those individuals to be seated.
11. Next, ask the participants if they have a C on their card. Inform the group that everyone with a C on their card used a condom consistently and correctly every time they had sex and, therefore, were protected from STIs. Tell those individuals to be seated.
12. Inform the participants that everyone who is still standing had unprotected sex and became infected with an STI. Ask the group to take a look around the room and count how many people have been infected with an STI. Tell those individuals who are still standing to be seated. Remind the participants that this is just a game and that STIs are not transmitted by shaking hands or signing someone's card.
13. Reconvene the group, and facilitate a discussion by asking the following questions:
 - How did you feel as you were waiting to find out if you were infected?
 - How did you feel when you found out you were not infected?
 - How did you feel to be one of the last participants standing?

- Did the person who was originally infected directly infect every other person in the room?
- How does this activity help explain how STIs can spread so quickly in a community?

Summary

Remind the participants that STIs are transmitted by oral, vaginal, and anal sex. Explain that most people may not know if they are infected with an STI. Tell the participants that people can minimize their risk for STIs by abstaining or using protection correctly every time they have sex. Also tell the participants that during the next activity, they will discuss specific details about STI transmission, symptoms, prevention, and treatment.

Common STIs

Objective

To help the participants review basic information on sexually transmitted infections (STIs)

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Tape
- Handout: “Common STIs” (pages 127–128)

Advance Preparation

1. Prepare a chart based on the handout “Common STIs” on a flipchart. Fill in the first column with the names of nine common STIs. Leave the second column, “Signs and Symptoms,” and the third column, “Curable or Incurable,” blank for the participants to fill in.
2. In large letters, write the names of the nine common STIs on flipcharts, one name per flipchart.
3. Make enough copies of the handout for distribution to all the participants.

Steps

1. Tell the participants that during this activity they will review factual information pertaining to nine common STIs. Display the flipchart that lists the nine STIs.
2. Tell the participants that they will work in small groups to fill in a chart with the following information for one of the STIs. Display the flipchart that has a sample of the chart with the headings and columns.
3. Divide the large group into nine smaller groups. Tell the participants that when they form their small group, one person should pick up markers and a flipchart labeled with an STI. Explain that they need to create a chart with the headings and columns like the sample on the flipchart. Explain to the participants they will have 10 minutes to fill in as much information as possible on their specific STI.
4. After 10 minutes, tell the groups to post the charts on the wall so all the participants can see them. Tell the participants to walk around the room and read the information on all nine charts.

5. After all the participants have read the charts, reconvene the group and distribute the handout “Common STIs.” Review the answers, and ask the participants if any information needs to be corrected. Correct any items with a red marker.
6. Facilitate a discussion by asking the following questions:
 - Do all nine STIs have symptoms in common?
 - Which STIs are curable?
 - Which STIs are incurable?
 - How can STIs be prevented?

Summary

Emphasize that bacterial infections can be cured and that viral infections can only be treated. In other words, symptoms can be reduced and alleviated, but viral infections cannot be cured. Explain that although a lot of information about STIs is available, the most important facts adolescents need to know is that STIs can be transmitted by oral, vaginal, and anal sex. People need to get tested if they have had unprotected sex and are at risk. Remind the participants that infected individuals often have no symptoms. People can prevent getting infected with an STI only by not having sex, by using protection correctly every time they have sex, or by remaining faithful to a mutually monogamous, uninfected partner.

Handout

Common STIs		
STI	Signs and Symptoms	Curable or Incurable
Chlamydia	In men: • Pain with urination • Clear, watery discharge from penis • Swollen, tender testes (Some men have no symptoms.) In women: • Unusual vaginal discharge • Bleeding after sexual intercourse or between menstrual periods (Women often have no symptoms.)	Curable
Genital warts (human papillomavirus, or HPV)	• Warts in genital area, possibly accompanied by itching (pruritus) (In about half of all cases, clients have no perceptible warts.)	Incurable
Gonorrhea	In men: • Pain with urination • Pus from tip of penis • Swollen, tender testes In women: • Unusual vaginal discharge • Bleeding after sexual intercourse or between menstrual periods (Women often have no symptoms.)	Curable
Herpes (herpes simplex)	Initial infection: • Flu-like symptoms (fever, chills, fatigue, headaches, muscle aches, and swollen glands) • Blisters and ulcers on and around genital area or on lips, mouth, throat, tongue, and gums Recurrent infection: • Blisters and ulcers on and around genital area or on lips	Incurable

➔

Handout

Common STIs (continued)

STI	Signs and Symptoms	Curable or Incurable
HIV infection/ AIDS	• Weight loss • Diarrhea • Fatigue • Enlarged or sore lymph nodes • Persistent fever and/or night sweats (Many people have no symptoms. Ten or more years can pass between HIV infection and the development of AIDS. The signs and symptoms of HIV infection and AIDS are often nonspecific and common to other illnesses; only a laboratory test can confirm the presence of the infection.)	Incurable
Nongonococcal urethritis (NGU) (This term is used to describe urethritis in men that is not caused by gonorrhea.)	• Pain with urination • Clear, watery discharge from penis	Curable
Pubic lice	• Itching in pubic area, thighs, eyelashes, or eyebrows	Curable
Scabies	• Itching skin lesions, especially between fingers and toes; on elbows, armpits, penis, and scrotum; and, rarely, on back, face, and scalp	Curable
Syphilis	• Round, open sores, especially in genital area and on anus and mouth, that do not hurt very much and heal slowly	Curable
Viral hepatitis (hepatitis A, B, or C virus)	• Fatigue, malaise • Loss of appetite • Upper abdominal pain • Jaundice • Dark urine	Incurable

Levels of Risk

Objectives

1. To identify the level of HIV risk of various risky behaviors
2. To identify sexually pleasurable behaviors that are classified as low risk for HIV infection

Time

30 minutes

Materials

- Flipchart paper
- 8 x 10" cards
- Markers
- Tape
- Handout: "Levels of Risk" (page 131)

Advance Preparation

1. In large letters, write each of the following titles on 8 x 10" cards, one title per card: "High Risk," "Medium Risk," "Low Risk," "Very Low Risk," and "No Risk."
2. Display the title cards ("High Risk," "Medium Risk," etc.) on a wall in the room where participants can walk freely and tape the risk behavior cards under them (see below).
3. In large letters, write each of the following sexual behaviors on 8 x 10" cards, one behavior per card:
 - Abstinence
 - Anal sex with a condom
 - Anal sex without a condom
 - Deep (tongue) kissing
 - Dry sex without a condom
 - Fantasizing
 - Hugging a person who has AIDS
 - Infant breastfeeding from an HIV-infected mother
 - Kissing
 - Massage
 - Masturbation
 - Performing oral sex on a man with a condom
 - Performing oral sex on a man without a condom
 - Performing oral sex on a woman with a barrier
 - Performing oral sex on a woman without a barrier
 - Vaginal sex with a condom
 - Vaginal sex without a condom

Steps

1. Tell the participants that during this activity they will identify the relative risk of behaviors that may put people at risk for contracting HIV.
2. Distribute a behavior card facedown to each participant. Tell the participants to pick up the card in front of them, to read it, and to decide if the behavior is a “high risk,” “medium risk,” “low risk,” “very low risk,” or “no risk” behavior. Ask the participants to discuss their card with another person if necessary. Once they have decided the relative risk of the specific behavior on their card, ask them to place the card under the corresponding title card on the wall.
3. Once all the cards have been placed on the wall, read aloud each card along the continuum and ask the participants whether they agree or disagree with the placement of the cards. Move the cards to the proper placement. Consult the handout “Levels of Risk” if you are unsure where a certain behavior should be placed.
4. Ask the participants to look at the behaviors in the “Low Risk” and “No Risk” categories. Ask the group to identify other behaviors that could fit in these categories. Emphasize the idea that some pleasurable sexual behaviors fall into the “Low Risk,” “Very Low Risk,” or “No Risk” categories.
5. Facilitate a discussion by asking the following questions:
 - Were you surprised by the final placement of some behavior cards? Why?
 - What was new information for you?

Summary

Conclude the activity by making sure that all the behavior cards are placed correctly. Move any cards that are not in the correct category. Remind the participants that you cannot tell if someone is HIV-infected simply by looking at him or her. It is what a person does, and not who he or she is, that puts the individual at risk for HIV infection. Also remind them that some behaviors have a lower risk of transmission. Emphasize that risk depends on the context of the behavior or on other factors, such as gender, whether or not the partner is infected, and whether or not the person is the “giver” or “receiver” of the sexual behavior.

Handout

Levels of Risk

Different sexual behaviors carry different levels of risk for HIV transmission. If an individual is not sure whether or not his or her partner is HIV-infected, the following sexual behaviors carry the following levels of risk.

Note to the Facilitator

Risk levels vary based on context and different experts' opinions. The following examples are provided simply as a framework of relative risk.

Categories of Behaviors

No Risk

- Abstinence
- Fantasizing
- Hugging a person who has AIDS
- Kissing
- Masturbation
- Massage

Low Risk

- Performing oral sex on a man with a condom
- Performing oral sex on a woman with a barrier
- Vaginal sex with a condom

Medium Risk

- Anal sex with a condom
- Infant breastfeeding from an HIV-infected mother
- Performing oral sex on a man without a condom
- Performing oral sex on a woman without a barrier

High Risk

- Anal sex without a condom
- Vaginal sex without a condom

Who Is at Highest Risk for an STI?

Objective

To assess assumptions that service providers make about young clients' risk for sexually transmitted infections (STIs) based on limited information

Time

45 minutes

Materials

- 8 x 10" cards (or paper)
- Tape
- Magazine
- Scissors

Advance Preparation

1. Review the descriptions of the 10 adolescent clients listed in bold type in the Trainer's Resource "Descriptions of Adolescent Clients," and cut out 10 pictures of young people from magazines that correspond to them. Attach each description to the corresponding picture, folding back the text that provides additional information so that the participants cannot read it.
2. In large letters, write each of the following terms on cards (or sheets of paper), one term per card: "Highest Risk" and "Lowest Risk."
3. Display the two cards on the wall, leaving space between them to create a continuum. Place the "Highest Risk" card on one side of the wall and the "Lowest Risk" one on the other side.

Steps

1. Ask the participants if they have made assumptions about people whom they have known very little about. Then ask what the result has been.
2. Tell the participants that this activity is about the assumptions we make about other people when we have limited information.
3. Hand out the 10 magazine pictures. Explain to the participants that they will determine the level of risk for STIs of the people in the pictures, based on the limited amount of information that is provided. After the participants determine each person's level of risk, they will place the picture along the continuum between "Highest Risk" and "Lowest Risk." Explain that they will have 10 minutes to complete the activity.

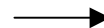
4. After the participants have arranged all the pictures, unfold the detailed descriptions of each client and read aloud the descriptions to the group.
5. Allow the group to move the pictures again, based on the new information provided. Give the group 10 minutes to complete the activity.
6. Reconvene the group, and facilitate a discussion by asking the following questions:
 - Initially, how did you decide where each picture should be placed?
 - What assumptions did you make?
 - What was your initial reaction when more information was revealed about each person?
 - Was it difficult to change your initial assumptions about each person?
 - What did you learn from this activity?
 - How will it change the way you work with young clients?

Summary

Conclude the activity by reminding the participants that we make assumptions about other people all the time. Remind the group that it is important to go beyond these assumptions and learn more about individuals in order to provide quality services. Only a thorough assessment, counseling, and client-provider interaction can enable health care workers to adequately address a client's needs. Also stress that service providers should focus on a client's behavior, not his or her ethnicity, sex, or age.

Descriptions of Adolescent Clients

- 1. Randy is 22 years old. He is unmarried and drives a truck all over the country.**
 - He is in a mutually monogamous relationship with his partner.
 - Neither partner has a sexually transmitted infection (STI).
 - He has never been unfaithful to his partner.
- 2. Claire is 19 years old. She is married and has two children.**
 - Her husband lives outside the country.
 - She has a sexual relationship with the owner of a bar.
 - She suspects that the bar owner has many other partners.
 - She has never used condoms.
- 3. Arturo is 13 years old. He is in school and likes sports.**
 - He started to use drugs at age 12.
 - He has paid girls for sex on several occasions.
 - He says he usually uses a condom when he pays for sex.
- 4. Moustapha is 25 years old. He has been married for four years and has two children.**
 - He is an alcoholic.
 - He often wakes up with women he does not know and cannot remember what happened the night before.
- 5. Nadia is 17 years old. Many people say that she is “fast.”**
 - She likes to talk with boys, but she does not want a boyfriend until she finishes school.
 - She is a virgin.
 - She has never kissed a boy.
- 6. Radha is 9 years old. She is shy and rarely speaks.**
 - She has been sexually abused by her uncle.
 - Her uncle is married but has other sexual relationships.



Trainer's Resource

Descriptions of Adolescent Clients (continued)

7. Chini is 18 years old. He is the most popular boy in school.

- He has never had sex.
- He is very handsome.
- Many girls are attracted to him.
- He has received a lot of education on STIs and condom use.

8. Maria is 14 years old. She has never had sexual intercourse.

- She has many boyfriends.
- She engages in unprotected oral sex with many of her boyfriends.

9. Sunita is 19 years old. She is a commercial sex worker.

- She uses a condom every time she has sex.
- She runs a peer-education program that teaches other commercial sex workers how to prevent STIs.

10. Anthony is 17 years old. He is gay.

- He has never had sex.
- He does not use drugs or alcohol.
- He is well educated about the risks of HIV and other STIs.

STI Myths and Facts

Objective

To help the participants review the myths and facts about sexually transmitted infections (STIs) and correct any misinformation

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Pens or pencils
- Handout: “STI Myths and Facts Worksheet” (page 139)
- Handout: “STI Myths and Facts Answer Sheet” (pages 141–144)

Advance Preparation

1. In large letters, write the correct answers—just “Myth” or “Fact,” not the full explanation—for the handout “STI Myths and Facts Worksheet” on a flipchart, which appear on the handout.
2. Make copies of the handouts for distribution to all the participants.

Steps

1. Tell the participants that during this activity they will discuss and review the myths and facts about STIs. Explain that they will work in small groups to complete the “STI Myths and Facts Worksheet,” which is a quiz on the myths and facts surrounding STIs.
2. Divide the participants into small groups of four to six. Distribute the “STI Myths and Facts Worksheet” and the pens or pencils to the participants. Explain that in their small group, they will individually complete the quiz by writing *M* (for “myth”) or *F* (for “fact”) in the space provided. Tell the participants not to spend a lot of time on each statement; if they are unsure of the answer, they should guess or move on to the next statement. Give the groups 10 minutes to fill in the worksheet.
3. After 10 minutes, ask the participants to discuss their answers in their small groups. Explain that you want them to discuss the questions and agree on the correct answers.
4. After 20 minutes, reconvene the groups. Display the flipchart with the correct answers. Read aloud each statement and answer, and provide an explanation for any answers that cause disagreement or confusion.

5. Conclude the activity by making sure that the participants have the correct answers. Allow enough time to answer any remaining questions.

Summary

Emphasize the importance of knowing accurate information about STIs. Explain that correcting myths about STIs is just as important. Adults as well as youth have many misconceptions regarding STIs. This activity provides an avenue for discussing some of the myths that people may be too embarrassed otherwise to discuss in front of a group. Some people may have a difficult time believing the facts, so the worksheet may be used both before and after an activity about STIs. This will enable the participants to realize the myths they believed in.

Handout

STI Myths and Facts Worksheet

1. _____ A man cannot transmit a sexually transmitted infection (STI) if he withdraws before ejaculation.
2. _____ It is possible to get an STI from having oral sex.
3. _____ A monogamous person cannot contract an STI.
4. _____ If you have an STI once, you become immune to it and cannot get it again.
5. _____ You can become infected with more than one STI at a time.
6. _____ You cannot contract AIDS by living in the same house as someone who has the disease.
7. _____ You can always tell if someone has an STI by his or her appearance.
8. _____ Condoms reduce the risk of contracting STIs, including HIV.
9. _____ A person infected with an STI has a higher risk of contracting HIV.
10. _____ STIs are a new medical problem.
11. _____ Herbal treatments are effective in curing STIs.
12. _____ People usually know that they have an STI within two to five days of being infected.
13. _____ Abstinence is the only 100% effective safeguard against the spread of STIs.
14. _____ It is possible to get some STIs from kissing.
15. _____ Youth are particularly vulnerable to STIs.
16. _____ Anal sex is the riskiest form of sexual contact.
17. _____ Special medicines can cure HIV infection.
18. _____ HIV is a disease that affects only sex workers and homosexuals.
19. _____ HIV can be transmitted from one person to another when sharing needles for drugs.
20. _____ A man can be cured of HIV by having sex with a girl who is a virgin.

Handout

STI Myths and Facts Answer Sheet

Clients and health care workers may believe or want more information about the following statements about sexually transmitted infections (STIs). Some of the statements are true, and some are false. Each statement is followed by the term *MYTH* or *FACT*, depending on whether it is false or true, and by a brief explanation.

1. A man cannot transmit an STI if he withdraws before ejaculation.—MYTH

Withdrawal does not eliminate the risk of STIs. Pre-ejaculatory fluid from the penis can contain infectious organisms, and organisms on the skin of a man's genitals can be transmitted to another person.

2. It is possible to get an STI from having oral sex.—FACT

The person performing and the person receiving oral sex are at different levels of risk. The person receiving oral sex is at risk only if his or her partner has an open sore or ulcer in the mouth or on the face. The person performing oral sex is at high risk if he or she has an open sore or ulcer on the lips or face or if he or she has ejaculate or vaginal fluids in the mouth. To protect against STIs, an individual should always use a latex or plastic barrier, such as a male condom, female condom, or dental dam, when having oral sex.

3. A monogamous person cannot contract an STI.—MYTH

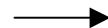
Individuals who are faithful to their partner may still be at risk for STIs if their partner engages in sexual activity with other people. In addition, individuals who are currently monogamous with their partner may have contracted an STI from someone else in the past; therefore, they may have an STI without knowing it and/or without telling their current partner.

4. If you have an STI once, you become immune to it and cannot get it again.—MYTH

Contracting an STI does not make a person immune to future infections. If a person is treated and cured but his or her partner(s) is not treated, the cured person can get the infection again. The cured person can also get the infection from another partner. Repeat infections can put people at risk for damage to the genital tract (e.g., scarred fallopian tubes) or chronic infection (e.g., chronic pelvic inflammatory disease [PID]).

5. You can become infected with more than one STI at a time.—FACT

A person can have more than one STI at the same time. For example, more and more people are now contracting chlamydia and gonorrhea together.



Handout

STI Myths and Facts Answer Sheet (continued)

6. You cannot contract AIDS by living in the same house as someone who has the disease.—FACT

HIV, the infection that causes AIDS, is transmitted through exposure to infected blood and other infected body secretions. Living in the same house with someone who is HIV-infected does not put those in contact with him or her at risk unless they share items that have been exposed to the infected person's blood or genital secretions (e.g., through the use of shared toothbrushes, razors, or douching equipment).

7. You can always tell if someone has an STI by his or her appearance.—MYTH

Sometimes, STIs produce no symptoms or no visible symptoms. In fact, many people have STIs for long periods of time without knowing that they are infected. In addition, no type of person is immune from STIs. People of different races, sexes, religions, socioeconomic classes, and sexual orientations all contract STIs.

8. Condoms reduce the risk of contracting STIs, including HIV.—FACT

After abstinence, latex condoms are the most effective way to prevent STIs, including HIV infection. However, latex condoms are not 100% effective. Some groups have reported inaccurate research suggesting that HIV can pass through latex condoms, but this is not true. In fact, laboratory tests show that no STI, including HIV, can penetrate latex condoms.

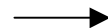
SOURCE: Closing the condom gap. 1999. Baltimore: Johns Hopkins University *Population Reports*, series H, no. 9, April.

9. A person infected with an STI has a higher risk of contracting HIV.—FACT

Both ulcerative STIs (those that cause sores) and nonulcerative STIs increase the risk for transmitting and contracting HIV. Ulcerative STIs increase the risk for HIV infection because the ulcers provide easy entry into the body via the HIV virus. Nonulcerative STIs may enhance HIV transmission for two reasons: They increase the number of white blood cells in the genital tract, and genital inflammation may cause microscopic cuts that can allow the HIV virus to enter the body.

10. STIs are a new medical problem.—MYTH

STIs have existed since the beginning of recorded history. Evidence of medical damage caused by STIs appears in ancient writings, art, and skeletal remains.



Handout

STI Myths and Facts Answer Sheet (continued)

11. Herbal treatments are effective in curing STIs.—MYTH

Antibiotics are the only proven effective treatment for bacterial STIs, which include chlamydia, gonorrhea, and syphilis. Currently, no cure exists for viral STIs, which include genital warts, hepatitis, herpes, and HIV. Often, clients who receive STI care from nonmedical personnel believe that their STI has been treated, but this is not so. This misconception prevents them from getting adequate treatment, which puts their health and the health of their partner(s) at great risk.

12. People usually know that they have an STI within two to five days of being infected.—MYTH

Many people never have symptoms, and others may not have symptoms for weeks or years after being infected.

13. Abstinence is the only 100% effective safeguard against the spread of STIs.—FACT

Abstinence from sex is the best way to prevent the spread of STIs. However, latex condoms are the next best option. When used consistently and correctly, these condoms prevent the transmission of STIs very effectively.

14. It is possible to get some STIs from kissing.—FACT

It is rare but possible to get syphilis through kissing if the infected person has chancres (small sores) in or around the mouth. Kissing can also spread the herpes virus.

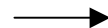
15. Youth are particularly vulnerable to STIs.—FACT

STIs are disproportionately higher among young people than adults for both biological and behavioral reasons. The highest reported cases of STIs are among young people (ages 15 to 24). In developed countries, two-thirds of all reported cases of STIs occur among those under age 25.

SOURCE: Bond, K., 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.

16. Anal sex is the riskiest form of sexual contact.—FACT

Anal intercourse carries a higher risk of HIV transmission than other types of sexual contact. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus with an entry point into the bloodstream.



Handout

STI Myths and Facts Answer Sheet (continued)

17. Special medicines can cure HIV infection.—MYTH

Currently, there is no cure or vaccine for HIV infection. Some drugs can slow down the production of the virus in an infected person, but these drugs are expensive and difficult to access.

18. HIV is a disease that affects only sex workers and homosexuals.—MYTH

Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is, but rather to the behavior he or she engages in.

19. HIV can be transmitted from one person to another when sharing needles for drugs. —FACT

Sharing needles during injectable drug use carries a very high risk of HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.

20. A man can be cured of HIV by having sex with a girl who is a virgin.—MYTH

Some people believe this misconception, but it is not true. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.

Condom Steps

Objective

To help the participants review the proper steps for using a condom

Time

30 minutes

Materials

- 5 x 7” cards
- Markers
- Tape
- Handout: “Steps for Proper Condom Use” (page 147)

Advance Preparation

In large letters, write each of the 17 steps for proper condom use on 5 x 7” cards, one step per card. Note that the steps are in the correct order in the handout “Steps for Proper Condom Use.”

Note to the Facilitator

If the group is large, create two or three sets of the “17 Steps for Proper Condom Use” cards.

1. Make sure the cards (or sets of cards) are shuffled before distributing them to the participants.
2. Make enough copies of the handout for distribution to all the participants.

Steps

1. Tell the participants that during this activity they will review the 17 steps for proper condom use.
2. Explain that they will work in small groups and will receive a set of cards. Each card contains a step for proper condom use. Their task is to place the steps in the proper order. Also explain that after they decide on the correct order, they will post the cards on the wall. Tell the participants they will have five minutes to complete the activity.
3. Divide the participants into smaller groups of five or six people.
4. After the groups have posted their cards on the wall, reconvene the larger group. Instruct them to look at the placement of each set of cards. Ask the participants to

identify any steps that may be out of order. If steps are out of order, move them to the proper place.

5. After the group reaches consensus about the placement of the cards, facilitate a discussion by asking the following questions:
 - What was challenging about this activity?
 - Were you unsure of the order of any steps? Why?
 - Do you think most people who use condoms follow these steps? Why or why not?

Summary

Conclude the activity by telling the participants that using latex condoms correctly every time they have sex is a safe choice for protection against HIV and other STIs and pregnancy. Emphasize that condoms should not be reused and that oil-based lubricants should never be used with condoms. Remind the participants that some condoms are coated with nonoxynol-9, which may be an irritant to some people. Finally, acknowledge that talking about condoms with adolescents may seem difficult, awkward, and embarrassing the first time, but that this becomes easier and more comfortable once it is done regularly.

Alternate Activity

- If the group is small, randomly distribute the cards to the participants. Ask the participants to arrange themselves in a row in the order of proper condom use.
- If there are more than 17 participants, those who do not have a card can help the others arrange themselves in the correct order.
- If there are fewer than 17 participants, ask them to place the cards on the floor in order, from first step to last.

Handout

Steps for Proper Condom Use

- Talk about condom use.
- Buy or get condoms.
- Store the condoms in a cool, dry place.
- Check the date made or expiration date.
- The man has an erection.
- Establish consent and readiness for sex.
- Open the condom package.
- Unroll the condom slightly to make sure it faces the correct direction over the penis.
- Place the condom on the tip of the penis.
- Squeeze the air out while leaving room at the tip of the condom.
- Roll the condom onto the base of the penis as you hold the tip of the condom.
- The man inserts his penis.
- The man ejaculates.
- After ejaculation, hold the condom at the base of the penis while still erect.
- The man removes his penis from his partner.
- Take the condom off, and tie it to prevent spills.
- Throw the condom away.

PART 6

Communication with Youth

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Effective Communication and Counseling Skills

Objectives

1. To help the participants identify effective communication skills, including nonverbal communication, verbal encouragement, simple language, and clarification
2. To help the participants identify effective counseling skills

Time

60 minutes

Materials

- Flipchart paper
- Markers
- Handout: “Characteristics of Effective and Ineffective Counselors” (page 155)

Advance Preparation

1. In large letters, write two columns on a flipchart. Title the first column “Positive Nonverbal Cues” and the second column “Negative Nonverbal Cues.” Leave the columns blank for the participants to fill in.
2. In large letters, write four statements for paraphrasing on a flipchart (see below).
3. Prepare another flipchart. In large letters, write two columns on a flipchart. In the first column, write the heading “Close-Ended Questions” and copy the questions from the first column in the table on page 153. Leave the second column blank.
4. Prepare a third flipchart. In large letters, write the following statements:
 - I hate condoms because they don’t feel right. It’s not the real thing.
 - I don’t use condoms because I hear they don’t work.
 - I don’t like coming to this clinic.
 - Whenever I tell somebody what I really think, they get mad at me.
5. Ask for two participants to volunteer to role-play effective and ineffective counseling skills. Provide the participants with the handout “Characteristics of Effective and Ineffective Counselors” (page 155). Explain that they will do the same role play twice. The first time they will demonstrate an ineffective interaction between an adolescent and a counselor at a family planning clinic. At the end of the hour allotted for this activity, they will reenact the same scenario, but as an effective counseling session. Spend some time conceptualizing the role play with the two participants, and make sure they have a clear vision of what they want to act out. Explain that they will have 10 minutes to prepare the scenario and five minutes to present it.

Steps

1. Tell the participants that during this activity they will be discussing and reviewing some key concepts of interpersonal communication that are the foundation for effective counseling.
2. Explain to the group that two participants have volunteered to demonstrate a counseling session. Set up the scenario for the group but do not tell them that the first role play will demonstrate an ineffective session. Tell them to watch the interaction that takes place and to be prepared to discuss their observations after the role play.
3. After the role play, ask the participants to identify what went wrong during the counseling session. Write their responses on a flipchart.
4. Inform the group that a major part of communication does not involve any words at all. This is called “nonverbal communication.” Ask the participants to give examples of both positive and negative nonverbal communication by demonstrating actual nonverbal cues. Examples may include the following:

Positive Nonverbal Cues

- Leaning toward a client
- Smiling
- Avoiding nervous mannerisms
- Presenting interested facial expressions
- Maintaining eye contact
- Making encouraging gestures, such as nodding your head

Negative Nonverbal Cues

- Reading from a chart
 - Glancing at your watch
 - Yawning
 - Looking out the window
 - Fidgeting
 - Frowning
 - Not maintaining eye contact
5. Ask the group to explain the impact that positive and negative nonverbal language has on establishing and maintaining a good relationship with a client.
 6. Tell the participants that another important aspect of effective communication is called “verbal encouragement.” This lets the client know that the service provider is interested and paying attention. Ask the participants to give examples of verbal encouragement that service providers can use to encourage clients to feel comfortable divulging personal information. Examples may include the following:

- “Yes.”
- “I see.”
- “Right.”
- “Okay.”
- “Really? Tell me more about that.”
- “That’s interesting.”

A part of verbal encouragement involves asking “open-ended questions.” These require the person answering the questions to reply with full answers, rather than a simple “yes” or “no.” Questions that require only a “yes” or “no” response are called “closed-ended questions.”

7. Ask the participants to change the following closed-ended questions to open-ended questions:

Closed-Ended Questions	Open-Ended Questions
Do you want counseling?	Please tell me why you are here today. What can I help you with?
Do you have any questions about puberty?	What sort of questions do you have about puberty?
Are you scared to talk with me?	Why are you scared to talk with me?
Do you have problems at home?	Tell me about your home life.
Were you upset when your friends made fun of you?	How did you feel when your friends made fun of you?
Are you sexually active?	If you are comfortable enough, please tell me about your sexual activity.

8. Tell the participants that when they speak with adolescents, it is important to use “simple language” that youth can understand. Ask the participants to provide examples of all reproductive health terms that an adolescent may not understand. Also ask them to suggest words that could be used instead.
9. State that appropriate responses from a service provider can also enhance the client-provider relationship. “Paraphrasing” is a way to make sure that the service provider has accurately understood what the client is communicating. It also lets the client know that the service provider is interested in what he or she is saying.

Here is an example of paraphrasing:

Client: “I want to use pills, but my sister says that they will make me sick and weak.”

Service provider: “So, you have some concerns about the side effects of pills.”

10. Display the flipchart that lists the following statements. Then ask the participants to turn to the person next to them and paraphrase the statements:
 - “I hate condoms because they don’t feel right. It’s not the real thing.”
 - “I don’t use condoms because I hear they don’t work.”
 - “I don’t like coming to this clinic.”
 - “Whenever I tell somebody what I really think, they get mad at me.”
11. After five minutes, reconvene the group, and ask volunteers to share their paraphrase of the statements. If time allows, get two examples of paraphrasing per statement.
12. Explain to the group that they are now going to look at how communication skills can be one of the many important ways to improve counseling. Tell the participants to imagine that they are family planning clients. Ask them to list the behaviors that they would want the counselor to exhibit. Responses should include the following:
 - Always places the clients’ needs first
 - Conducts counseling in a private setting that ensures confidentiality
 - Gives the clients his or her full attention
 - Never makes judgmental remarks to clients
 - Respects the clients regardless of their age, educational level, ethnicity, sex, language, marital status, religion, or socioeconomic status
13. Ask the two role-play volunteers to reenact the role play. This time they will implement as many skills—positive nonverbal cues, verbal encouragement, simple language, and paraphrasing—as possible during the interaction.
14. After the role play, ask the participants for their observations.
15. After the group share their responses to the second role play, facilitate a discussion by asking the following questions:
 - What was the difference between the first and second role play?
 - Which skills are the most important to use during a counseling session with adolescents?
 - Which skill is easiest for you to implement?
 - Which skill is the one you want to improve on?

Summary

Remind the participants that it is important to be conscious of their interactions with adolescents. It is also important to help youth feel comfortable during their first visit. Encouraging them to come for other visits if they need to is helpful. Tell the participants that adolescents are extremely aware of and sensitive to nonverbal messages. Explain that improving communication and counseling skills will contribute to quality services for youth.

Handout

Characteristics of Effective and Ineffective Counselors

Effective Counselors

- Exhibit genuineness: they are reliable, factual sources of information
- Create an atmosphere of privacy, respect, and trust
- Communicate effectively: for example, they engage in a dialogue or open discussion
- Are nonjudgmental: they offer choices and do not criticize the client's decisions
- Are empathetic
- Are comfortable with sexuality
- Make the client comfortable and ensure his or her privacy
- Talk at a moderate pace and appropriate volume
- Present messages in clear, simple language that the client can understand
- Ask questions of the client to make sure that he or she understands the message
- Demonstrate patience when the client has difficulty expressing him- or herself or understanding the message
- Identify and remove obstacles

Ineffective Counselors

- Interrupt conversations: they talk to other people and/or speak on the telephone during a counseling session
- Are judgmental: for example, they make decisions for the client
- Do not make the client comfortable and ensure his or her privacy: for example, they provide counseling in the presence of other people without the client's consent and break confidentiality
- Are poor nonverbal communicators: for example, they look away and frown
- Lack knowledge on reproductive health issues
- Are uncomfortable with sexuality
- Are difficult to understand: they talk at a fast pace and an inappropriate volume or use language that their clients cannot understand
- Do not ask questions of the client to make sure that he or she understands the message
- Do not demonstrate patience when the client has difficulty expressing him- or herself or understanding the message
- Are not empathetic; for example, they are rude and not understanding of the client's problems or needs

Role Plays with Adolescent Clients

Objective

To help the participants identify effective communication and counseling skills to use when interacting with youth

Time

60 minutes

Materials

- Flipchart paper
- Three role-play scenarios, cut into sections (see below)
- Markers
- Handout: “Role Plays” (page 159)

Advance Preparation

1. Write the role-play scenarios from the handout “Role Plays” on sheets of paper, leaving room between the roles for each scenario. Cut the paper so that each participant will receive only the information about his or her role. This will ensure that the participants do not know in advance each other’s roles or how the other participant(s) will respond during the role play.
2. Make enough copies of each role play so that each participant will have a copy of one role in each scenario.

Steps

1. Tell the participants that during this activity they will practice effective communication and counseling skills.
2. Divide the participants into small groups of three or four people.
3. Explain that two people per group will be assigned a character in a role play. Tell the participants that one person in each group will play the “client” and one will play the “service provider.” Give each participant a sheet of paper containing the appropriate information for his or her role in Scenario 1.
4. Tell the other participant(s) in the group to observe the interaction by trying to understand the client’s perspective and to identify which of the service provider’s behaviors appear to be effective or ineffective in dealing with the client. Give the role-playing participants five minutes to perform the role play.

5. After five minutes, reconvene the group. Facilitate a discussion by asking the observer in each group to comment on what he or she observed. Tell the observer to report on the effective counseling strategies that the service provider used. List the strategies on a flipchart. Ask the observer to suggest other techniques that may have been useful in dealing with the client; list these as well.
6. Next, ask the service provider and then the client in each group to discuss what went well during the role play and what they felt could have gone better.
7. After discussing Scenario 1, continue this process for Scenarios 2 and 3.
8. After all the groups have reported, facilitate a discussion by asking the following questions:
 - What did all the role plays have in common?
 - Did any strategies work in all the role plays?
 - What strategies were unique to each role play?
 - What are the most important points to keep in mind when working with adolescents?

Summary

Conclude the activity by explaining the importance of effectively communicating with young clients. They are often anxious and embarrassed when asking for help regarding contraception or other reproductive health issues. Adolescents may have trouble trusting adults and are extremely sensitive to any judgmental attitudes they perceive in adults. It is important for service providers to communicate nonjudgmentally and empathically to ensure that youth are open about their sexual experience and reproductive health needs.

Handout

Role Plays

Scenario 1

Reluctant Male Client

- You think you have a sexually transmitted infection (STI) because you have penile discharge and a burning pain when you urinate.
- You want information and treatment, but you are embarrassed to say what you want and generally act evasive.
- You demand to speak with a doctor.

Service Provider at an STI Clinic

- The client is an unmarried 15-year-old boy.
- You are not a doctor, but you feel you can assist this client with some information and a referral if needed.
- You try to learn as much about his condition as possible so you can help him.

Scenario 2

Young Male Client

- You are an 18-year-old boy entering a pharmacy along with two friends.
- You go together for mutual support and to see what the place is like, but as a group you are noisy and comment freely and loudly on what you see.
- One of your friends teases the pharmacist while the other acts uninterested.
- Despite your friends' behavior, you are very interested in getting condoms and information about how to use them.

Pharmacist

- The clients are about 18 years old.
- You want to help these youth any way you can.
- You have seen them in the neighborhood before and believe they would benefit from some information.

Scenario 3

Married Female Client

- You are an 18-year-old married girl who has one child.
- You want to wait three years before having another child and are approaching a health care worker for information about how to do this.
- You have never used family planning and know nothing about contraception.

Health Worker

- The client is a young married girl interested in learning about family planning.
- You are a community health worker.
- You try to help her identify and choose a method of birth control.

Answering Difficult Questions

Objectives

1. To respond to difficult questions pertaining to adolescent sexual and reproductive health
2. To identify difficulties in responding to those questions and ways to overcome them

Time

45 minutes

Materials

- Paper
- A set of difficult questions, cut into separate questions (see below)
- A large envelope (or box)
- Pens or pencils
- Handout: “Difficult Questions” (page 163)

Advance Preparation

Write the questions from the handout “Difficult Questions” on sheets of paper, leaving room between the questions. Cut the paper so that each strip contains only one question. Put the strips in the large envelope.

Note to the Facilitator

Another option is to ask the participants to write their own questions on a sheet of paper and turn them in. Another possibility is to add participant questions to the list on the handout “Difficult Questions.”

Steps

1. Tell the participants that during this activity they will practice responding to difficult questions that adolescents may ask.
2. Remind the participants that part of the role of service providers is to give accurate information on reproductive health. Sometimes this means answering questions that we are uncomfortable with.
3. Explain that the large envelope contains sheets of paper with questions on them. Ask the participants to take one sheet of paper from the envelope. Ask the participants to read the question carefully to themselves and prepare a response. Tell them they will have two to three minutes to complete the activity. Tell them not to discuss the questions with each other.

4. Next, ask each participant to read aloud his or her question and respond as if he or she were speaking to a peer.
5. After each question is read aloud and responded to, ask the group to identify any misinformation that was shared. Also ask the group to share any additional important points that the participant did not include.
6. Next, ask each participant to share how he or she felt while answering the question. What were the most difficult things about responding?
7. Continue this process until all the questions are completed or time runs out.

Handout

Difficult Questions

1. How do gay men have sex? How do lesbians have sex?
2. I am suffering from premature ejaculation. How can this problem be solved?
Is there medication for this?
3. How can you tell if a partner has an orgasm (sexual climax)?
4. How can a person get sexual pleasure without having sexual intercourse?
5. I am concerned about the size of my penis. Is there any way to make it larger?
6. I have a boyfriend. He wants to have sex with me. Is it okay to have sex before marriage?
7. How reliable are condoms for preventing pregnancy and sexually transmitted infections (STIs)?
8. How can you know if a girl is pregnant?
9. My breasts are small. Is there anything I can do to make them larger?
10. Is there any safe time when there is no chance of getting pregnant?
11. Why are young people interested in “blue” films? Is it okay to watch them or is it harmful?
12. How can you tell if a girl is a virgin?
13. What is oral sex? How do you do it?
14. What is homosexuality?
15. One of my breasts is smaller than the other. Is this normal?

Youth Panel

Objective

To help the participants understand the health-related interests, concerns, and issues of today's youth

Time

45 minutes

Materials

- An adequate, equipped facility (enough chairs, a table for a panel discussion, a microphone if the room is large)
- Sample discussion questions (see below)

Advance Preparation

1. Invite a group of youth to the training. If possible, also invite peer educators who are familiar with reproductive health issues and comfortable talking to a group.
2. To help the youth prepare for the panel, provide them with the following sample questions in advance. This will give them a chance to think about their answers beforehand.
 - What do you enjoy doing in your spare time?
 - What are your interests?
 - What health issues are most important to people your age?
 - Where do young people go to receive reproductive health services?
 - What do young people want from a reproductive health clinic?
 - What would make them more likely to come?
 - Have you heard of your peers having bad experiences at clinics? If so, what happened?
 - What advice would you give service providers when working with young people?
3. Set up enough chairs and a table in the front of the room before the panel discussion. If the room is large, you may need microphones.

Steps

1. Tell the participants that you have invited a group of youth to the training for a panel discussion. The goal is to hear from the youth about their interests, concerns, and issues when they seek reproductive health services.

2. Describe the process of the panel discussion. First, each panelist will introduce him- or herself. Next, you will ask a series of questions. Then the participants will have an opportunity to ask questions.
3. Ask the panel to introduce themselves and to tell their age, school, work, and reason for participating in the panel.
4. Begin the panel discussion by asking the youth a set of questions. Make sure that all the panelists respond and that they talk for about the same amount of time.
5. After about 30 minutes, allow the audience to ask questions. If the participants tend to address most of the questions to one panelist, ask the other youth if they would like to answer the same question.
6. When about 10 minutes are left, inform the group that you have time for two more questions. When the time is up, thank the panelists with a round of applause.
7. If time allows, take a short break before resuming the training in order to allow the participants and panelists to talk with one another.
8. After the panelists leave, facilitate a discussion by asking the following questions:
 - Were you surprised by the answers that the panelists provided?
 - Do you think the panelists are representative of youth seeking reproductive health services? Why or why not?
 - What was the most useful information you heard from the panelists?
 - How will you use this information?

Summary

Conclude the activity by reminding the group that the topics and issues the panelists discussed are their personal concerns. But explain to the group that these may also be concerns of the adolescents they see in their own facilities. Tell them that this information is useful because they heard firsthand the concerns that some youth have. Remind the group that as service providers, they should talk and listen to the youth they work with. In this way, they can become aware of what is truly important to the youth they serve.

PART 7

Creating Youth-Friendly Services

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Case Studies

Objective

To help the participants identify effective ways to address challenges that arise when providing reproductive health services to adolescents

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Handout: “Three Case Studies” (page 171)

Advance Preparation

1. Write the following questions on a flipchart:
 - What are the challenges facing the program?
 - What possible solutions exist?
 - Which is the best solution? Why?
 - How do you think adolescents would feel about the solution?
 - How do you think administrators would react to the solution?
2. Make enough copies of the handout for distribution to all the participants.

Steps

1. Tell the participants that during this activity they will receive case studies that illustrate the many issues, challenges, and obstacles that adolescents typically face when they seek and access family planning services.
2. Explain that they will be divided into small groups and given a case study to assess. They will be asked to identify the issue and brainstorm recommendations to address the challenges faced by youth seeking reproductive health services.
3. Divide the participants into small groups, and distribute the case studies. Tell the participants they will have 20 minutes to complete the activity.

Note to the Facilitator

If more than three groups are necessary, ask more than one group to work on the same case study. Instruct each group to read the case study and then respond to the questions written on the flipcharts, which you have just posted.

4. After 20 minutes, reconvene the group. Ask for a volunteer from each group to read aloud the case study and present the most viable solution. Tell the volunteers to include the adolescents' feelings and the administrators' reactions to the solution. If more than one group reports on the same case study, ask the volunteers to report only on different ways they addressed the issue.
5. On a flipchart, record the solutions that the groups provided. During the discussion, you can compare how different groups addressed similar issues. Ask the participants to identify the common elements that appear to contribute to the success and failure of the reproductive health services provided to youth.
6. Facilitate a discussion by asking the following questions:
 - Was it difficult to come up with a list of solutions?
 - Was it difficult to choose the most viable solution?
 - How did the group come to consensus on the best solution?
 - What was the most important thing you learned from this activity?

Summary

Conclude the activity by reminding the participants that youth face many challenges when seeking reproductive health services. It is important to continually assess if services are readily accessible to adolescents or if barriers prevent them from accessing services locally. Tell the participants that there are many ways to address these challenges and that each facility needs to determine which one is the most viable for its site. Finally, remind the participants that they need to ask youth if barriers exist and to listen to the solutions that the adolescents suggest.

Training Option

If time is limited, read aloud the case studies, and ask for volunteers to respond to the questions.

Handout

Case Studies

Case Study 1: Confidentiality

Unmarried adolescents are not coming to the pharmacy because they are afraid the service providers will tell other adults about their sexual activity.

Actions undertaken:

Case Study 2: Demand for New Services

Adolescents are not coming to the clinic because it is not open during convenient hours. They want to go on Saturdays, when the clinic is closed. Also, adolescents want free condoms, as well as nutrition and fitness information. However, these services are not currently available at the clinic.

Actions undertaken:

Case Study 3: Community Resistance

Some adults in the community are unhappy that your agency has been referring unmarried girls for family planning services. These individuals feel that the agency is promoting promiscuity and is going against the parents' wishes.

Actions undertaken:

Using the COPE[®] Self-Assessment Guides

Objective

To complete a self-assessment guide in order to identify problems in providing quality services to adolescents

Time

2 hours

Note to the Facilitator

This activity must be combined with the “Action Planning for Youth-Friendly Services” exercise (page 209), which takes an additional two hours.

Materials

- Flipchart paper
- Markers
- Handout: “COPE[®] Self-Assessment Guides for Youth Reproductive Health Services” (pages 177–208)

Advance Preparation

Make enough copies of the handout for distribution to all the participants.

Note to the Facilitator

This activity uses a set of COPE[®] Self-Assessment Guides. These guides ask extensive questions about clients’ rights and service providers’ needs. You should assess both the service-delivery setting and the participants’ reading ability, and, based on this assessment, decide whether the self-assessment guides need to be abridged or adapted. Shortened self-assessment guides can be well adapted to a particular service-delivery setting and can simplify the self-assessment process for staff who are not comfortable reading a lot of material.

Steps

1. Tell the participants that self assessment is a key process in helping identify and solve problems regarding service delivery. Using the self-assessment guides enables staff to answer the question, “What obstacles or barriers exist at this site that prevent adolescents from receiving quality health services?”
2. Explain that before we begin this exercise, it is important to determine what we mean by the term *quality*. Write the term *Quality* on a flipchart, and ask the participants to

give examples of what this term means. If the participants have difficulty formulating answers, ask the following questions to help them articulate responses:

- What do you think clients have a right to expect?
 - If you were coming to this facility for services, what would you want your experience to be like?
3. Throughout this discussion, emphasize the following points:
 - Quality services are the type of services that staff would want to receive.
 - Quality services are about meeting clients' needs and enabling staff to work more efficiently.
 - Quality improvement requires ongoing attention and is not attained through one training session or a onetime meeting, but should become a part of what staff continually do.
 4. Explain that to improve the quality of services for youth, we need to consider clients' rights and service providers' needs. Write the phrase "Adolescent Rights for Health Services" on a flipchart. Ask the participants to brainstorm a list of clients' rights to keep in mind when providing services to youth.
 5. After the group has brainstormed their list, distribute the handout "COPE[®] Self-Assessment Guides for Youth Reproductive Health Services." Refer the participants to the seven rights of clients:
 - Clients' Right to Information
 - Clients' Right to Access to Services
 - Clients' Right to Informed Choice
 - Clients' Right to Safe Services
 - Clients' Right to Privacy and Confidentiality
 - Clients' Right to Dignity, Comfort, and Expression of Opinion
 - Clients' Right to Continuity of Care
 6. Review the definitions of the clients' rights in the self-assessment guides. Make sure that the participants understand each right by asking them to provide examples of how a facility could ensure that each right is provided.
 7. Next, ask the participants to brainstorm the practical things staff need in order to provide quality services to adolescents. After the group provides their input, review the three service providers' needs:
 - Service Providers' Need for Facilitative Supervision and Management
 - Service Providers' Need for Information, Training, and Development
 - Service Providers' Need for Supplies, Equipment, and Infrastructure

8. Distribute the handout “COPE[®] Self-Assessment Guides for Youth Reproductive Health Services” to the participants. While introducing the guides, make sure to emphasize the following points about using them:
 - This is not a test.
 - Participants are not expected to respond to every question.
 - Some important points may not be included in the guides.
 - The bulleted lists under the questions are included to give team members a sense of the scope of the service being discussed, as well as to identify problems with existing services.
 - Participants should be honest about problems at the site.
 - Participants should be as specific and concrete as possible when identifying problems.
 - Participants should use the “Multiple Whys” method to identify root causes of problems. This approach is basically to keep asking “Why?” until the participants get to the core of the problem. For example, if not enough gloves are available, you keep asking “Why?”
 - Why are no gloves available?
 - Why do we run out of gloves quickly?
 - Why don’t we get enough from the central store?
 - Why does the store have a shortage of gloves?
9. Divide the participants into small groups of five to seven people.
10. In the interest of time, assign each group two or three “clients’ rights” and/or “service providers’ needs” to review.
11. Explain that each group member will have 20 minutes to individually complete his or her sections of the self-assessment guides. Tell the participants to answer as many questions as possible. If they cannot answer a question, they can move on to the next item.
12. After the group members complete the self-assessment guides, tell them to discuss the problems identified in their guides. Tell them to have a recorder write down all the problems they identified. Explain that one person will report their list to the larger group.
13. After 30 minutes, reconvene the group and facilitate a discussion by asking the following questions:
 - Was it easy or difficult to complete the self-assessment guides?
 - Which category had the most problems?
 - Is the list of problems due to personnel, administrative, facility, or other issues?

Summary

Conclude the activity by reminding the group that even though their facility may be providing quality services, there is always room for improvement. Explain that they have identified some problems that deal specifically with providing quality services to adolescents. Tell the participants that the problems may be due to staff, facility issues, policies, or other less obvious issues. Explain to the group that during the next activity they will develop an action plan that will address the specific problems they identified at their site.

Handout

COPE[®] Self-Assessment Guides for Youth Reproductive Health Services

Clients' Right to Information

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

INSTRUCTIONS

WHO SHOULD WORK ON THIS GUIDE: Staff who provide client-education services, staff who promote services in the community, staff who provide presentations to adolescents in schools, and at least one member of the clinical staff.

HOW TO WORK ON THIS GUIDE: Read and consider each of the questions in this guide. Ignore any questions that are not relevant to your facility. A “no” answer to any of the relevant questions may indicate an opportunity for quality improvement. Make a note of the questions that you think should be discussed further. If you are aware of a problem that is not addressed in the guides, please include it.

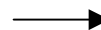
Discuss the questions that indicated a need for improvement. For each question that indicates a need for improvement, and for any problems not covered in this guide, record on a flipchart: the problem, your recommendations for correcting the problem, who you think should implement the recommendations, and a realistic date. Use the following format on the flipchart:

PROBLEM	CAUSES	RECOMMENDATIONS	BY WHOM	BY WHEN
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Note: Some of the questions in this guide ask whether staff share information with those who accompany a client (e.g., partners or family members). In such cases, it is assumed that confidential client information will be shared only at the client's request or with the client's authorization.

General

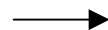
1. Do all staff provide clients with the following information concerning your facility's adolescent reproductive health services?
 - What services are available
 - Where and when each service can be obtained



Handout

Clients' Right to Information (continued)

- Which services are free and how much the other services cost
 - Which services are available by referral to another facility, where the other facility is located, and how clients can get there
 - Which contraceptive methods are available
 - Where adolescent outreach activities are available in the community
 - All services at the facility are confidential and do not require parental permission
2. Does your facility prominently display signs in the local language(s), outside of and throughout the building(s), that indicate the following information?
- Location
 - Days
 - Times
 - Costs
3. Do the following places where adolescents gather display signs in the local language(s), outside of and throughout the building(s), that indicate where reproductive health services are available?
- Schools
 - Stores
 - Community centers
 - Recreation centers
 - Other places where adolescents gather
4. Does your facility provide information on the following family-life and sexuality-education topics?
- Pregnancy prevention
 - Family planning
 - Reproductive anatomy and physiology
 - Sexually transmitted infections (STIs), including HIV/AIDS
 - Human sexuality
 - Sexual decision making
 - Relationships
 - Gender issues



Handout

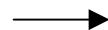
Clients' Right to Information (continued)

- Violence against women
 - Drug and alcohol use
 - Career planning
 - Self-esteem
 - Communication skills
5. Does your facility provide information on family-life and sexuality-education topics in the following locations?
- Schools
 - Churches
 - Community centers
 - Recreation centers
 - Other areas where adolescents gather
6. Does your facility use the following information, education, and communication (IEC) materials to provide information on family life and sexuality education?
- Posters
 - Pamphlets
 - Videos
 - CD-ROMs
7. Does your facility utilize the following educational methodologies in its educational presentations to make them more appealing to adolescents?
- Role plays
 - Theater presentations
 - Group discussions
 - Games
 - Movie and/or video presentations
8. Does your facility make any effort to include adolescents as part of its staff through any of the following means?
- Training a group of peer educators to share information on reproductive health with other teenagers
 - Hiring teenagers or getting volunteer teenagers to promote the services
 - Developing a teen advisory board that can advise the facility on its materials and services
- 

Handout

Clients' Right to Information (continued)

9. Do staff within your facility do the following?
 - Counsel adolescents one-to-one
 - Discuss a range of reproductive health topics
 - Feel comfortable discussing reproductive health and sexuality issues
 - Tailor information to adolescents' needs
 - Are able to communicate with adolescents of all language groups in your area
 - Use appropriate, nontechnical language that adolescents can understand
 - Use educational aids, such as pamphlets, posters, and anatomical models
 - Explain benefits, risks, contraindications, side effects, or other consequences of any treatment, procedure, or contraceptive method
 - Ask adolescents whether they understand the information they have received and whether they have questions
 - Give both oral and written instructions to adolescents about the treatments, procedures, and contraceptive methods they receive
10. Do staff discuss the following sexual and reproductive health issues that are concerns for adolescents?
 - Nocturnal emissions
 - Premature ejaculation
 - Menstruation
 - Genital hygiene
 - Anatomical and physiological changes due to puberty
 - Body image
 - Sexual pleasure
 - Sexual dysfunction
11. Do adolescents seeking family planning receive the following information that will help them select a contraceptive method or methods suitable for their personal situation and reproductive intentions?
 - How methods work and how they are used
 - Which methods do and do not provide protection against HIV and other STIs
 - Health benefits of contraceptive methods
 - Common side effects of various contraceptive methods
 - Warning signs of complications of various contraceptive methods
 - How and when to obtain resupply



Handout

Clients' Right to Information (continued)

- Changing methods if a method proves to be unsuitable for the client
 - Where, when, and why to return for follow-up
 - How to communicate with their partner(s) about family planning and any method chosen
 - Emergency contraception
12. Do staff provide information on the following issues regarding HIV and other STIs to youth?
- How infections are transmitted
 - How to prevent transmission
 - When and where to go for screening
13. Do youth with STIs receive the following information?
- How to comply with treatment instructions
 - Why compliance is important, including information on not terminating antibiotics as soon as symptoms lessen
 - How to inform partner(s) and advise them about treatment
 - How to prevent reinfection
14. Do pregnant adolescents receive information on the following topics?
- Antenatal nutrition, exercise, and rest
 - Where, when, and why to return for follow-up care, including warning signs of complications
 - Importance of seeking medical attention if problems arise
 - Sex during pregnancy
 - Safe labor and delivery
 - Infant care, including immunization schedules and child nutrition
 - Breastfeeding and breast care
 - Family planning for the postpartum period and beyond
15. Do staff give all female adolescents information about breast cancer, self-examination, and what to do and where to go if they detect an abnormality?
16. Do staff give all male adolescents information about testicular cancer, self-examination, and what to do and where to go if they detect an abnormality?
- 

Handout

Clients' Right to Information (continued)

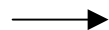
17. Do staff provide information and counseling about harmful practices that are common in the area that the facility serves (for example, drug and alcohol use, violence, sexual initiation with sex workers, adolescents receiving money for sex)?

Other Issues You Think Are Important

18.

19.

20.



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Clients' Right to Access to Services

Clients have a right to access to services that is unimpeded by cost, hours of service, location, or physical or social barriers.

INSTRUCTIONS

WHO SHOULD WORK ON THIS GUIDE: A cross-section of the staff: representatives from each department within the facility

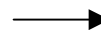
HOW TO WORK ON THIS GUIDE: Read and consider each of the questions in this guide. Ignore any questions that are not relevant to your facility. A “no” answer to any of the relevant questions may indicate an opportunity for quality improvement. Make a note of the questions that you think should be discussed further. If you are aware of a problem that is not addressed in the guides, please include it.

Discuss the questions that indicated a need for improvement. For each question that indicates a need for improvement, and for any problems not covered in this guide, record on a flipchart: the problem, your recommendations for correcting the problem, who you think should implement the recommendations, and a realistic date. Use the following format on the flipchart:

PROBLEMS	CAUSES	RECOMMENDATIONS	BY WHOM	BY WHEN
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General

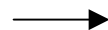
1. Do all adolescent clients have access to the following services, either on-site or by referral?
 - Family planning
 - Emergency contraception
 - Postabortion care
 - Treatment for reproductive tract infections (RTIs), including HIV infection, other STIs, and urinary tract infections
 - Treatment for gynecological disorders
 - Treatment for male reproductive system problems and diseases
 - Primary health care services
 - Laboratory



Handout

Clients' Right to Access to Services (continued)

- Pharmacy
 - X-ray
 - Maternal care (antenatal care, labor and delivery, postpartum, and newborn) (when applicable)
2. Do all staff know which and where the health services listed above are available at the facility?
 3. Does the facility have a referral system in place for adolescents requiring health services that are not offered on-site? Do staff refer effectively?
 4. Do staff try to minimize the number of visits an adolescent has to make for each service?
 5. Does the facility offer reproductive health services at convenient times for adolescents, such as on weekends or after school hours?
 6. Does the facility offer client waiting times for services (waiting times to make an appointment and to see a service provider at the facility) that are reasonable for adolescents?
 7. Are waiting times for adolescents unnecessarily lengthened by waiting for a doctor to do something a nurse or other health care worker could do?
 8. Does the facility have enough staff available for adolescent clients when it is most busy?
 9. Is the facility's location convenient to adolescents (e.g., distance, transportation)? Is the facility easy to find?
 10. Does the facility provide services for a fee? If so, are these fees affordable for adolescents?
 11. Do adolescents require parental consent before accessing the facility's services?
 12. Does the facility welcome drop-in adolescent clients?
 13. Does the facility develop linkages with schools to provide services to adolescents?
 14. Do all female and male adolescent clients have access to reproductive health information, counseling, and services?



Handout

Clients' Right to Access to Services (continued)

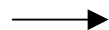
15. Do staff promptly treat adolescents with abortion complications?
16. Does the facility provide the following HIV and other STI services to adolescents and their partners? If not, can it provide referrals for adolescents who want these services?
 - Information
 - Prevention counseling
 - Counseling for clients who have been diagnosed with HIV or another STI
 - Screening
 - Diagnosis
 - Treatment
17. Do all male and female adolescents have access to free or affordable condoms at the facility? Can male and female adolescents get free or affordable condoms outside the facility?

Other Issues You Think Are Important

18.

19.

20.



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Clients' Right to Informed Choice

Clients have a right to the information and support they need in order to make informed decisions about their health care and to respect for the decisions that they make.

INSTRUCTIONS

WHO SHOULD WORK ON THIS GUIDE: Staff should include medical personnel and staff who provide reproductive health information, counseling, or services.

HOW TO WORK ON THIS GUIDE: Read and consider each of the questions in this guide. Ignore any questions that are not relevant to your facility. A “no” answer to any of the relevant questions may indicate an opportunity for quality improvement. Make a note of the questions that you think should be discussed further. If you are aware of a problem that is not addressed in the guides, please include it.

Discuss the questions that indicated a need for improvement. For each question that indicates a need for improvement, and for any problems not covered in this guide, record on a flipchart: the problem, your recommendations for correcting the problem, who you think should implement the recommendations, and a realistic date. Use the following format on the flipchart:

PROBLEM	CAUSES	RECOMMENDATIONS	BY WHOM	BY WHEN
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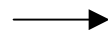
General

1. Does the facility offer choices in reproductive health services appropriate to adolescents? Consider the following examples.
 - Family planning: Are a range of methods available? Do service providers counsel clients about the range of methods, including emergency contraception? Do service providers discuss the implications that contraceptive-method choices have on sexuality and sexual pleasure (e.g., negotiation of condom use with partners and method impact on libido)?
 - Abortion and postabortion care: Do clients have the opportunity to take advantage of other reproductive and sexual health services (e.g., counseling on family planning and prevention of HIV and other STIs) after treatment of abortion complications?
 - HIV and other STIs: Do clients have the opportunity to learn about healthy behaviors, dual protection, condom use, and abstinence? Do service providers counsel clients about how to prevent transmission? Do service providers help clients determine their risk for HIV and other STIs?
- 

Handout

Clients' Right to Informed Choice (continued)

2. Do adolescents make informed choices, e.g., receive the counseling and complete information about treatments, procedures, and contraceptive methods (including both the advantages and disadvantages of each alternative) they need to make decisions?
3. Do staff provide each of the following services?
 - Actively encourage adolescents to talk and ask questions
 - Listen attentively to adolescents and respond to their questions
 - Discuss adolescents' reproductive goals, needs, and service options
 - Help adolescents make informed choices
4. Do service providers avoid influencing adolescents' contraceptive-method decisions by telling them which methods are "best" for them?
5. Do staff respect and honor adolescents' reproductive health decisions?
6. Are adolescents given the right to prevent parents and other family members from knowing about the reproductive health services they are receiving?
7. Are adolescents given the right to receive reproductive health services without parental permission or permission from another family member?
8. Are adolescents given the right to prevent spouses and sexual partners from knowing about the services they are receiving?
9. When appropriate, do staff promote healthy sexual behaviors and choices by involving partners and family members in decision making by adolescents?
10. Are adolescents told that they can change their mind before receiving a service?
11. If an adolescent wants to discontinue using a contraceptive method, do staff do the following?
 - Discuss the reasons for wanting to discontinue
 - Offer appropriate alternatives
 - Help the adolescent explore the health and social implications of adolescent pregnancy
 - Respect and honor the adolescent's wishes
12. Does the facility have mechanisms to ensure informed consent for all surgical procedures and treatments?



Handout

Clients' Right to Informed Choice (continued)

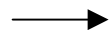
13. Does the facility have a referral system in place for adolescents requiring options that are not offered on-site? Do staff refer effectively?

Other Issues You Think Are Important

14.

15.

16.



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Clients' Right to Safe Services

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

INSTRUCTIONS

WHO SHOULD WORK ON THIS GUIDE: A cross-section of the staff: representatives from each department within the facility

HOW TO WORK ON THIS GUIDE: Read and consider each of the questions in this guide. Ignore any questions that are not relevant to your facility. A “no” answer to any of the relevant questions may indicate an opportunity for quality improvement. Make a note of the questions that you think should be discussed further. If you are aware of a problem that is not addressed in the guides, please include it.

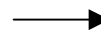
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PROBLEM	CAUSES	RECOMMENDATIONS	BY WHOM	BY WHEN
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Note: Because this guide is long, the group working on it should work on this guide only.

General

1. Do staff follow current, written service-delivery guidelines or protocols for each of the reproductive health services provided at the facility?
2. Do major and minor complications arise from care given at the facility? If so, what are they? Do they occur often? Why?
3. Do staff know how to manage complications that arise at the facility?
4. Is the facility prepared to stabilize and transport, or to treat, clients who present with emergencies, such as shock, severe bleeding, or infection?



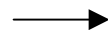
Handout

Clients' Right to Safe Services (continued)

5. Can staff perform cardiopulmonary resuscitation (CPR) and artificially ventilate?
6. Does the facility have a qualified clinician available 24 hours per day, seven days per week, either at the facility or by referral for consultation in case of complications and emergencies?
7. Are the technical skills of clinical and other staff assessed and upgraded on a regular basis?
8. Do staff screen clients for contraindications to treatments, medical procedures, and contraceptive methods? (Screening includes a medical, sexual, and social history; a physical examination; and appropriate lab tests.)
9. Do clients receive written and oral instructions about the following?
 - Risks associated with the treatment, procedure, or contraceptive method they are receiving
 - Warning signs of complications
 - Where to go for emergency and follow-up care
10. Do staff know the requirements for reporting complications that arise from care given at the facility, including which complications to report, as well as how and when to report?
11. Do staff report complications as required?
12. Does the facility hold a regular forum for relevant personnel to analyze and discuss reported complications and service statistics? (Monthly or weekly meetings are the norm in many parts of the world.) Does the facility keep records of such meetings?
13. Do meetings about and reviews of complications result in changes and improvements in practice?
14. Do staff address follow-up, referral, and management of complications for all clients?
15. Do staff treat or refer all clients with symptoms of reproductive tract infections or disorders, HIV, or other STIs in accordance with guidelines?

Infection Prevention Practices

16. Is the facility always clean?



Handout

Clients' Right to Safe Services (continued)

17. Do staff know and follow the infection prevention guidelines necessary to protect themselves and the client and other health care workers?
18. Research studies have shown that ultraviolet (UV) light is an ineffective infection prevention measure. Are staff aware of this data, and do staff use UV lights for infection prevention?
19. Do staff use disposable needles and syringes whenever possible and discard them after single use? Do staff properly process reusable needles and syringes for reuse?
20. Do staff dispose of needles and other sharp objects in puncture-resistant containers immediately after use?
21. Do staff use aseptic technique when performing clinical procedures?
22. Do staff decontaminate reusable instruments, gloves, medical waste, and other items used in clinical procedures in a 0.5% chlorine solution (which is always available in every examination room, delivery room, and operating theater) for 10 minutes before processing?
23. Do staff thoroughly scrub instruments and other reusable supplies with a brush and detergent after decontamination and before high-level disinfection/sterilization?
24. Do staff follow protocols for timing, pressure, and packing for high-level disinfection/steam, dry, or chemical sterilization?
25. Do staff wash their hands with soap and running water after each of the following situations?
 - Before and after each clinical procedure and client contact
 - After handling waste
 - After using the toilet
26. Do staff ensure that all items are thoroughly dried and marked with the expiration date before storing?
27. Do staff wipe down surfaces, such as examination and operating tables, with a 0.5% chlorine solution after each procedure?
28. Do staff safely handle medical waste and dispose of it by burning or burying it?
29. Do staff wear heavy-duty utility gloves when cleaning instruments, handling medical or chemical waste, and performing housekeeping tasks? 

Handout

Clients' Right to Safe Services (continued)

30. Do staff shave the surgical site only when necessary?
31. Are injection abscesses or infections at the site of surgical incisions common at the facility?
32. Do service providers wear gloves when performing pelvic examinations? Do service providers use a clean speculum that has been high-level disinfected or sterilized?

Contraceptive Services

33. Do service providers screen adolescents according to eligibility criteria before they receive their chosen method?

Abortion Complications

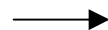
34. Do staff use vacuum aspiration instead of sharp curettage for treatment of abortion when possible?
35. Does the facility have a system in place for prompt referral and treatment for adolescents presenting with abortion complications (if these clients are not treated at the facility)?

Maternal Services

36. Does the facility have a system in place for women under age 18, who have high-risk pregnancies, and their babies?

Antenatal Care

37. Do staff monitor women for early signs of the four most serious pregnancy-related complications?
 - Toxemia
 - Potential infection
 - Premature labor
 - Obstructed labor
38. Do staff screen and treat, as needed, all pregnant adolescents by taking a history and performing a physical examination and laboratory tests for STIs, including syphilis, gonorrhea, chlamydia, herpes, and HIV?
39. Do staff offer pregnant adolescents dietary supplements (e.g., iron, folic acid, and iodine) as needed?



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Clients' Right to Privacy and Confidentiality

Clients have a right to privacy and confidentiality during counseling, physical examinations, and clinical procedures, and in the handling of their personal information and medical records.

INSTRUCTIONS

WHO SHOULD WORK ON THIS GUIDE: Staff should include those who give clients reproductive health information or services, and staff who are responsible for record keeping, including receptionists, gatekeepers, and guards.

HOW TO WORK ON THIS GUIDE: Read and consider each of the questions in this guide. Ignore any questions that are not relevant to your facility. A “no” answer to any of the relevant questions may indicate an opportunity for quality improvement. Make a note of the questions that you think should be discussed further. If you are aware of a problem that is not addressed in the guides, please include it.

Discuss the questions that indicated a need for improvement. For each question that indicates a need for improvement, and for any problems not covered in this guide, record on a flipchart: the problem, your recommendations for correcting the problem, who you think should implement the recommendations, and a realistic date. Use the following format on the flipchart:

PROBLEM	CAUSES	RECOMMENDATIONS	BY WHOM	BY WHEN
---------	--------	-----------------	---------	---------

General

1. Do staff, including peer educators, understand the importance of not discussing adolescent clients outside the facility?
 2. Does the facility provide confidential services, e.g., parental consent is not required and no one is informed of the services the adolescent accesses at the facility?
 3. Do staff tell each client that the services are confidential?
 4. Do staff respect the client's wishes about whether or not to provide information to partners and family members?
 5. When staff need to discuss a client's care with other staff, do they respect the client's confidentiality by speaking in a private space so that the conversation cannot be overheard?
- 

Handout

Clients' Right to Privacy and Confidentiality (continued)

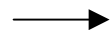
6. Does the facility ensure that adolescent clients do not have to verbally announce which services they have come for in public areas, such as the waiting room and corridor?
7. Do staff store client records, when not in use, in a secure place with access strictly limited to authorized staff? Are staff careful not to leave records unattended on desktops or in other nonsecure locations?
8. Do staff conduct counseling, history taking, examinations, procedures, and deliveries in a private space so that they are not observed or overheard by others?
9. Do staff take measures to ensure that counseling sessions and examinations are not interrupted?
10. When a third party is present during a counseling session, an examination, or a procedure, do staff explain the person's presence and ask the client's authorization for it?
11. Do staff keep all laboratory test results confidential?
12. Do staff provide all services offered in a manner that is respectful, confidential, and private?
13. In presentations with groups of adolescents, does the facilitator request that the information shared within the group be kept confidential?

Other Issues You Think Are Important

14.

15.

16.



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Clients' Right to Dignity, Comfort, and Expression of Opinion

Clients have a right to consideration for their feelings, modesty, and comfort and to respect for their opinions and decisions.

INSTRUCTIONS

WHO SHOULD WORK ON THIS GUIDE: A cross-section of the staff: representatives from each department within the facility

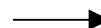
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PROBLEM	CAUSES	RECOMMENDATIONS	BY WHOM	BY WHEN
---------	--------	-----------------	---------	---------

General

1. Do staff welcome all clients—regardless of age, marital status, or ethnicity—and those who accompany them in the way that they would want to be treated under similar circumstances?
2. Do all staff (medical and ancillary staff) treat all clients with kindness, courtesy, attentiveness, and respect?
3. Do staff serve nonemergency clients in the order in which they arrive or in the order of their scheduled appointments?
4. Do clients feel worried and/or nervous when waiting to see a service provider?
5. Do staff ask clients if they need other services?
6. Do staff respect clients' opinions, even if they are not the same as their own?



Handout

Clients' Right to Dignity, Comfort, and Expression of Opinion (continued)

7. Do staff encourage clients to express their concerns?
8. Do staff respect the clients' ability to make decisions?
9. If clients do not want partners or family members to participate in discussions about their care, do staff support the clients' wishes?
10. If clients want family members to participate in discussions about their care, do staff support the clients' wishes?
11. If staff discuss the client's case in his or her presence, do they encourage the client to participate in the discussion?
12. Do staff perform physical examinations and other procedures with the client's dignity, modesty, and comfort in mind (including providing clients with drapes or covering, when appropriate)?
13. Does the facility have private space so that physical examinations and other procedures cannot be observed or overheard by others?
14. The list below describes some areas of the facility that clients may use. In the facility, are these areas pleasant and comfortable? For example, is there enough space? Is the space well organized, clean, well lit, comfortable, well ventilated?
 - Toilets
 - Registration, reception, waiting areas
 - Counseling areas
 - Examination and procedure rooms
 - Pharmacy
 - Labor and delivery rooms
 - Gynecology wards
 - Emergency rooms
 - Operating rooms (reception and operating area)
 - Recovery areas
15. Does the waiting room have materials that are geared to adolescents (e.g., pamphlets, brochures, magazines, and posters)?
16. Is the length of time clients spend in contact with a health worker generally the "right" amount (not too long or too short)? Does the facility make extra time available for staff to discuss special issues with its adolescent clients?



Handout

Clients' Right to Dignity, Comfort, and Expression of Opinion (continued)

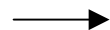
17. Do staff always explain to clients what sort of examination or procedure will be done, what to expect, and why the examination or procedure is needed?
18. Do staff ensure that the client is comfortable and experiences the least possible amount of pain during procedures (e.g., gynecological exam and treatment of postabortion complications)?
19. Do staff engage clients in conversation to distract them and to provide comfort when they are awake during a procedure?
20. Are family planning services offered in an atmosphere that is inviting for adolescent males?
21. Do clients have an opportunity to suggest what the facility can do to provide higher-quality services? For example, does the facility have a suggestion box?

Other Issues You Think Are Important

22.

23.

24.



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Clients' Right to Continuity of Care

Clients have a right to the services, supplies, referrals, and follow-up necessary to maintain their health.

INSTRUCTIONS

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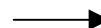
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PROBLEM	CAUSES	RECOMMENDATIONS	BY WHOM	BY WHEN
---------	--------	-----------------	---------	---------

General

1. For all services provided, do staff tell clients when and where to return for routine follow-up or for emergency care and that they can return any time if they have questions or concerns?
2. Do staff schedule follow-up visits with the client's convenience in mind (e.g., no conflict with school or work)?
3. Do staff give clients information on the warning signs of complications and tell them where to go for immediate medical attention if they experience any of the signs?
4. Do staff take measures to ensure that clients they have referred to another department or facility for services get the care for which they were referred?
5. Do staff know which medication substitutions (e.g., different types of pills; antibiotics for STI treatment; contraceptive methods, including emergency contraception; methods; and anesthetics) may be made in the event of a stock-out?



Handout

Clients' Right to Continuity of Care (continued)

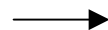
6. Does the facility have a sufficient and reliable inventory of supplies so that clients can obtain medications, contraceptives, laboratory tests, etc., without delay?
7. Does the facility have a system for informing clients of their laboratory test results and scheduling and providing any necessary counseling and treatment?
8. Do staff properly complete clients' medical and health records and include information essential for continuity of care (e.g., complications and procedures and treatments)?
9. Does the facility enable family planning clients to obtain resupplies without a long wait or other barriers to access?
10. Do staff discuss the ways partner notification is done with clients diagnosed with STIs?
11. Do staff follow up with clients who do not show up for return visits (without compromising confidentiality)?
12. Do staff try to refer clients to a service in the community for help when clients disclose a problem (e.g., sexual violence, drug and/or alcohol abuse, and health problems) during or after an educational presentation?
13. Do staff have a list of referral resources for the following issues that adolescent clients are prone to need assistance with?
 - Primary health care
 - Drug and alcohol abuse
 - Mental health
 - Rape or sexual assault
 - Physical and/or sexual abuse
 - Employment
 - Tutoring
 - Family counseling
 - Eating disorders and nutrition
 - Sports and other recreational activities

Other Issues You Think Are Important

14.

15.

16.



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Staff Need for Facilitative Supervision and Management

Staff need supervision and management that value and encourage quality improvement and give staff the support they need to provide high-quality services to their clients.

INSTRUCTIONS

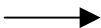
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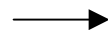
General

1. Do staff feel that the facility’s management emphasizes quality services for adolescents and is committed to providing them?
2. Is management supportive, encouraging, and respectful of all staff?
3. Does the facility have a well-functioning system for getting staff ideas on how to improve the quality of the services provided to adolescents? Do staff feel that they are encouraged to make suggestions about improving the quality of the services?
4. Do supervisors encourage staff to obtain client feedback on the quality of services?
5. Do supervisors encourage staff to seek the views of adolescents in the community to find out if there are barriers to obtaining services and/or if there are unmet needs?
6. Do staff feel that their on-site supervisor(s) help them do their work better? 

Handout

Staff Need for Facilitative Supervision and Management (continued)

7. Do staff feel that the area, regional, or headquarters supervisor helps them do their work better?
8. Do supervisors provide peer educators and outreach workers with constructive feedback and support?
9. Do staff feel management motivates them to improve services by providing constructive feedback and recognizing quality improvement efforts and accomplishments?
10. Do staff feel that they are part of a team?
11. Do supervisors organize work shifts so that staff are fully occupied and well utilized during the entire time they are working?
12. Do supervisors ensure that staff are assigned responsibility for routinely carrying out the following functions?
 - Giving health talks to clients in the clinic or wards
 - Filing and maintaining records
 - Organizing quality improvement activities
 - Conducting community relations, including with organizations for adolescents and other organizations that provide services to adolescents
 - Monitoring and supervising staff performance and services on a regular basis, including the laboratory
 - Coordinating services and referrals with other departments, wards, or institutions
13. Do supervisors ensure accurate and timely record keeping and reporting by all staff?
14. Do supervisors and staff routinely review and discuss records, reports, and other documentation to identify and discuss ways to improve services?
15. Does the facility have sufficient trained staff to provide all adolescent health services available at the facility on a regular basis?
16. Do supervisors ensure that training activities on adolescent health take place at the facility regularly?
17. Do supervisors support strong links between the facility's departments? Do they, for example, encourage interdepartmental information sharing and referral?
18. Do supervisors encourage staff to respect and collaborate with their colleagues, including community health workers, outreach workers for adolescents who refer clients, peer educators, and staff from other departments?



Handout

Staff Need for Facilitative Supervision and Management (continued)

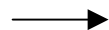
19. Does the facility have good referral mechanisms in place when it is unable to deal with a health problem?

Other Issues You Think Are Important

20.

21.

22.



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Staff Need for Information, Training, and Development

Staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of the services they deliver.

INSTRUCTIONS

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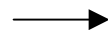
General

1. Do staff feel they have the knowledge and skills they need to provide quality services for adolescents?
 2. Do staff have the knowledge and skills they need to inform and counsel clients on the following topics?
 - Sexuality, with special emphasis on adolescent sexual development
 - Reproductive anatomy and physiology
 - Pregnancy prevention, and family planning methods and their use, including emergency contraception
 - Condom use
 - Prevention, diagnosis, and treatment of HIV and other STIs
 - Pelvic inflammatory disease (PID)
- 

Handout

Staff Need for Information, Training, and Development (continued)

- Abnormal Pap smears
 - Outreach programs and services for adolescents available in the community
 - Other preventive health topics, such as nutrition, immunization, smoking, drug and alcohol use, and violence, including sexual abuse and incest
 - Postabortion care
3. Do clinical staff know how and where to refer clients for health information and services that are beyond their area of expertise or are unavailable at the facility?
 4. Have all staff been trained in and practice adequate infection prevention? For example, do staff know how to make a 0.5% chlorine solution for decontamination? Do they understand the importance of hand washing? Do they understand the importance of proper processing of instruments and other items? Do they know how to properly dispose of sharps and other medical waste?
 5. Does the facility give staff written service-delivery guidelines for each of the reproductive health services provided at the facility? Have staff received training in using these service-delivery guidelines?
 6. Do staff have access to current reference books, charts, posters, and other materials related to adolescent and general care, including the following topics?
 - Adolescent health and social issues
 - Adolescent sexuality
 - Reproductive health
 - Infection prevention
 7. Do staff regularly participate in training events in order to acquire new skills or to maintain or improve existing skills? For example, within the last year, has the facility provided an update for staff on counseling skills, surgical skills, and/or infection prevention practices?
 8. Do staff understand the different needs of different groups of adolescents?
 - Female adolescents
 - Male adolescents
 - Gay, lesbian, and bisexual adolescents
 - Disabled adolescents
 - Victims of sexual or domestic violence, and perpetrators of violence



Handout

Staff Need for Information, Training, and Development (continued)

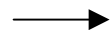
- Different social and ethnic adolescent groups
 - Adolescents with mental health problems (e.g., suicidal clients, clients with eating disorders), with academic problems, or in need of work
 - Homeless adolescents
 - Adolescent commercial sex workers
9. Do clinical staff know how to perform the examinations required for the services they provide (e.g., breast, pelvic, speculum, and scrotal examinations)?
 10. Do service providers know how to recognize and manage complications and emergencies?
 11. Do staff know when, how, and in what documents to record client information, including reporting complications and deaths?
 12. Do clinical staff feel competent to provide all contraceptive methods that involve a clinical procedure (e.g., an intrauterine device [IUD])?
 13. Do laboratory staff know how to conduct the diagnostic tests they are expected to perform?
 14. Do staff feel prepared to address the adverse health consequences of harmful practices that their adolescent clients may face (e.g., sex for money due to poverty and adolescent boys' sexual initiation with sex workers)?

Other Issues You Think Are Important

15.

16.

17.



Handout

COPE® Self-Assessment Guides for Youth Reproductive Health Services (continued)

Staff Need for Supplies, Equipment, and Infrastructure

Staff need reliable inventories of supplies, instruments, and working equipment and the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

INSTRUCTIONS

WHO SHOULD WORK ON THIS GUIDE: A cross-section of the staff: representatives from each department within the facility

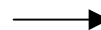
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General

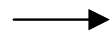
1. Does the facility’s infrastructure always include the following?
 - A reliable supply of clean water
 - An uninterrupted power supply
 - Adequate lighting in examination, procedure, and operating areas
 - Adequate heating
2. Over the past three months at your facility, have reproductive health services been interrupted by problems with infrastructure, supplies, drugs, or equipment?
3. Do staff who work with stocks that expire always observe the first-expired, first-out (FEFO) rule?



Handout

Staff Need for Supplies, Equipment, and Infrastructure (continued)

4. Does the facility have only drugs and contraceptives in stock that are within the expiration date?
5. Does the facility keep an inventory to help staff know when to reorder supplies?
6. Does the facility have a system for obtaining resupplies quickly?
7. Does the facility have a system for procuring, maintaining, and repairing equipment?
8. Does the facility have a system for ordering education materials for adolescents?
9. Does the facility have an accessible supply of client-education materials (e.g., pamphlets, posters, and videos) in the local language(s) on family planning, postabortion care, HIV and other STIs, drug and alcohol use, etc.?
10. Does the facility have an area (e.g., library) where staff can access reference materials?
11. Do staff keep drugs and other supplies in a manner that ensures access and good storage (e.g., away from water and heat)? Is the storage space adequate?
12. Do staff have sufficient supplies and equipment to keep the work environment clean, well ventilated, comfortable, and well equipped?
13. Does the facility have adequate handwashing items available (e.g., sink, soap, towels)? Does the facility have handwashing facilities in examination and procedure rooms?
14. Does the facility have the necessary supplies, equipment, and infrastructure to follow infection prevention guidelines (e.g., handwashing facilities, cleaning materials, gloves, waste buckets, sterilization equipment, chlorine, detergent, chemicals for high-level disinfection/sterilization of instruments)?
15. Does the facility have the necessary supplies for taking the test, fixing (preserving), and analyzing or transporting specimens for the following tests (if the facility performs them)?
 - Hemoglobin/hematocrit
 - Pap smears
 - Pregnancy tests
 - Saline/KOH wet prep (for diagnosis of yeast infection, etc.)
 - Tests for RTIs, HIV and other STIs, and urinary tract infections (UTIs)
 - Urinalysis



Handout

Staff Need for Supplies, Equipment, and Infrastructure (continued)

16. Does the facility have adequate, clean, sturdy, and undamaged furniture in the following areas?

- Registration, reception, waiting areas
- Counseling areas
- Examination and procedure rooms
- Pharmacy
- Gynecology wards
- Emergency rooms
- Operating rooms
- Recovery areas

Other Issues You Think Are Important

17.

18.

19.

Action Planning for Youth-Friendly Services

Objective

To develop an action plan that will address specific problems to increase the quality of reproductive health services provided to adolescents

Time

2 hours

Materials

- Flipchart paper
- Markers
- Handout: “Youth-Friendly-Services Action Plan” (page 211)

Advance Preparation

Make enough copies of the handout for distribution to all the participants.

Steps

1. Begin this session after each small group has completed the “COPE® Youth-Friendly Services Self-Assessment Guides” and identified a list of problems to address at their site.
2. Ask each group to present the problems that they identified from the self-assessment guide. On a flipchart, record the problems that the groups identified.
3. After the first group present their problems, add only new problems that the other groups identify to the list. If a similar problem has already been identified by another group, do not write the problem down a second time.
4. Once you have recorded all the problems, ask the larger group to take a close look at the list.
5. Divide the participants into small groups. If a group has come from the same facility, they should work together on action planning. Instruct the groups to review the list of problems. Tell them to choose the five problems they think are the most important to address at their site.
6. Explain that once they have selected the five problems they want to address at their site, they should refer to the handout “Youth-Friendly-Services Action Plan.” Tell the participants that they will consider each problem and answer the following questions in order to fill in the chart:
 - What is the recommendation to address the problem?

- Who is responsible for implementing the recommendation?
 - What is the time line for implementation?
 - What is the date to assess the status of the implementation?
7. After 30 minutes, reconvene the group and ask a few small groups to report on a problem they will address, who is responsible, what the time line is, and a date when they will assess their progress.
 8. Facilitate a discussion by asking the following questions:
 - Are there any similarities in the problems addressed by different groups?
 - Are there any problems that do not seem solvable?
 - What can groups do to ensure success?

Summary

Conclude the activity by stating that each group has identified five problems to address at their site and has come up with an action plan to address these problems. Remind the participants that solving these problems usually requires involving more than one person. Explain that decision makers must be involved along the way. Emphasize that addressing these issues will improve the quality of care that youth receive at their facility. Tell them that they need to be patient as they try to work on these issues.

Handout

Youth-Friendly-Services Action Plan

Problem	Root Causes	Recommendation	By Whom	By When

PART 8

Closing Activities

Reflection	215
The Rainstorm	217
Posttraining Questionnaire	219
Training Evaluation	225

Reflection

Objective

To reflect on ideas and information that were shared during the training day or over the course of the training

Time

5 to 15 minutes

Materials

- Paper
- Pens or pencils

Advance Preparation

No advance preparation is needed.

Steps

1. If this is the first time the participants do this exercise, tell them that the final five minutes of each day will be devoted to the process of reflection. Ask “What is reflection?” and discuss the responses. If necessary, explain that reflection is the process of thinking carefully about activities and events that have happened in our lives.
2. Ask the participants to complete the following statements either verbally or in writing. If asking for written answers, give each participant a sheet of paper and a pen or pencil.
 - This day has taught me that...
 - I was surprised to find...
 - When it comes to my values, I...
 - I want to think more about...

Note to the Facilitator

Depending on how much time is left, you may want to ask the participants to share their responses to one or more of the statements.

The Rainstorm

Objective

To engage in an activity that brings closure to the training

Time

10 minutes

Materials

No materials are needed.

Advance Preparation

Arrange the chairs in a circle.

Steps

1. Tell the participants to stand in front of chairs set in a circle.
2. Tell the participants to repeat your actions when you look at them.
3. Explain to the participants that they are going to create a rainstorm. Begin this process by rubbing your hands together. Then look at the person to your left. This participant should also rub his or her hands together. Look at all the participants in the circle until all of them are rubbing their hands together.
4. As the participants continue to rub their hands, begin to snap your fingers. Look at each participant until they all change from rubbing their hands to snapping their fingers.
5. Once all the participants are snapping their fingers, slap your hands on your thighs. Again, the participants should do the same as you look at them.
6. Once all the participants are slapping their thighs, slap the floor or the chair in front of you (whichever makes the louder sound).
7. Once everyone is slapping the floor or the chair, lead the participants through the same process backward until only one person is rubbing his or her hands together. When he or she stops, the rainstorm is over.

Posttraining Questionnaire

Objective

To help the participants complete a questionnaire to compare their range of knowledge and attitudes at the beginning of the training (as demonstrated in the “Pretraining Questionnaire” [pages 25–26]) with their knowledge and attitudes at the end of the training

Time

30 minutes

Materials

- Pens or pencils
- Handout: “Posttraining Questionnaire” (pages 221–222)

Advance Preparation

Make enough copies of the handout for distribution to all the participants.

Steps

1. Tell the participants that EngenderHealth is interested in measuring changes in their knowledge and attitudes in order to improve the training. Explain that they will be asked to complete the same questionnaire that they were given at the beginning of the training. Explain to the participants that the survey is not a test, and assure them that all answers and information will be anonymous and confidential.
2. Distribute the handout “Posttraining Questionnaire” and the pens or pencils to the participants, and instruct them to fill it out to the best of their ability. Tell the participants they will have 30 minutes to complete the questionnaire.
3. After 30 minutes, collect the questionnaires. If time allows, share the results of the “Pretraining Questionnaire,” and discuss some of the questions that had low scores.
4. At the end of the day, grade the surveys and record them on one copy of the handout “Group Performance Matrix” (page 223).

Training Options

- If most of the participants are low-literate/illiterate, read aloud the questions and ask the participants to answer them by raising their hands. Record the responses of the group as a whole on the “Group Performance Matrix” for comparison with the “Posttraining Questionnaire” results.

- If some of the participants are low-literate/illiterate, ask some of the other participants to assist them in completing the questionnaire.

Summary

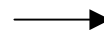
Remind the participants that the questionnaire is anonymous and confidential.

Handout

Posttraining Questionnaire

Decide whether you agree (A) or disagree (D) with each of the following statements. Write your response (A or D) to each statement in the space provided.

1. _____ All adolescents should be able to receive reproductive health services, regardless of their marital status.
2. _____ For an adolescent reproductive health program to be successful, staff must have the same values about sex and sexuality as the adolescents they serve.
3. _____ Service providers should tell an unmarried adolescent who has been having sex that he or she should not be.
4. _____ Adolescents' voices and needs must be considered when programs for youth are designed.
5. _____ Service providers should give contraceptives to an unmarried girl if she requests them.
6. _____ Young people do not want to learn about reproductive health issues.
7. _____ Adolescents have many legitimate questions about sex that require honest and factual responses.
8. _____ Masturbation is a healthy expression of a young person's sexuality.
9. _____ Condoms break easily and, therefore, are not effective in preventing pregnancy.
10. _____ Service providers should not bother discussing condoms with young people because most of them do not have sex.
11. _____ Adolescents with sexually transmitted infections (STIs) deserve their illness because of their behavior.
12. _____ Depo-Provera is a better method than the pill for adolescent girls because they may forget to take the pills.
13. _____ Before having children, adolescent girls should never use hormonal methods of contraception (Depo-Provera, pills).



Handout

Posttraining Questionnaire (continued)

14. _____ Sexuality education should be provided in schools.
15. _____ Young girls who complain of pain during menstruation are usually over-reacting.
16. _____ Although preejaculatory fluid does not contain sperm, the fluid may transmit HIV and other STIs to a man's sexual partner.
17. _____ The human sexual-response cycle begins to function only when an individual enters puberty, not beforehand.
18. _____ Besides abstinence, condom use is the only method that prevents both pregnancy and STIs.
19. _____ Adolescents are at higher risk than adults for complications during pregnancy and delivery.
20. _____ STIs that are caused by viruses, including herpes and genital warts, can be cured with medications.
21. _____ Women are less likely than men to show signs and symptoms of most STIs.
22. _____ The highest reported cases of STIs are among young people (ages 15 to 24).
23. _____ Scientific research shows that the thinking abilities of youth change as they pass through adolescence and become adults.
24. _____ Emergency contraception must be used within one week of unprotected sex in order to be effective.
25. _____ Premature ejaculation is a common concern of young men.

Group Performance Matrix

Course Location: _____ Dates: _____

Question #		Participants												
		1	2	3	4	5	6	7	8	9	10	11	12	Total
1	A													
2	D													
3	D													
4	A													
5	A													
6	D													
7	A													
8	A													
9	D													
10	D													
11	D													
12	D													
13	D													
14	A													
15	D													
Attitudinal Subtotal (Question #s 1–15)														
16	A													
17	D													
18	A													
19	A													
20	D													
21	A													
22	A													
23	A													
24	D													
25	A													
Knowledge Subtotal (Question #s 16–25)														
Total # of Correct Answers														

Training Evaluation

Please complete all sections of this evaluation form, using the reverse side for comments if needed. Your responses will assist the training organizers in determining what modifications, if any, should be made to this training.

A. Overall Evaluation

Select the choice that best reflects your overall evaluation of this training:

_____ Very good _____ Good _____ Fair _____ Poor _____ Very poor

B. Specific Aspects

1. Respond to each of the following elements of the training (circle the number of your response for each):

Element	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Content					
• Information was sufficient	5	4	3	2	1
• Information was well organized	5	4	3	2	1
Materials and Visual Aids					
• Were of high quality	5	4	3	2	1
• Were useful	5	4	3	2	1
Facilitator Presentation					
• Facilitator was knowledgeable on this subject	5	4	3	2	1
• Facilitator had a good presentation style	5	4	3	2	1
• Facilitator was responsive to the participants' questions and needs	5	4	3	2	1
COPE® Self-Assessment Guides					
• Were useful	5	4	3	2	1
• Allowed enough time to explore problems and solutions	5	4	3	2	1

2. The length of the training was: _____ Too long _____ Just right _____ Too short
3. The most important thing I learned in this training was:

C. For the Future

Please share with us the sessions you enjoyed the most (include reasons why):

Please share with us the sessions that you liked the least (include reasons why):

Please share any suggestions on how to improve the training or a particular session:

D. Other Comments

