



SEXUAL REPRODUCTIVE HEALTH & PEER EDUCATION

THE ENTREPRENEUR'S GUIDE

FIRST EDITION

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FOREWORD

The youth is our future. Prevention should start among youth in order to initiate them to the prevention methods earlier before they reach adulthood. It is crucial since it helps youth to maintain their health. The information helps before and while youth is sexually active. As a married person it is also very valuable.

Data from different sources describes the sexual activity, relationships, prevalence of STIs and the status of HIV prevalence and reproduction health among young people. Every country is different in the numbers. As an example the data regarding HIV prevalence from Rwanda is given

Overall, 1 percent of youth aged 15-24 tested positive for HIV, and prevalence is higher among young women (2%) than among young men (less than 1%). Among young women and men age 15-24, 59 % of women and 49% of men have at least one time been tested and received the results.

These data are just an example. The results from other research show that there is a need for education regarding SRH. There are too many people suffering or dying from sexual en reproductive health related diseases or problems. These problems can be solved easily, and that starts with a proper education for the general population, but especially the youth.

This training manual gives you insight in the following subjects:

- Adolescence
- Female Reproductive Health
- Male Reproductive health
- Love, partnership and friendship
- Life skills Contraceptive methods and family planning methods
- Sexually Transmitted Diseases
- Peer education and communication

This manual does not work with questions in between. But with an questionnaire before and after the training. Therefore, before starting to read this content you are kindly requested to fill in the questionnaire.

UNIT 1: ADOLESCENCE

Adolescence, the period of physiological, psychological and social transition from childhood to adulthood, is a time of great change and insecurity for young people. Although adolescents themselves might feel capable of performing almost anything independently, adults often still see them as children incapable of handling major responsibilities.

Their dependency, inexperience, and a lack of positive guidance can leave adolescents particularly vulnerable. In addition this vulnerability is further aggravated by a lack of clear legal structures and systems for the protection of adolescents, conflicting social value systems, social change and by economic constraints.

Adolescence is a period of sexual maturity that transforms a child into a biologically mature adult capable of sexual reproduction and the potential consequences of that sexual activity.

Adolescence starts with a period of very rapid physical growth accompanied by the gradual development of reproductive organs, secondary sex characteristics and menarche in girls. Adolescence in boys is generally longer than girls, as girls in many societies are deemed ready for serious courtship or marriage proposals right after menarche.

The new ideas that adolescents acquire from school and other strong social forces often precede social change. Not only will they soon bear the future generation, they are also the breeding ground for new ideas, languages, values, and careers (Esman, 1990). These influences may have significant impacts on society and, therefore, the last decade has seen an explosion of research on adolescence in the social science (Petersen, 1993; Graber et al., 1996).

ADOLESCENCE REPRODUCTIVE HEALTH

The health of adolescents is driven by a complex system of interlinked factors. Compared with adult or child health, it is much more dependent on dialogues and information and is influenced by the special period of physiological, psychological and social change that adolescents go through. In order to systematically assess and present important drivers for adolescent health outcomes, this report will adopt a simplified health outcome driver model for Rwanda's youth. This model can also be applied to structure and classify interventions, coordinate efforts and improve cooperation and mutual understanding with partners.

The model is based on a two-prone approach to health outcomes with prevention used as an intermediary outcome. On one side is the risk and consequent disease burden, and on the other side lies the health care system providing services. The social and legal environment in which adolescents live and the management and coordination of health care services frames this model.

On the side of risk and disease burden, knowledge and attitudes of adolescents regarding health and health determinants influence their risk behaviour and the level in which they execute sexual activities.

UNIT 2: FEMALES

HOW DOES THE FEMALE REPRODUCTIVE SYSTEM FUNCTION?

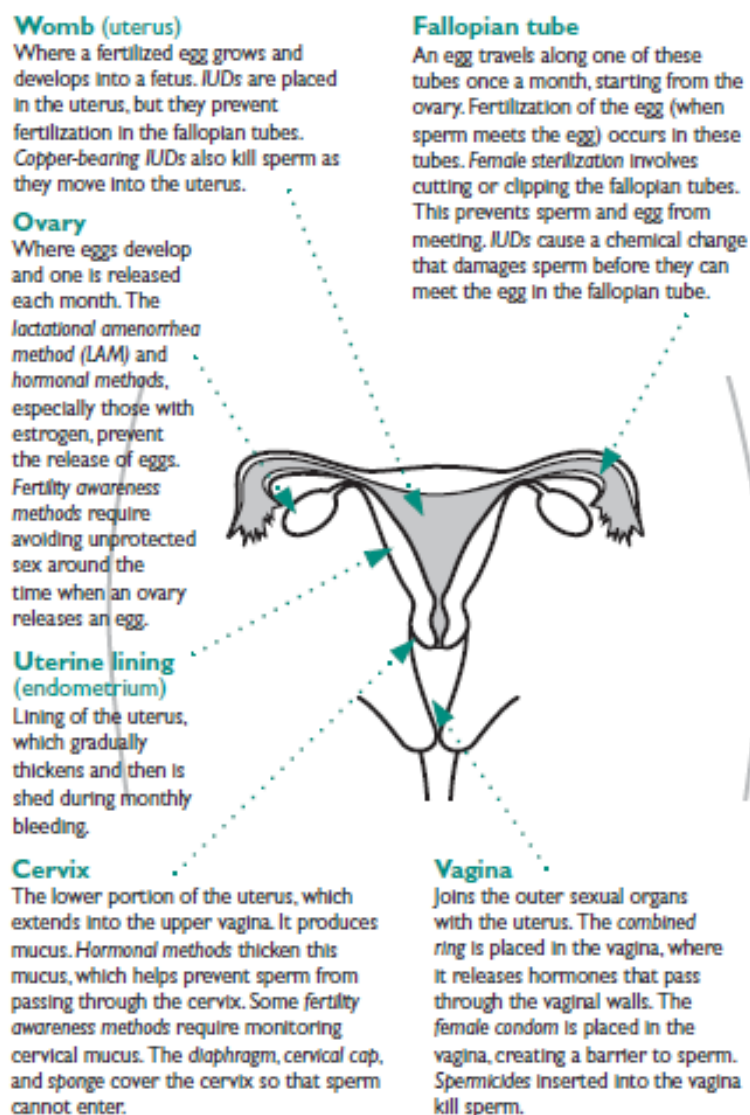
When a female is born, the ovaries already contain a high number of unfertilized ova, the so called ovocytes, the eggs that are needed for conception of the woman. They are stored in the ovaries until puberty, when a girl reaches her reproductive maturity. From puberty on every month ovulation occurs, and eggs is moving from the ovary to the uterus.

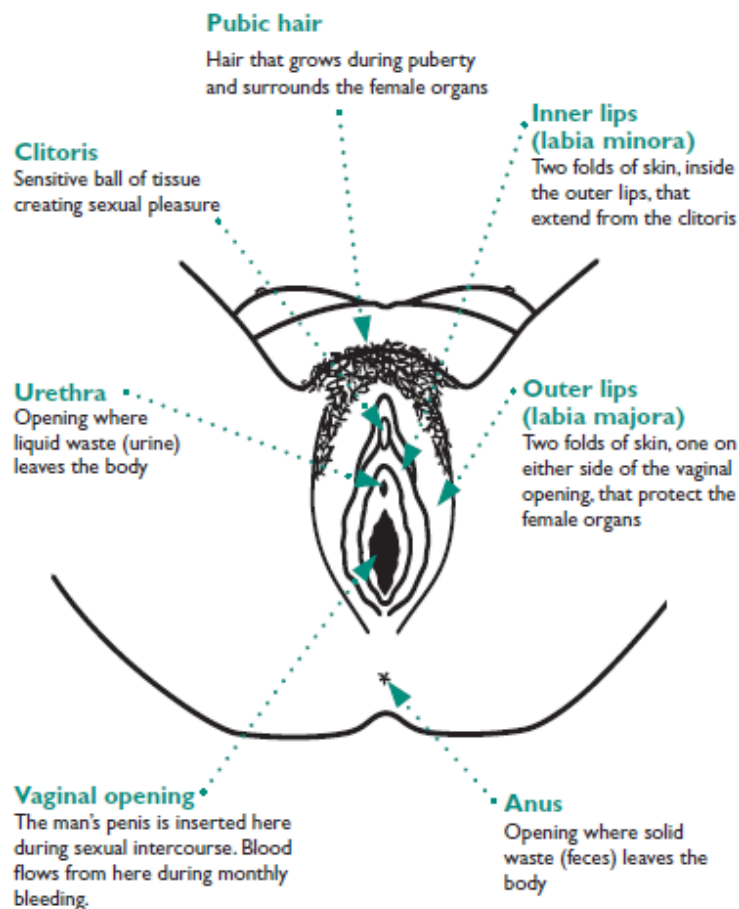
While traveling to the uterus, it can be fertilized by sperm. But when it doesn't meet spermatozoa on its way through the tube, it is resorbed.

Besides, the traveling of the egg, the uterus is preparing itself for a possible fertilization by making a thicker outside layer and increase the veins in the uterus. After fertilization the egg goes to the uterus and finds it protection and place to grow in there. When no fertilization occurs the preparation was for nothing, and all materials will be removed, which is known as the menstruation period of a woman.

Afterwards the same process (menstrual cycle) starts again until the woman reaches her menopause.

The menopause is the end of a woman's reproductive phase, when all stored ova are used.





WHAT IS THE MENSTRUAL CYCLE?

From puberty on when a young woman starts to develop her sexual maturity, every month she undergoes a cycle of changes in her body, which are determined by different hormones.

The first menstrual cycle in a girl's life is called menarche and occurs around the age of 12, but normally anywhere between 9 and 16 years.

The end of a woman's reproductive phase is called menopause, which commonly occurs between the age of 45 and 55 years.

Every month the release of female sexual hormones from the ovaries into the blood stream induce physiological changes in the sexual organs of the young woman and the whole body. The changes, which occur in the uterus, determine the menstrual cycle. Changes are executed by the body to prepare itself for hosting of a fertilized egg.

A REGULAR 28 DAY CYCLE

The average length of a cycle is 28 days, but can individually differ in length and intensity.

Every length from 21 to 35 days can be normal. Therefore there is no normal length and every woman has to find out the length of her cycle. Keep in mind that the length of the cycle cannot be a method to calculate the days that you are not fertile. It is not an anti-contraceptive method to prevent pregnancy. Besides, it will not help against the prevention of STIs.

The cycle can be divided into several phases:

Phase	Day (can vary)	Characteristics
Menstruation (Menstrual bleeding)	1-5	Bleeding.
Proliferation Phase (Pre-ovulation phase, dry phase)	6-13	Thickening of the Endometrium.
Ovulation	14	Growing of ovum.
Secretory Phase (Post-ovulation phase)	15-28	Release of ovum.
Fertile days	9-15	Cervix closed.

MENSTRUATION

The menstruation is the phase when the menstrual bleeding occurs; sometimes it is referred to as menses or period. It starts with the first day of the cycle and lasts for about 4 days, but again variations are possible and everything between 2 to 7 days is considered as normal. With the blood the inner lining, the preparation of the uterus, is expelled and leaves the uterus. This is the menstrual bleeding.

The first days of the menstrual bleeding can be accompanied by lower abdominal pain, cramps, breast tenderness and mood swings. These complaints are normal, but therefore not always preferable. When you have many complaints during a period, you can consult the health care centre.

Missing of a menstrual bleeding (Amenorrhoea) can be the first sign of pregnancy, but might also be caused by other factors (e.g. emotional stress, infection of the body, malnutrition).

PROLIFERATION PHASE

After the menstruation the uterus starts preparing for a new egg. This is the so called Proliferation Phase, which lasts from day 5 to 13. Sometimes it is also referred to as “dry phase”. In this phase the uterus prepares its inner lining by thickening to be able to receive and nourish a fertilized ovum.

Simultaneously several of the stored eggs start to grow in the ovaries; ready to move towards the uterus.

OVULATION

After the uterus progresses its preparation. Each month one egg is released, which is called ovulation. The ovulation is the third phase of the cycle taking place on day 14 (in a regular cycle ovulation always takes place 14 days before the next bleeding!). After being released the ovum enters the tubes towards the uterus. Here spermatozoa can fertilize it. When fertilization doesn't happen the egg dies and is destroyed.

SECRETORY PHASE

After the ovulation the Secretory Phase takes place from day 15 to 28. After the egg has been released from the ovary the hormone progesterone is produced. Progesterone increases the body temperature of the woman, which can be seen as sign of ovulation and used as method for contraception. At the end of the phase falling levels of progesterone trigger menstruation and a new menstrual cycle begins.

FERTILE DAYS

During the menstrual cycle there are certain days in which it is very likely for a woman to get pregnant from sexual intercourse. Knowing those days helps to plan conception. But it is not a solid method to prevent conception.

Those days range from about 5 days before until 1-2 days after the ovulation. In an average 28-day cycle this can be easily calculated:

According to the table above ovulation takes place on day 14. If the fertile days start 5 days before ovulation it means that they start on day 9 ($14-5=9$) of the menstrual cycle. Meaning that if a couple has sexual intercourse during day 9 to 15 ($14+1=15$) the chance to conceive (get pregnant) is high.

But few cycle are exactly average and a lot of factors can influence the length of the cycle. Therefore this is not a reliable method to prevent pregnancy.

SHORT AND LONG MENSTRUAL CYCLE

As said the average female cycle is 28 days long. Nevertheless some woman have regularly menstrual cycles that last 23 days (short cycle), other have a long cycle (32 days), which is not abnormal and just a variation of the average.

IRREGULAR MENSTRUAL CYCLE

Some women have an irregular cycle, e.g. the first menstrual cycles in young women's life or after a delivery. It is rare that adolescents have a regular cycle. Irregularity is the norm.

Other influencing factors can be stress, disease or malnutrition. Irregular means that some cycles are e.g. 23 days long; the following one might be 32 days long and the next maybe 25 days. In these cases it cannot definitely be foreseen when ovulation takes place.

In irregular menstrual cycles it is almost impossible to calculate the fertile days.

FERTILIZATION

Fertilization takes place during the fertile days, when the released egg meets sperm, which entered the female body with the semen during sexual intercourse and ascended from the vagina through the uterus into the tubes. When they are both in the tube they can meet. And fertilization can take place.

If the sperm enters and merges with the egg fertilization takes place. The term fertilization refers to the fusion of an ovum and a spermatozoon (the term contraception is often used synonymously). The genetic material of spermatozoa and ovum merge and start to replicate (multiply).

After fertilization the egg continues to migrate through the tubes into the cavity of the uterus, which takes about 3-4 days. The egg nestles (implants) in the prepared uterus and derives nourishment from blood vessels.

In case of fertilization keeps on producing the hormone progesterone. Instead of a decrease of the progesterone level in the blood, the hormonal rises preventing the uterus to be cleaned of parturitions.

An imbedded egg can continue to grow and develop in the uterus. This is the evolution phase (duplication or replication phase), in which the egg divides itself and creates identical cells.

The duplicating egg develops to an embryo, creates a placenta and becomes a foetus. The foetus will mature for 9 month inside the womb to become a baby. This is called pregnancy.

To allow pregnancy to occur several preconditions should be in place:

- The male partner must produce enough and quality sperms.

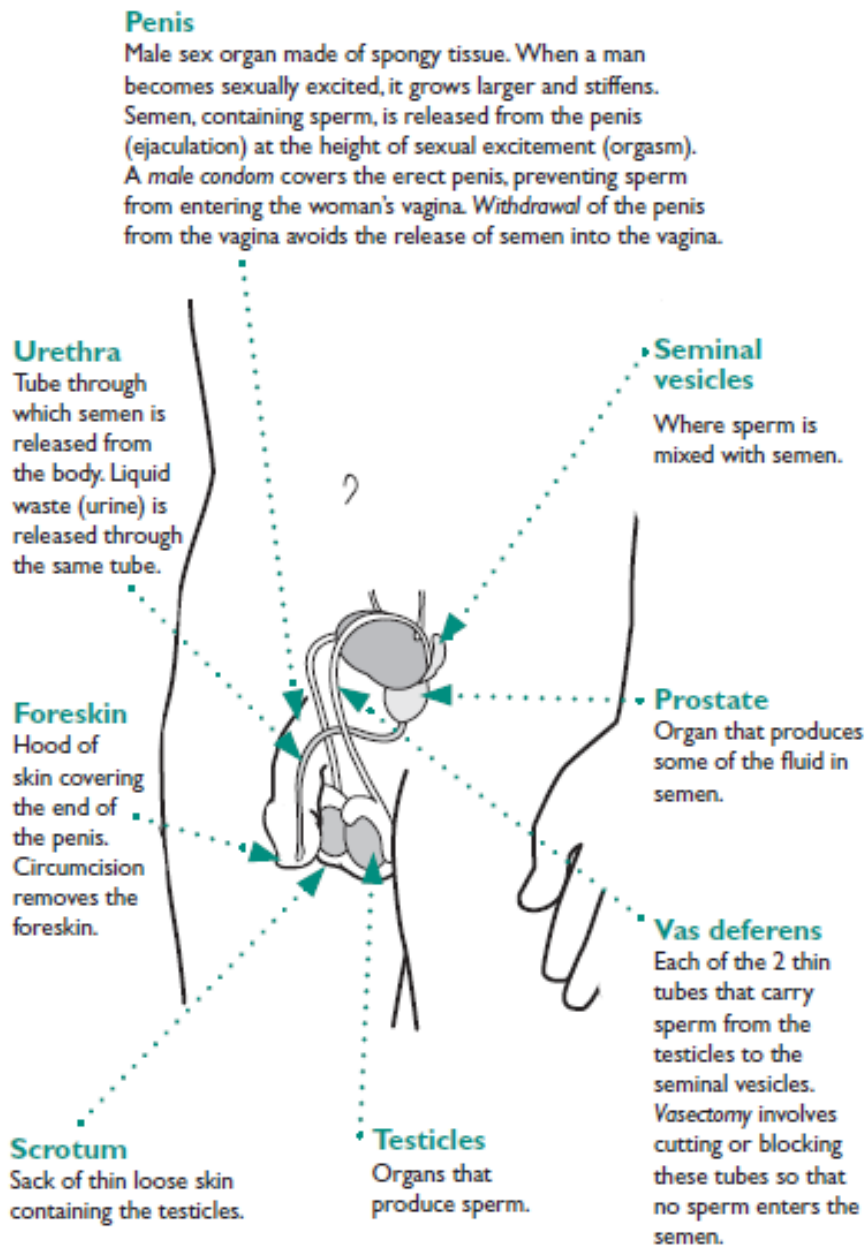
- The cervical mucus must be fluid, abundant and permeable to allow the sperms to ascend through the cervix into the uterus.
- An ovulation has to occur.
- The tubes must be permeable to allow the egg to migrate into the uterus.

In rare cases the egg does not find the way through the tubes into the uterus, e.g. when due to an untreated STI the tubes are obstructed (blocked). The developing egg continues to grow outside the uterine cavity, so called ectopic pregnancy. This mostly happens in tubes between ovary and uterus (tubal pregnancy). Internal bleeding is a common complication and a life threatening medical emergency.

UNIT 3: MALES

THE EXTERNAL MALE REPRODUCTIVE ORGANS

The penis, the scrotum and the urinary tract form the external sexual organs of the male. The penis has a long shaft and an enlarged tip called the glans of the penis. The foreskin (prepuce) is the loose fold of skin, which covers the glans and can be retracted to expose the glans. The foreskin is attached to the penis. In male circumcision the foreskin is totally or partly removed for medical, hygienic or traditional reasons.



Often the penis is referred to as copulatory organ, because it enters the female body (vagina) during sexual intercourse (copulation). When the male becomes sexually aroused, the penis erects due to an inflow of blood into the penis. During ejaculation the semen are released with high pressure into the vagina.

The urethra is the end of the urinary tract, leading from the urinary bladder through the prostate and through the penis to its final opening at the tip of the glans, known as the meatus. On its way it receives secretions from the prostate gland, seminal vesicles. It is the common passage for both the urine and the semen.

The scrotum is a layer of skin covering the testicles. Per definition the testicles belong to the internal reproductive organs of the male.

The area between the anus and the scrotum is called the perineum.

The external genital organs of the male are covered with pubic hair, which starts to grow during puberty).

THE INTERNAL MALE REPRODUCTIVE ORGANS

The internal reproductive organs in males are the testes, the prostate gland, the seminal vesicle and the ductus deferens.

The testes (testicles) are pair organs and homologous to the female ovaries. Located between the penis and the anus they produce sperms (spermatozoa) and hormones (testosterone).

The hormones are released into the blood stream to reach their organs of destination in the whole body. The spermatozoa reach the urethra through a tube, the ductus deferens, to be part of the semen expelled during ejaculation.

The prostate gland lies underneath the urine bladder. It produces a milky fluid (prostate fluid), which is stored in the prostate. In males the urethra runs through the prostate. During ejaculation the semen is released into the urethra and expelled through the penis.

Similar to the female sexual organs the male reproductive organs have a certain function for reproduction:

- The penis: is an erectile organ; in case of ejaculation semen is expelled.
- The testicles: produce and store spermatozoa.
- The scrotum: is a pouch that contains and protect the testicles.
- The prostate: produces the prostate fluid (part of the semen).
- The urethra: conveys either semen or urine towards its meatus.
- The seminal vesicles: produce and secrete the seminal fluid (part of the semen).

SEMEN AND SPERMATOOZOA

The semen is the fluid produced by the male genital glands (testicles, prostate and seminal glands). During ejaculation semen is expelled by the penis.

It consists of:

- Spermatozoa
- Seminal fluids (to protect and feed spermatozoa)
- Prostate fluids (protection of spermatozoa).

Spermatozoa (also referred to as sperm) are small cells and a component of the semen. Millions of spermatozoa are produced throughout a man's life in the testes and stored there. They carry the male genetic material.

In case of ejaculation (a normal ejaculation contains about 40 to 100 million spermatozoa) they are secreted into the ductus deferens and released into the urethra, where they mix with the seminal and prostate fluids to the semen. The other components of the semen protect and feed the spermatozoa.

In case of fertilization spermatozoa merge with the ovum to develop into a foetus. If spermatozoa enter the female body during sexual intercourse they engage in a race and struggle to fertilize the ovum. Only one spermatozoon can fertilize one ovum.

UNIT 4: LOVE AND RELATIONSHIP

LOVE, PARTNERSHIP AND FRIENDSHIP

Love is the emotion of strong affection and personal attachment. It can be expressed in many ways. The word love refers to a variety of different feeling, ranging from pleasure to intense interpersonal attraction. Love is a sentiment characterized by tenderness, an attachment and attraction to a person. Love can be between partners, between family members and friends.

Love can be expressed in a physical and psychological way: sentimental love and physical love, which is characterized by sexual intercourse. However, having sexual intercourse does not necessarily imply to love each other. It can be done with the aim of getting physical pleasure only. Sexual intercourse in a love relationship is a way of maintaining love relations, providing pleasure to each other and of course a means of reproduction.

True love can evolve from a long-term relationship. Two individuals, who initially fall in love, thrive together over time developing this deep sentiment for each other. True love is built on trust, mutual respect and complicity between partners through a deep knowledge of the other person, sharing common experiences and moments. It needs to be maintained and nourished for the sentiment to last longer. Love is sometimes compared with a “fire”: If you don’t supply the flame with woods it will go out.

True love can be beneficial or destructive. For example a sentiment of emptiness can arise, if one partner would continuously be thinking of the other person without an equal reply (unreciprocated love). This can result in deep moral pain, and be over whelming and depressing. Love can be like an addictive drug, if one partner gets emotionally dependant on the other

In contrast to this a beneficiary, well-balanced love between equal partners is a supportive, respectful and tender relationship resulting in wellbeing and happiness.

Adolescence is the time when young people start to discover and experience, what true love is. One will rarely talk about true love among young people, but rather “love at first sight” (KHI, 2005).

Love experiences are much more an initiation and a discovery of what will construct true love later: commitment within the couple, mutual respect, construction of a sustainable relationship, etc.

For a young person it will generally be a matter of attraction to each other as a kind of curiosity, energy and desire to be close with each other. A wish and desire, which has to be respected as it is important and emotionally healthy for a young person’s sexual development (see below).

Only with these initial experiences of falling in love true love can thrive in later life.

Friendship represents also a sentiment of kindness and sympathy towards another person but not related to sex. Understanding and mutual respect is profound between friends.

INCREASING SIGNIFICANCE OF RELATIONSHIPS

Romantic relationships become increasingly significant in the lives of young people as they move from early to late adolescence. Although dating has not yet begun, in early adolescence (ages 10-14) most youth are very preoccupied with romantic issues. Youth at this age spend significant amounts of time in mixed-gender groups that intensify their romantic interest and may eventually lead to romantic relationships. Romantic relationships are central to social life during middle to late adolescence (ages 15-19). 75% of youth aged 16-18 reports to have had a relationship, dated, or “hooked up” with.

HEALTHY ROMANTIC RELATIONSHIPS

Healthy adolescent romantic relationships are characterized by open communication, high levels of trust, and partners who are relatively close in age. Healthy relationships give both partners a nice feeling; a feeling of comfort. When one of the partners does not feel comfortable, this might lead to a break up in the relationship.

ABUSE

Adolescents in dating relationships are at great risk for experiencing verbal, emotional, and physical abuse from their partners. A majority of teens that was in a relationship report that a partner has made them feel bad or embarrassed about themselves. In addition, 30% of teens who have been in relationships said that they have worried about being physically hurt by a partner and 15 percent said they have been hit, slapped, or pushed by a partner

Dating violence is not limited to heterosexual youth. One study found that sexual minority youth are more likely to have experienced dating violence than other students

Involvement in abusive relationships can have lasting consequences for youth. Teens who have abuse in a relationship are more likely to be involved in intimate partner violence as adults.

IDENTITY

One of the key developmental tasks of adolescence is forming a sense of identity. Young people are in the process of refining their personal values and determining future goals. Just like relationships with family and friends, romantic relationships can facilitate the process of youth gaining a greater understanding of who they are and what they value.

INTERPERSONAL SKILLS

Adolescent romantic relationships can also provide a training ground for youth to develop interpersonal skills. Through their dating relationships, adolescents often refine their communication and negotiation skills, develop empathy, and learn how to maintain intimate relationships. The emotional ups and downs associated with getting together and breaking up may also help youth develop important skills. While breakups may put some young people at risk for depression, they may also help youth develop emotional resiliency and coping skills needed to handle difficulties later in life.

EMOTIONAL SUPPORT

As adolescents become more autonomous from their parents, their romantic relationships increasingly become a source of emotional support. Only close friends provide more support than romantic partners.

The role of romantic relationships as a source of support and identity formation may be especially important for sexual minority youth who are often compelled by social norms to keep their sexual orientation secret from family and friends. For sexual minority youth, their romantic partners may be the only people with whom they feel comfortable (and safe) sharing their thoughts and feelings about their sexual identity. It is important to feel comfortable in a relationship; therefore a person can use the relationship to gain emotional support from the partner.

RISKS OF ADOLESCENT ROMANTIC RELATIONSHIPS

While healthy romantic relationships have many potential benefits for youth, unhealthy relationships pose risks that may have long-lasting impact. Youth are particularly vulnerable to becoming involved

in relationships that include dating violence and risky sexual activity. In fact, teens report dating abuse more often than any other age

HEALTHY SEXUAL BEHAVIOUR

For a young person going through a period of change means that he/she has to take many decisions. Many of those will be related to sexuality.

Beside of the curiosity about sexuality the young person also has an increased need for information. Health personal should be able to provide them with the relevant knowledge without any judgement, to avoid that they engage in risky behaviour. Risky behaviour can jeopardize their health.

Being sexual healthy does not merely mean protecting oneself while having sex.

There are more aspects to consider supporting the young client in his healthy behaviour:

Knowledge	Relationship with others
Own body and feelings	Respect and honesty
Own values	Good communication
Risks and how to avoid them	No manipulation or abuse
Contraception and STI prevention	No violence
Rights and obligations	
Capabilities:	Sexuality:
Make decisions and assume consequences	Acceptance and respect of own body
Express own feelings and respect those of others	Acceptance and respect of partner
Respect values of others	Good hygiene
	Medical care and treatment
	Prevention of unwanted pregnancy and STI

RISKY SEXUAL BEHAVIOUR AND ITS CONSEQUENCES

Sexually risk behaviour in adolescents is often related to a lack of information and dependency on others. Young women often lack the power to negotiate safe sex practices or sexual intercourse in general; young men often put themselves at risk through sexual activities related to are among others multiple partners and unsafe sex practices. The sexual risks that youth take are the following:

Sexual risk behaviour	Related consequences/ risks
Unsafe sex	Unwanted pregnancy Complicated childbirth Unsafe abortion STI and HIV&AIDS
Multiple sexual partners	Unwanted pregnancy STI and HIV&AIDS
Untreated STIs	Infertility Complicated STIs
Alcohol and drugs	Drinking alcohol or using drugs slows down rational thinking and favour risk taking in general including sexual health risks
Transactional sex and forced sex ("sugar mummies/daddies")	Diminished negotiation skills for safe sex Physical and mental trauma Unwanted pregnancy Complicated childbirth Unsafe abortion STI and HIV&AIDS Legal consequences (imprisonment)

UNIT 5: LIFE SKILLS

The World Health Organization defines life skills as “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”.

UNICEF defines life skills as “a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills”.

Life skills are capabilities that empower young people to take positive action, to protect themselves and have positive social relationships, thereby promoting both their mental well-being and personal development as they are facing the realities of life.

Responsible decision making in questions related to health and social interaction with others requires life skills, which is why they are included in most health related and social programs, e.g. in the contexts of drug prevention and mental health, consumer education, environmental education, peace education or education for development, livelihood and income generation, among others.

Education regarding life skills is considered crucial for:

- The promotion of healthy child and adolescent development;
- Primary prevention of some key causes of child and adolescent death, disease and disability;
- Socialization;
- Preparing young people for changing social circumstances.

Life skills are the strategies, abilities, expertise or competences that enable adolescents to develop positive attitudes and responsible sexual behaviours, leading towards a healthy lifestyle. As such a life skill refers to a person’s ability or competence.

Life skills are capabilities that empower young people to take positive action, to protect themselves and have positive social relationships, thereby promoting both their mental well-being and personal development as they are facing the realities of life.

CATEGORIES AND TYPES OF LIFE SKILLS

Life skills are numerous and it is difficult to limit their type and number. Here you find 12 of the most important life skills. They are categorised into three main areas:

A: Skills of knowing and living with oneself

B: Skills of knowing and living with others

C: Skills of making effective and good decisions

INTERPERSONAL LIFE SKILLS

SELF-AWARENESS

Self-awareness is an individual’s ability to appreciate the strengths and weaknesses of one’s own character. Realising this will enable one to take actions, make choices and take decisions that are consistent with one’s own abilities.

Examples of self-awareness skills include the ability to:

- Recognise the weak and strong sides of one’s own behaviour.
- Recognise the weak and strong sides of one’s own abilities.
- Differentiate what one can do or cannot do by her/himself.

- Recognise things which cannot be changed, and accept them (example: height, size of breasts, etc.).
- Appreciate oneself - people are not alike, and diversity is a good thing.
- Recognise one's own unique talents.

SELF-ESTEEM

Self-esteem is the way an individual feels about her/himself and believes others to feel. It has been described as the 'awareness of one's own value as a unique and special person endowed with various attributes and great potential'. A person's self-esteem can be damaged or enhanced through relationships with others. High self-esteem tends to encourage and reinforce healthy behaviour. Low self-esteem tends to encourage unhealthy behaviour.

Examples of self-esteem include the ability to:

- Develop a positive self-image.
- Respect oneself and one's choices.
- Not be unnecessarily influenced by what others think.

COPING WITH EMOTIONS

The ability to manage or deal effectively with an emotional situation or problem. Emotions such as fear, passion, anger, jealousy etc. are subjective responses to a situation. They can result in behaviour which one might later regret. Coping with emotions means to be able to recognise them as such and deal with them to make a positive decision nonetheless.

COPING WITH STRESS

Stress is a condition of increased activity in the body, which can overwhelm the individual beyond his/her capacity. Stress can be caused by physical, emotional or psychological factors.

Family problems, broken relationships, examination pressure, the death of a friend or a relative are examples for situations that can cause stress. As stress is an inevitable part of life, it is important that to recognise stress, its causes and effects and know how to deal with it.

SKILLS OF KNOWING AND LIVING WITH OTHERS

Interpersonal relationships are supported by the ability to:

- Co-exist amicably with other people and establish meaningful an with them.
- Understand, form and develop mutually beneficial friendships.
- Understand that human beings tend to build profound one-to-one those they love and are committed to. Between sexual partners, it is only in the context of such loving and respectful relationships that sexuality can be lived in a healthy and fulfilling way for both partners.

Examples of interpersonal skills are:

- The skill to establish a lasting partnership.
- The ability to enter into an intimate relationship.
- The ability to end a temporary or undesirable sexual partnership.
- The ability to be faithful to a partner.
- The ability to make contacts.
- The willingness to be committed to friendship.
- The skill to develop respect and trust in a partner.
- The skill to develop positive relationships through effective communication.

- The desire to help, care, and sympathise with others.
- The ability to overcome a disappointing relationship.

NEGOTIATION SKILLS

Negotiation is something that we do all the time, not only for business purposes. For example, we use negotiation skills in our social lives, perhaps for deciding on a time to meet, or where to go on a rainy day. Sometimes though it does involve being able to cope with potentially threatening or risky situations.

Negotiation is an important skill in interpersonal relationships and is usually considered as a compromise to settle an argument or issue that will best benefit everyone's needs. It involves an ability to listen to and respect other people's views, while at the same time trying to convince them instead to follow yours (this happens through meaningful bargaining).

Ultimately, the outcome of the discussion will be one of the following:

- Win-Win: both parties achieve their goals and are satisfied with the outcome.
- Win-Lose: one party achieves the goal at the expense of the other party.
- Lose-Lose: both parties are dissatisfied with the terms of the negotiated contract.

The keys to successful, non-threatening negotiation are:

- Be prepared
- Have a positive attitude
- Listen carefully
- Show respect for other points of view
- Be firm yet friendly
- Build trust
- Persuade and don't coerce
- Warn but never threaten
- Acknowledge your negotiation partner's authority and competence
- Ask for advice; what would make it a fair deal?
- Look for mutual agreement, not for victory

Negotiation as a skill can never stand alone, but will always be in the company of self-esteem, interpersonal relationships, assertiveness, non-violent conflict resolution, and problem solving.

It can also play a role in context-driven situations, e.g. peer pressure.

EMPATHY SKILLS

Empathy is the ability to understand, consider and appreciate other peoples' circumstances, problems and feelings (step in ones shoes). Empathy also enables a person to give support to another in order to enable him/her to still make a good decision despite of the circumstances.

PEER RESISTANCE

Peer resistance is the ability to consciously resist the desire "to go along with the crowd". It means not taking part in undesirable/unsafe activities without feeling obliged to make explanations to peers who may have conflicting ideas and threaten you with exclusion from the group for not participating. If the group is engaging in negative influences and habits, peer resistance is a very important skill for young people. It makes a person stand up for his/her values and beliefs in the face of conflicting ideas or practices from peers.

Examples of abilities in resisting peer pressure:

- Maintain your own beliefs about when to become sexually active.
- Refuse alcohol or drugs, even if others do not.
- Decide to remain faithful to one partner, no matter what others say.

ASSERTIVENESS

Assertiveness refers to the ability or competence to express one's feelings, needs or desires openly and directly but in a respectful manner or without hurting one's feelings.

EFFECTIVE COMMUNICATION

Effective Communication is the ability of expressing oneself clearly and effectively during interactions with other people in any given circumstances.

Verbal or nonverbal communication forms the essence of human relationships. It is one of the most important life skills. Simply exchanging words or ideas does not ensure good communication. Effective communication is a skill that can be learned and developed through constant practice. It involves, among others; active listening, effective use of verbal and body language, observation, and respect for others' feelings. Although good communication does not guarantee an end to problems, it can go a long way in improving relationships and minimising possibilities of conflict.

The following are examples of abilities in effective communication:

- The ability to communicate ideas skilfully and be able to persuade but not bully a partner.
- The ability to use the appropriate tone of voice in expressing anger, sadness, happiness, nervousness, respect, shame and understanding.
- The ability to use the appropriate verbal and non-verbal language in asking for and presenting information, influencing and persuading.
- The ability to use non-verbal methods during negotiations by sustaining eye contact and using appropriate facial expressions.
- The ability to use verbal hints to communicate i.e. "Yes", "I see" etc.
- The ability to demonstrate active listening and to communicate empathy, understanding and interest.

SKILLS OF MAKING EFFECTIVE AND GOOD DECISIONS

CRITICAL THINKING

Critical thinking is the ability to think through a situation properly, assessing the advantages and disadvantages so as to be able to make appropriate decisions concerning one's course of action.

Young people are confronted by multiple and contradictory issues, messages, expectations and demands. They need to be able to critically analyze sexual situations and challenges and confront them.

Examples for critical thinking are abilities to:

- Identify the positive and negative aspects of a partner's behaviour (sexual or otherwise).
- Assess a potential partner.
- Assess promises that a partner/potential partner might make.
- Assess and judge a risky sexual situation.

- Differentiate between myths and facts.
- Recognise risky behaviours.

DECISION-MAKING

Decision-making is the ability to utilise all available information to assess a situation, analyse the advantages and disadvantages, and make an informed and personal choice. As a person grows up he/she is frequently confronted with serious choices that require his/her attention.

These situations may present conflicting demands that cannot possibly be met at that same time. (“I want to have sex but I am afraid of STIs and I don’t know my partner’s status”). One must prioritise and make choices, but at the same time be fully aware of the possible consequences of those choices. One must learn to understand the consequences before making a decision.

Examples of abilities in decision-making:

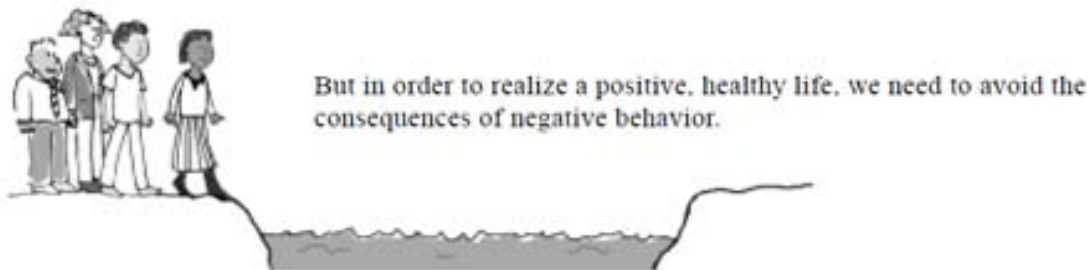
- “No, I don’t want to have sex” or “Yes, I do want to have sex”, and understand the consequences of both decisions.
- To decide on the appropriate contraceptive (condom, the pill) to use if you do have sex.
- To decide to remain faithful to one partner.
- To decide to avoid high risk activities, such as drug and alcohol use.
- To decide to visit a health clinic to be tested for STIs and HIV.

PROBLEM SOLVING

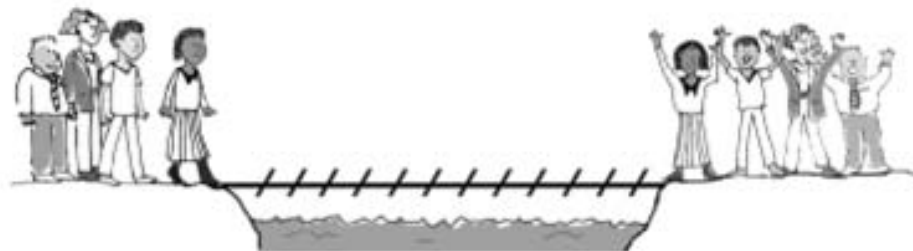
Problem solving is the ability to identify, cope with and find solutions to difficult or challenging situations. Problem solving is related to decision-making and the two may often overlap. It is only through practice in making decisions and solving problems that young people can develop the skills necessary to make healthy choices for themselves.

THE BRIDGE STRATEGY

Life skills provide a solid foundation for life, allowing individuals/communities to live healthy, happy, and fulfilling lives.



A Life Skills Program focuses on building the “planks” in the bridge—working on the individual skills that help people to make healthier decisions about their lives.



Relapse is expected in any behavior change, so we must build in “life-preservers” or ways to bring people back onto the “bridge” should they suffer the consequences of a negative behavior.



UNIT 7: SEXUALLY TRANSMITTED INFECTIONS, HIV AND AIDS

Sexually Transmitted Infections (STIs) are infections passed on by intimate body contact, by sexual intercourse with an infected person and by non-penetrative genital contact. Different tiny organisms/germs and viruses cause STIs. Some are harmless, illness - and an infection with HIV may result in AIDS, up to now a non-curable, lethal disease.

After infection, a disease can develop. Sexually transmissible diseases or sexually transmissible infections are any diseases that are passed from one person to another by sexual contact. This includes all forms of penetrative sex (oral, vaginal and anal) as well as some forms of foreplay such as genital touching. Some STIs can be passed through skin-to-skin contact; others require contact with infected body fluids such as blood, saliva, vaginal secretions or semen. Some STIs can be passed from mother to child during birth.

Many STIs don't have symptoms while infected. Because you may not know whether you or your partner has an STI, it is important to use a condom and to have regular check-ups at your doctor or local family planning clinic. If left untreated, STIs can cause infertility, poor health and problems in having a healthy baby. Condoms are very effective in preventing the transmission or passing on STIs.

You are always at risk of getting a STI if you have sex without using a condom, or when you are using a condom not properly.

AVOIDING STIs

It's simple. If you don't want to catch an STI, stay abstinent or use a condom. Although they don't eliminate the risk they greatly reduce it. If you have vaginal or anal sex without a condom then you run the risk of catching an infection. Practicing safe sex reduces the risk of contracting STIs: this means using a condom when having sex. Some STIs can be transferred through oral sex, therefore it is wise to use a condom when having oral sex too.

There are many STIs and having one infection can make it easier to catch another. The most frequent STIs of them include the following:

- Chlamydia
- Gonorrhoea
- Hepatitis B
- Genital herpes
- HIV/AIDS
- Syphilis

CHLAMYDIA

Chlamydia is one of the most common STIs in the world. It is very infectious, and almost all the infections are caused by unprotected sex. Most of the time people do not have symptoms, therefore people do not go to the health care centre. This is a big problem since it can lead to severe side effects, like infertility. Some people do have symptoms, like pain during sexual intercourse and peeing, abnormal blood loss for women, and for men, pain with peeing and watery discharge out of the penis. To diagnose the chlamydia you have to swab some tissue from the vagina or penis. When chlamydia is diagnosed antibiotics will be the proper treatment.

GONORRHOEA

Gonorrhoea is a bacterial infection that is extremely infectious. By having unprotected sex, which mean by having sex without a condom, you can get gonorrhoea. Gonorrhoea might be located in the vagina, penis, anus or throat. Most of the women do not have symptoms, but it can lead to many problems in the long term like, infertility or infections of organs. Most men has some symptoms, the most common is yellow discharge from the penis, pain while peeing or peeing only small amounts. In the long term men can get infections of internal organs. To diagnose Gonorrhoea a swab from vagina, penis, anus or throat is needed. Gonorrhoea can be easily treated with antibiotics.

HEPATITIS B

Hepatitis B is a virus that is transferred from one person to another by unprotected sex, without condom, or blood contact. The infection with hepatitis B is most of the time present without symptoms. Sometimes after a few months there are some vague complains like fatigue, nauseous, a yellow skin or stomach ache. The disease is not treatable, and almost all people recover from symptoms. And some do remain with complains for the rest of their life. Prevention from hepatitis B is by taking the vaccine, and use a condom to perform safe sex.

GENITAL HERPES

Genital herpes is a virus that is transferred from one person to another by sexual intercourse. The most known is the cold sores or herpes on the lip. Nevertheless, it can also be present on the genitals. Most of the time you do not have symptoms, but sometimes symptoms show up, and blares on lips, anus or genitals. These blares can be painful. Only when the person has symptoms, the blares, somebody is infectious. The infection is not curable. The only thing you can do is keep your immune system as high as possible to prevent the herpes virus to cause the blares by living a healthy life.

HIV

"Human Immunodeficiency Virus (HIV) is a STI that is not curable, and when not treated can cause AIDS which might lead to the death of a person. The virus attacks the immune system and your body will not be able to keep itself healthy. First you become really sick, and then you might die.

It is a common disease in the African continent, and a lot of people are facing problems from it. Many children loose their parents or other important family members. Currently it is one of the biggest health problems on the African continent.

SYPHILIS

Syphilis is caused by bacteria, and transferred by sexual contact and blood. It has a bad prognosis. There are 3 stadia, the first is characterised by blares in the mouth, around the penis, vagina, and anus. The second stage is causing problems like headache, fever, rash, and the loose of hair. The third, is characterised by of the brains, spinal cord, heart and aorta. This is followed by neurological, cardiovascular and problems with the digestives. The disease is diagnosed by extraction of blood and treatable with antibiotics.

When STIs are not well treated, or not diagnosed for a long period of time, it can cause:

- Infertility
- Mental disturbance
- Transmission to the baby during pregnancy and birth (for example skin problems, abortion, miscarriage, still birth, deformities in babies)
- Death
- Increased risk of HIV infection

TREATMENT OF STIs

First of all when you think you have an STI, you need to seek treatment as soon as possible from a qualified health care provider. Besides, you should inform your sexual partner(s) in order for them to seek treatment as soon as possible. Most of the STIs can be cured. Others cannot be cured, but can be treated and therefore they will not play a vital role in your life.

LINK BETWEEN STIs AND HIV

Few people realize that there is a connection between STIs and HIV. People do not realize that treating STIs can decrease the risk of HIV infection. Obviously there is a distinct connection between the two conditions. Therefore protection is at all times necessarily.

UNIT 7: CONTRACEPTIVE AND FAMILY PLANNING METHODS

Family planning (FP) services are defined as educational, comprehensive medical or social activities, which enable individuals and couples to determine freely the time, number and spacing of their children and to select the means/methods by which this may be achieved.

It enables couples and individuals to give birth to the number of children that is within the capacity of the household to bring up.

The absence of FP includes a risk for high maternal and infant mortality due to unwanted pregnancy, lack of birth spacing, adolescent pregnancy with related complications, etc.

Contraception is one way of FP. It is defined as prevention of fertilization by different means.

FAMILY PLANNING

Contraceptive use among married and unmarried women has increased, but still remains relatively low. This might also be related to the fact that decision taking in families mainly lies in the hands of the husband. Advocacy and promotion activities of FP services should include men of the whole community. Although women might be the primary users of FP methods, men are an important target group as well.

Through male involvement in FP, an increased and continuous use of methods can be achieved. This means on the one hand involvement of partners, but also to achieve the support of older men in the community as they are the opinion leaders and have a high influence over their daughters and females in the communities in general.

Besides, many women lack information about the importance of child spacing and about other advantages of family planning.

BENEFITS OF FAMILY PLANNING

Family Planning enables individuals and couples to freely decide on the number of children they want to have and the spacing between them; Family Planning is one of the sexual rights of every human being.

Enabling young women to postpone childbearing and to space births is the key to healthier families and empowerment of women (educational and professional opportunities).

Furthermore, FP programmes help to prevent STIs including HIV&AIDS by promoting condom use.

The benefits of FP and the provision to all members of the Rwandan society including young people are:

- Reduction of maternal mortality (health of mother as individual and caretaker of family and other children),
- Reduction of infant mortality (health of the child and its further development),
- Reduced morbidity during pregnancy (with maternal and infant outcome),
- Socio-economic advantages for mother, child and whole family: capacity of a household, educational and professional opportunities for women, children,
- Avoidance of unwanted pregnancies and their negative consequences for mother and child (see Chapter 8) including unsafe abortion,
- Prevention of STIs including HIV by promoting condom use,
- Overall increased productivity and well being of population.

There are different methods of modern contraceptive methods that are proved to work:

- Male and Female Condoms
- Oral contraceptives
- DIU, spiral
- Injectable contraceptives
- Implants

MALE CONDOMS

Condoms are the only method that prevent against both unwanted pregnancies and STI's and HIV. The condom is a rubber product that is applied on the penis of the man. It serves as a barrier against body fluids by preventing contact with the body of the other person.

How to use a condom?

1. Use a new condom each time you have sex
2. Check the date on the package
3. Open the package carefully; don't use your nails or teeth
4. Before any contact; place the condom on the top of the penis in erection
5. Squeeze the top; this way the condom won't break
6. Roll the condom down to the base of the penis
7. After ejaculation, remove the condom while the penis is still in erection
8. Throw the condom away.
9. Never use condom 2 times or more
10. When a condom breaks or slips off, a visit to the health care centre on short notice is important. For girls the use of an emergency contraceptive is recommended as well as a test for STI's. For boys testing for STI's and HIV should be done after problems with the condom.

FEMALE CONDOM

Female condoms prevent both unwanted pregnancies and STI's and HIV. The female condom is a product that can be applied in the vagina. It serves as a barrier against body fluids by preventing contact with the body of the other person.

THE PILL

The pill is a contraceptive method that protects against unwanted pregnancies. It does not protect against STI's and HIV! The pill prevents the release of an egg in the female body. Every day you have to take a pill for a period of 21 days. After the 21 days you take no pills for 7 days. In these 7 days you get a bleeding which is lighter than a normal menstruation.

Even when you are not sexually active you should continue taking the pill. Taking only 1 pill is not enough to prevent pregnancy.

When you stop taking the pill you will be fertile within 2-3 months.

When you forget to take the pill once, so 1 pill, you have to take the missed pill immediately. From that moment you continue the rest of the 21 days as usual. When you missed 2 or more in a row, you have to use a condom to prevent pregnancy.

Sometimes you can get a bit nauseous. When you vomit within 2 hours after taking a pill, the pill will not protect you enough. Therefore, take another pill when you feel better.

DIU, A SPIRAL

A spiral, also called an IUD, is a small T-shaped device that is inserted into the uterus through the vagina by a qualified health professional. There are two types, one with copper and one with the hormone progesterone. The spiral is inserted at the health care centre by trained medical staff. The placement will take up to 15 to 20 minutes. The placement may be a bit painful, but there will be no surgical procedure; no cutting is done.

The spiral can stay in place for 5 to 10 years. This means that you don't have to worry about becoming pregnant for this period of time. Although it protects against unwanted pregnancies, it will not protect you against STI's and HIV! Only condoms can do this. [LINK to condoms](#)

The IUD can have effects on the monthly bleeding pattern; it can become heavier or milder. It might also happen that irregular bleeding or some spotting, especially in first 3 months after placement, occurs. This usually stops after a few months

Changes in bleeding pattern don't mean that you are ill or becoming infertile. Keep in mind that when the spiral is removed both the menstruation cycle and fertility will return.

INJECTABLE

Injections with hormones that prevent pregnancy is a contraceptive methods that works for 3 months. You have to get an injection every 3 months at the health center. As a result you will be protected against pregnancy for 3 months. But you are not protected against STI's and HIV!

When you are too late with getting the next injection; use condoms. When you had sex before another injection; consider the morning after pill. When you stop with the injection you are able to get pregnant again. Sometimes it takes a couple of months for the normal bleeding returns. Although it might take a while, with a maximum of 12 months, the fertility will return.

You may gain some weight, and your menstruation bleeding might change. The first months you can have some irregular bleeding. Both side effects are not harmful to you.

IMPLANT

The contraceptive implant is a small flexible tube about 40mm long that is inserted by a health worker under the skin of your upper arm. It contains the hormone progesterone. The implant protects you against pregnancies for 3 years. Although it protects against unwanted pregnancies, it does not protect against STI's and HIV!

The implant only takes a few minutes to put in. A trained health worker will rub a cream on your arm to make it numb so it won't hurt.

Your arm may be tender, bruised and swollen after having the implant put in. But this is only temporary. You can have some side effect like a period of irregular, lighter, heavier or longer bleeding. This usually stops after the first year. It is also possible that the bleeding stops. In addition, it might happen that the implants increase the weight a bit.

UNIT 8: PEER EDUCATION AND COMMUNICATION

PEER EDUCATION

Peer education refers to the process whereby motivated and well-trained young people participate in organised educational activities with people close to them in age, background or interests over a period of time. Peer education aims to develop peer knowledge, attitudes and skills, enabling them to be responsible for and protect their own health.

Peer education may occur in small groups or through individual contact and in a range of settings such as schools, clubs or anywhere young people gather.

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

WHY PEER EDUCATION?

A young person's circle of friends greatly influences personal behaviour whether it is safe or risky behaviour. Peer education uses peer influence positively. Young people look to peers for information on sensitive matters or issues generally not openly discussed in a particular culture.

Peer education offers young people the opportunity to participate in activities that enhance their level of understanding, attitudes, behaviour, skills and knowledge.

Consequently, they also receive the necessary information and services needed to protect their health.

Peer education is responsible, rewarding work that can truly make a difference to the lives of many young people. Working in this field is a satisfying way of positively changing communities.

PEER

A peer is a member of a group of people sharing the same characteristics.

For example, people of the same age and background, or who do the same kind of work, have the same or similar lifestyle, experiences or beliefs.

NEAR PEER

A person who shares many characteristics of a true peer but differs in some way, such as being slightly older or no longer belonging to the same societal group; for example, ex-alcohol addicts act as "near peers" to alcohol addicts.

HIV PEER EDUCATION

This is a process involving the selection, training and support of members of a specific group to educate their peers on HIV and related topics.

PEER EDUCATOR

A person belonging to a group on an equal basis as other group members but who is trained (and supervised) to bring about a change in knowledge, attitudes, beliefs and behaviours at the individual level amongst his or her group members.

SECONDARY PEERS

In some instances it can be difficult to support and monitor the target group to act as peer educators, e.g. soccer players. "Secondary peers" are those who have frequent contact with the target group but are not their actual peers. Secondary peers can be trained as peer educators, e.g. in the case of soccer

players, soccer coaches can become peer educators, as they have more frequent contact with soccer players.

FORMAL PEER EDUCATION

Formal peer education is repeated, formal contact by a trained peer educator with a group of up to 20 of his or her peers using a prepared session and involving active participation by the group. This can be carried out in any setting, for example, in a classroom, in the workplace or in a community setting.

INFORMAL PEER EDUCATION

This is repeated informal one-to-one or small group interaction by a trained peer educator with a member of his or her peer group. It can also be carried out in a variety of settings. What defines informal peer education is that the peer educator does not usually work through a prepared script but uses information and skills gained through training to discuss a given subject with his/her peers and support safer behaviours.

THE STAGES OF CHANGE

The stages of change are:

- Precontemplation (Not yet acknowledging that there is a problem behaviour that needs to be changed)
- Contemplation (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
- Preparation/Determination (Getting ready to change)
- Action/Willpower (Changing behaviour)
- Maintenance (Maintaining the behaviour change) and
- Relapse (Returning to older behaviours and abandoning the new changes)