SEXUAL REPRODUCTION HEALTH & PEER EDUCATION

THE FACILITATOR'S GUIDE

FIRST EDITION

INTRODUCTION

This SRH Facilitators' Training Manual is designed to empower peer education (young people) with knowledge and skills needed to take informed decisions on their Sexual and Reproductive Health (SRH), to train their peers and to become confident change agents in their local communities.

The SRH Facilitators' Training Manual promotes a participatory learning process that is inspired by concepts of experiential learning.

Accordingly, trainees discover learning contents themselves, learn with all their senses, connect their experiences to the learning topic, participate actively in session, and thus become part and parcel of the learning process.

The Sexual and Reproductive Health Facilitators' Training Manual that is designed to ultimately strengthen improve and effectively facilitate SRH-related knowledge and skills gain of young people at various levels. It can be used in the context of trainings for Trainers, peer educators or peer learning group facilitators respectively.

Participatory approach forms the foundation of this manual. Training is conceived here as an exchange between the trainer and the participants.

The more peers are engaged the more they are able to develop positive attitudes, behaviour and skills. The main assumption is that adolescents and younger people know many things. Regardless of his or her level of formal education, each participant has a valuable contribution to make, if encouraged to be an active partner in the learning process. Due to the emphasis placed on this "active partnership", "trainers" are referred to as" facilitators" throughout this manual.

This manual focuses on broader young peoples' sexual and reproductive health issues, including HIV/AIDS. It attempts to integrate SRH issues with participatory methods and tools in the course of learning activities.

The manual is structured such that we tried to focus on objective of each session, duration and the way it will be conducted. It is also the key message to be kept by trainers

Ten golden rules for facilitators

1. Be patient
2. Listen really well
3. Pay equal attention to participants look at all participants
4. Invite participants to ask questions
5. Answer questions carefully and punctually and check whether this is an answer to the questio n asked, by asking: 'Is this an answer to your question?'
6. Be a role model not only in words, but also in voice, behaviour, how you approach others.
7. Be flexible with the programme, adapt to the need of the participants
8. Share ideas with the participants or give them options
9. Be creative
10. Show respect by expressing appreciation for each contribution.

CONTENTS

UNIT 1: INTRODUCTION OF PARTICIPANTS

INTRODUCTION

To get the training started we need to gain insight in the knowledge, and

SPECIFIC OBJECTIVES

To get insight in the subject of today. And to get to know what the expectations or the participants are. Besides, the agenda will be discussed.

TIME REQUIRED

30 minutes

MATERIALS REQUIRED

- Flip chart
- Markers with different colours / Pens
- Notebooks / Scotch

METHODOLOGY

1. Welcome all participants and introduce yourself.
2. Write down on the flipchart the topics for introduction.
3. Arrange participants in groups of 2 persons and ask them to gather in the corners of the room and start talking about the subjects of today
4. Allow for 4 minutes to work in pairs and interview one another. Get to know what the other one knows about SRH.
5. When the time is over, ask participants to introduce the person they have just interviewed to the whole group. And to tell what the SRH subjects were that were discussed.
6. Does this fit the content we are going to hear. Do we miss something? Talk with the participants regarding possible missing subjects.
7. Complete the discussion with discussing the agenda for today.

NOTE FOR FACILITATOR

Keep the paper/flip chart displayed throughout the whole training and refer to it as appropriate. On the last day of training, participants will be have a chance to compare and discuss whether or not their preliminary expectations have been met during the training. Young people have well developed needs and interests. If the training meets their needs and interests, they will learn a lot.

During this exercise, participants are asked to express their expectations and concerns in relation to the training. It is time for each participant to become clear about what exactly s/he would be realistically expecting from this training. If their expectation is beyond the scope of the set objectives, it is important for the facilitator to clarify what they actually can expect. Otherwise, a misunderstanding may arise between the facilitator and the participants if they are not following along the same line from the outset.

UNIT 2: ADOLESCENCE REPRODUCTIVE HEALTH

FEMALE REPRODUCTIVE HEALTH

INTRODUCTION

Female reproductive health is one of the main subjects of reproductive health, this together with male reproductive health. This chapter gives insight in the female reproductive health and allows the participants to talk about female reproductive health.

SPECIFIC OBJECTIVES

- Enhance knowledge on the female reproductive organs
- Participants will acquire in-depth knowledge of female reproductive organs

TIME REQUIRED:

20 minutes

MATERIALS REQUIRED

- Flip chart
- Markers with different colors / Pens
- Notebooks / Scotch
- Slips of paper with all female reproductive health organs

METHODOLOGY

- Ask participants to stay in the whole group and form a circle.
- Distribute cards or slip of paper with names of the female reproductive organs and other cards with corresponding functions of descriptions of these names.
- Ask each participant to read the card/paper he/she has at hand.
- Ask for the corresponding card/paper owned by one of the participants to be read out loud.
- Ask participants to give the name in the local language, explain the part and its functions. Encourage other participants to ask questions.
- Summarize the main points learnt on female reproductive organs.

NOTE FOR FACILITATOR

Female reproductive organs	**Corresponding description/function**
Uterus	Implantation takes place and holds a growing baby. The inner lining of it sheds blood once every month during menstruation and comes out as blood.
Fallopian tubes	Are two hollow like structures that connect the ovaries to the uterus on either side.
Cervix	The neck or opening of the uterus. The lower end of the womb connecting with the upper part of the vagina.
Vagina	Is the passage from the outside of the body to the mouth of the uterus. The penis is placed in it during sexual intercourse and the baby passes through it during delivery.
Vulva	The external parts of the female genital organ.
Clitoris	It is a small, sensitive organ above the vagina that responds to stimulation during sexual intercourse.
Vaginal fluid	Fluid produced by a pair of glands in the vagina to moisten the vagina.
Labia majora	The outer lips of vulva covered with hair that protects labia minora

	and internal structures.
Labia minora	The two inner lips covering and protecting the vaginal opening.
Pelvis	The bones containing and protecting the internal genital organs.
Ovaries	Produce eggs and two major hormones, oestrogen and progesterone.
Urethra	Narrow tube for passage of urine to the outside.
Hymen	Thin membrane covering the opening of the vagina.

THE MENSTRUAL CYCLE

INTRODUCTION

Each month, a mature egg (ovum) is released from one or two of the ovaries and moves to the fallopian tube; this is called ovulation (the release of the egg). The egg can survive for only about one day (24 hours) in the fallopian tube. If a sperm does not fertilize it within that time, it dissolves or flows out of the body. An unfertilized egg leaves the womb through the process of menstruation.

Remember, ovulation occurs in the middle of the menstrual cycle, or about halfway between periods (depending on the length of the menstrual cycle). However, it is often difficult to know when ovulation is taking place if women have irregular menstrual cycles.

OBJECTIVE

- Give the participants insight in the menstruation cycle, including all her components.
- Gain insight in the conception that leads to pregnancy.

TIME REQUIRED

45 minutes

MATERIALS REQUIRED

- Flip chart
- Markers with different colors / Pens
- Notebooks / Scotch

METHODOLOGY

- Ask participants to form groups of 4, 5 or 6.
- Give them flip charts or large pieces of paper and markers.
- Ask them to draw the menstrual cycle (5–7 minutes).
- After 7–10 minutes, bring participants together, and ask one group to present their drawings of menstrual cycle (5 minutes).
- Ask for comments and improvement of the drawing.
- Ask them the following questions:
    - What causes menstruation?
    - Describe the role of menstruation in pregnancy.
    - Identify the age when a girl can get pregnant and a boy can impregnate.
    - What are the body elements required for pregnancy to take place?
    - What makes it difficult for a girl to know the exact time when she ovulates?
- Write each of the 6 steps of menstrual cycle on separate sheets of paper (ask for help from participants). Let them be explained by some volunteers.
- Ask 2 volunteers to explain how it works when fertilization is taking place. Discuss the explanation afterwards with the whole group. What can be added? Was this complete?
- Summarize the main lessons learned and ask for feedback. Was the exercise helpful? What difficulties did they face with the exercise? How should it be improved?

NOTE FOR FACILITATOR:

Note: A clear knowledge of the menstrual cycle is crucial for a good understanding of pregnancy and its management, or control of conception. Participants should take some time to analyse and do the exercises on the menstrual cycle.

CONCEPTION

The process of conception involves the fusion of an egg (ovum) from a woman's ovary with a sperm from a man. Every month during a woman's fertile years, her body prepares itself for conception and pregnancy. In one of her ovaries an egg ripens and is released from its follicle.

The egg – about the size of a pinpoint, 1/250 inch in diameter – is then drawn into the fallopian tube through which it travels to the uterus. The journey takes three to four days. The lining of the uterus has already thickened to assist the implantation of a fertilized egg, or zygote. If the egg is not fertilized, it lasts 24 hours and then disintegrates. It is expelled along with the uterine lining during menstruation.

Sperm cells are produced in the man's testes and ejaculated from his penis into the woman's vagina during sexual intercourse. Sperm cells are much smaller than eggs (1/1800 inch in diameter). A typical ejaculation contains millions of sperm, but only a few complete the long journey through the uterus and up the fallopian tube to the egg. Of those that reach the egg, only one will be allowed to penetrate the hard outer layer of the egg. As the sperms approach the egg, they release enzymes that soften the outer layer of the egg. The first sperm cell that bumps into a spot that is soft enough can swim into the cell. It then merges with the nucleus of the egg and fertilization occurs.

While still in the tube, the fertilized egg begins to divide and grow. At the same time, it continues to move through the tube towards the womb. It takes an average of five days to reach the inside of the womb. Within two days of reaching the womb, the fertilized egg attaches itself to the lining of the womb. This process is known as implantation.

The ovum (egg) carries the hereditary characteristics of the mother and her ancestors; sperm cells carry the hereditary characteristics of the father and his ancestors. Together they contain the genetic code, a set of instructions for development. Each sperm cell, egg or sperm, contains 23 chromosomes, and each of these chromosomes contains genes, so small that they cannot be seen through microscope. These genes are packages of chemical instructions for designing every part of a baby. They specify that the infant will be human; what the sex will be; whether it will tend to be (depending also on its environment) short, tall, thin, fat, healthy, or sickly; and hundreds of other characteristics. Together, they provide the blueprint for a new and unique person.

The usual course of events at conception is that one egg and one sperm unite to produce one fertilized egg and one baby. But if the ovaries release two (or more) eggs during ovulation, and if both eggs are fertilized, two babies will develop. These twins will be more alike than siblings born from different pregnancies, because each of the latter comes from a different pregnancy, and therefore from a different fertilized egg.

Twins who develop this way are referred to as fraternal twins; they may be of the same sex or of different sexes. Twins can also develop from a division of a single fertilized egg into two cells that develop separately. Because these babies share all-genetic material, they will be identical twins.

MALE REPRODUCTIVE ORGANS

INTRODUCTION

Male reproductive health is one of the main subjects of reproductive health, this together with female reproductive health. This chapter gives insight in the male reproductive health and allows the participants to talk about male reproductive health.

SPECIFIC OBJECTIVES

- Enhance knowledge on the male reproductive organs
- Participants will acquire in-depth knowledge of male reproductive organs

TIME REQUIRED

20 minutes

MATERIALS REQUIRED

- Flip chart
- Markers with different colors / Pens
- Notebooks / Scotch
- Slips of paper with all male reproductive health organs

METHODOLOGY

- Ask participants to stay in the whole group and form a circle.
- Distribute cards or slip of paper with names of the male reproductive organs and other cards with corresponding functions of descriptions of these names.
- Ask each participant to read the card/paper he/she has at hand.
- Ask for the corresponding card/paper owned by one of the participants to be read out loud.
- Ask participants to give the name in the local language, explain the part and its functions. Encourage other participants to ask questions.
- Summarize the main points learnt on male reproductive organs.

NOTE FOR FACILICATOR

Male reproductive organs	Corresponding description/function
Penis	Male organ for sex used for placing sperms into the vagina and also for passing urine.
urethra	Long narrow tube inside the penis through which both sperms and urine pass.
Prepuce	Foreskin that protects the head of the penis
Testes	Two sex glands that produce sperm and male hormones. They are responsible for the development of secondary sexual characteristics in a man.
Seminal vesicles	Are like pockets or glands where the white fluid (semen) is produced and the sperms stored.
Prostate	Produces fluid, which helps create a good environment for the sperms in the vagina.
Vas deferens	Are tubes through which the man's sperms pass from the testicles to the penis.
Scrotum	It is a sac, which holds the testes, and protects them against extreme temperature.
Epididymis	Coiled tubes leading from the testes to the vas deferens where sperm mature.
Cowpers gland	Produces fluid, which helps create a good environment for the sperm in the penile urethra

UNIT 3: GENDER AND SEX DURING ADOLESCENCE

Gender relationships: Adolescents and young people need to reflect on their social roles as boys and girls and learn how these roles influence their sexual relationships, both positively and negatively. In order to understand these roles, they need to see the difference between "sex" and "gender". Sex is a biological term referring to whether a person is male or female; gender is a social term referring to the idea of what it means to be a man or a woman.

Therefore, gender relates to socially determined characteristics, roles and ideas, attitudes and beliefs that the culture or a particular society has attributed to males and females. From childhood on, we learn and acquire these gender characteristics. Remember, gender relations are socially constructed and therefore, can be changed.

The roles that are biologically are inborn and cannot change. Women menstruate and can become pregnant. Men have penises and can impregnate women. Sex roles are common to all women and all men.

Starting from childhood, a girl learns her gender role, usually from her mother. These are socially constructed or gender roles. In other countries the same rules do not necessarily apply. Whereas, a boy learns his gender role usually from his father. Again, in other countries the same social rules do not necessarily apply. For example, many American women own their own property and run large corporations.

In various countries around the world, the social roles men and women are interchangeable. Men cook and clean, women drive tractors and climb fences, men grind grain and women look after the family wealth. Therefore no biological difference can justify a gender-based imbalance in wealth, position in society, or sexual rights.

EXPLORING THE SEXUAL EXPERIENCES OF ADOLESCENTS

INTRODUCTION

This training is developed for to give insight in the sexual experiences of adolescents. It helps the participants to learn about the risks and the more importantly, the benefits from being sexually active.

SPECIFIC OBJECTIVES

To enable participants to identify both the potential benefits and risks of being sexually active

TIME REQUIRED

45 minutes

MATERIALS REQUIRED

- Flip chart
- Markers with different colors / Pens
- Notebooks / Scotch

METHODOLOGY

- Ask participants to form small groups of 4, 5, or 6.
- Ask participants to list down positive (enjoyable) and risky sexual behaviours or practices that are common among adolescents (see the example below). Limit the list to 5 positive and 5 risky experiences or behaviours.
- Ask participants to rank according to the importance of the benefit or seriousness of the risks (Allow 15 minutes). Explain to participants that they are not to discuss the causes, effects or

solutions of the risks at this stage. These will be handled later. When the allotted time is over, get together as a whole group.

- Ask presenters of each group to list the first three major positive aspects and risks identified. Write on a flip chart under two columns.
- Summarize the main positive and risky behaviours. For feedback, ask the participants whether the exercise has enabled them to identify positive and risky sides of adolescent sexuality or not?
- Keep for future use the chart with the prioritized risks posted on the wall for future use.

NOTE FOR FACILITATOR

Adolescent sexual activity

Benefits	Risks
A normal expression of love	STIs, including HIV/AIDS
Feels good	Unwanted pregnancy
Emotional connection with another person	Emotional distress
Can raise self-esteem	Can lower self-esteem
A fulfilment of marriage vows	Can cause problems with parents/
To have a child	community

HEALTH EFFECTS OF EARLY PREGNANCY

INTRODUCTION

When a woman is having an early pregnancy, unplanned or planned, there are certain risks related to the pregnancy. These risks need to be known, since medical help and other support to this girl is needed. The participants should be thinking for themselves at first before gaining knowledge from the facilitator.

SPECIFIC OBJECTIVES

To enable participants to identify causes and consequences of unwanted pregnancy

Identifying causes and consequences of unwanted pregnancy

TIME REQUIRED

30 minutes

MATERIALS REQUIRED

- Flip chart
- Markers with different colors / Pens
- Notebooks / Scotch

METHODOLOGY

Before starting this section, ask the person assigned to conduct energizer (3–5 minutes).

1. Briefly recap (3 minutes) what has been covered in the previous session.
2. Briefly introduce the main content of the handout (5–7 minutes).
3. Tell participants that we are now going to analyze together unwanted pregnancy in depth and conduct exercises.

When the first part is finished the following steps can take place:

1. Arrange participants in small groups of 3, 4 or 5 persons and identify the causes and consequences of unwanted pregnancy. They may not have personal experience about unwanted pregnancy, but they might know of other boys and girls who are confronted with it or they might have heard and read about it. They should not mention names of persons known.
2. Ask each group to come up with 3 causes and 3 consequences (10 minutes). Tell them not to deal with the prevention steps at this stage.
3. Ask each group to come up with 3 causes and 3 consequences (10 minutes).
4. Tell them not to deal with the prevention steps at this stage.
5. After 10 minutes, bring participants together as a group. Ask presenters to share by brainstorming the findings of their small group.
6. Record the main points under separate headings: causes and consequences.
7. Screen repeats and overlaps and then merge similar ideas.
8. Add missing ideas from your reading of the basic information.
9. Summarize and ask for feedback from participants whether participants are able to identify causes and effects of unwanted pregnancy or not?
10. At this stage, you also need to think very carefully about how you run the next sessions. It is important that evaluation feedback be incorporated into the upcoming sessions by the facilitator.

NOTE FOR FACILITATOR

HEALTH EFFECTS OF EARLY PREGNANCY

Serious health risks are associated with early pregnancy because a young woman's body is not mature enough to handle bearing a child. When a woman is under 20, the pelvic area (the bone surrounding the birth canal) is still growing and may not be large enough to allow the baby to easily pass through the birth canal. This can result in what is called an "obstructed labor". Obstructed labor is dangerous to both mother and child, and requires the help of trained medical professionals. Under the best circumstances, the young woman will have an operation called a "caesarean section" in which a cut is made in the abdomen and the baby is removed directly from the uterus. A major contributor to high maternal mortality rates is adolescent pregnancy.

If a young woman is not physically mature, the uterus may tear during the birth process and she may die because of blood loss. If she is lucky and survives the delivery, she might face fistula due to prolonged labor. A baby's head can also tear the vagina causing a hole between the vagina and bladder or between the vagina and the rectum, resulting in what is known as a fistula. Unless she has an operation to fix her problem, for the rest of her life she will not be able to hold her urine or faeces and this will make her a social outcast.

In addition, younger women who become pregnant face a higher risk than older women in developing a number of other complications such as:

- Excessive vomiting
- Severe anaemia
- Hypertension
- Convulsions
- Difficulty in breast feeding (if the girl is too young to produce milk)
- Premature and low birth weight babies
- Infection
- Prolonged labour
- High maternal mortality or death

The risk of having serious complications during pregnancy or childbirth is much higher for girls in their early teens than for older women. Ages of 20–30 years are the safest period of women's life for child bearing. The major difference between girls in their early teens and older women is that girls aged 12–16 years are still growing. The pelvis or bony birth canal of a girl can grow wider by as much as 20% between the time she begins menstruating and the time she is 16 years old. This widening of the pelvis can make the crucial difference between a safe delivery and obstructed labour.

It is not surprising, therefore, to find that obstructed labor, due to disproportion between the size of the infant's head and the mother's pelvis, is most common among very young mothers. The consequences of such obstructed labor may be death due to numerous complications or lifetime crippling conditions of vesico vaginal fistula.

SOCIAL CONSEQUENCES OF UNWANTED ADOLESCENT PREGNANCY

The social consequences of unwanted pregnancy are equally devastating. For a young girl, an unwanted pregnancy can be a disaster; she may be far from being emotionally ready to have a baby. Most adolescents who become pregnant are forced to drop out of school and may never return, affecting their future life negatively. Several of them may not even get married and establish a family. Besides, they may be shamed in families and communities.

This may entail unstable and distressing emotional turmoil where the young girl may be tempted to illicitly terminate the pregnancy or resort to suicide. Quite a number of young girls in this situation may run away from home and end up as sex workers and/or living in poverty with their children.

The girl's partner often denies his responsibility for her condition. Child abandonment or neglect is also a common consequence of unwanted pregnancy.

UNIT 4: LIFE SKILLS IN DEVELOPING POSITIVE SEXUAL BEHAVIOURS

Life skills have been defined in various ways including:

"Skills required for positive living and survival".

For the purpose of this guide the following working definition will be used:

'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.'

AIM OF SEXUAL AND REPRODUCTIVE HEALTH LIFE SKILLS

The main aim of the following life skill exercises is to promote abilities in:

- Making positive sexual health choices,
- Making informed decisions on sexual matters,
- Practicing healthy sexual behaviours,
- Recognizing and avoiding situations and behaviours that are likely to pose risks to sexual health.

BENEFITS OF LIFE SKILLS

Life skills promote health behaviours that may reduce early sexual involvement, early pregnancy and the risk of STIs, including HIV transmission.

They are designed to empower young people to act positively and effectively when confronted with difficult situations. Furthermore, life skills enable young people to protect their own sexual health as well as that of others.

TYPES OF LIFE SKILLS

Life skills are numerous and it is difficult to limit their type and number. However, for the purpose of this guide, the following core life skills have been identified:

The core life skills are:

- Assertiveness
- Effective communication
- Interpersonal relationship
- Self-esteem
- Problem solving
- Peer resistance
- Critical thinking
- Decision making
- Self awareness

KNOWLEDGE OF LIFE SKILLS

INTRODUCTION

To learn about life skills, you need to know the information regarding these skills. What are the most common, what are the life skills about and how do they work. Why are they important for life, and how can these fit in your daily life.

SPECIFIC OBJECTIVES

To enable participants to identify life skills

TIME REQUIRED

40 minutes

MATERIALS REQUIRED

- Flip chart
- Markers with different colors / Pens
- Notebooks / Scotch
- Cards to write on

METHODOLOGY

- Ask participants to form a buzz group with their neighbours.
- Write the nine essential life skills on a piece of paper or card (with help from participants).
- Distribute one card to each of the buzz groups.
- Ask the buzz groups to discuss the meaning of the life skill on their card using examples (5 minutes).
- When the time is up, ask one of the buzz group members to explain very briefly the life skill on the card, giving an example of how it could be used.
- Ask other participants to supplement or improve on what was said.
- Take an average of 3 minutes for discussion on each card.
- Using a flip chart, write the key points under each life skill.
- Summarize the main lessons learned from the card activity and ask for feedback from participants.
- Did the exercise help you understand life skills?
- Put the list of essential life skills on the wall.

APPLICATION OF LIFE SKILLS

INTRODUCTION

How do you put the life skills now in daily practise. This part will learn the participants to put the life skills in daily practice.

SPECIFIC OBJECTIVE

See how and reflect how certain life skills apply in daily life.

To enable participants to practice applying life skills

TIME REQUIRED

45 minutes

MATERIALS REQUIRED

- Flip chart
- Markers with different colors / Pens
- Notebooks / Scotch

METHODOLOGY

- Read the story of Sara and David

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

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

David insisted that she join him in the hotel room to eat supper but knowing his intentions, Sara refused. David took her hand and pulled her to go along with him.

He told Sara he would beat her if she refused or started to scream. Scared, she went with him into the hotel room where he ordered supper.

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

"If you do anything to me, I will tell your wife and my family and you will be put in prison for rape." David was so angry he pushed her out of the room.

- Ask for volunteers to put on a role-play on the story of Sara and David
- Tell them to apply the life skills that have been discussed.
- Allow 10 minutes for preparation (if the role-play was not assigned earlier).
- Allow 5–7 minutes for the presentation.

- At the end of the role-play, analyze what happened:
    - What do the participants think of this scene? Is it accurate?
    - What skills did David use to try to get what he wanted?
    - What skills did Sara use?
    - How effective were each of these? (Very effective, medium, low)
    - Where there skills that either David or Sara could have used, but did not? Which one?
    - Who was more effective in the use of life skills – David or Sara? How? Why?
- Write the main life skills that are identified on a flip chart.
- Summarize the lessons learned and ask for feedback. Is the exercise useful for learning life skills?

NOTE FOR FACILITATOR

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

UNIT 5 SEXUALLY TRANSMITTED INFECTIONS (STIS) & CONTRACEPTIVES

INTRODUCTION

Specific objectives

- By the end of this session participants should be able to:
- Identify the basic signs and symptoms of STIs;
- Name different contraceptives and their function

TIME REQUIRED

140 minutes

MATERIALS REQUIRED

- Large pages of paper or a board
- Appropriate pens and markers
- Material to stick paper up on the walls

METHODOLOGY

WHAT ARE STIS? (20 MIN)

Start the session by asking participants to explain, in their own words, what STIs are. Use the information below to make corrections and additions.

WHAT DO WHEN I THINK I HAVE AN STI (15 MINUTES)

Write down the information below in advance on a board or large page of paper and bring it to the session. Go through this list and clarify any points that might not be understood:

- It is important to go to your clinic immediately to see the healthcare worker.
- You must finish all the treatment, even if you feel better
- You must inform all your sexual partners so that they can go for treatment.
- You cannot cure a sexually transmitted infection or HIV by having sex with a virgin.
- Do not have sex until you are cured, otherwise you will pass the germs to your partner and you will be infected again.
- HIV passes more easily into a man or woman with sores or discharges from an untreated sexually transmitted infection.
- STIs can infect anyone, male or female, young or old, single or married, rich or poor.

SIGNS AND SYMPTOMS (10 MINUTES)

Ask the group to give you the signs and symptoms of STIs and write them down.

You may have a sexually transmitted infection if you have one or more of the following symptoms:

- In men, burning pain when urinating or a discharge (liquid from the penis).
- Sores, blisters or warts on the genitalia or anus that may be painful or painless.
- There may be one sore or many. Sometimes the glands in the groin swell up and the sores may burst.
- Signs of STIs in women are an unusual white, yellow or greenish discharge, which may smell bad.
- The genitals may itch, burn or feel sore.

- A woman may have pain in her lower abdomen, backache, fever and chills.
- Visit a healthcare provider or clinic if you have sores on your genitals, discharges or have lower belly pain, fever and chills.

CONTRACEPTIVES (30 MINUTES)

Name the different contraceptives as mentioned in the facilitators note.

- Let them group and talk about the different contraceptives
    - What do they protect against?
    - Where do they not protect against?
    - For who are these contraceptives applicable?
- Finalise this session by explaining all the contraceptives after each other. Allow the participants to join in the discussion, but keep it short.

NOTE: A person with HIV may not show signs and symptoms for many years but can still infect others without knowing it.

FURTHER DISCUSSION REGARDING STIS AND CONTRACEPTIVES (60 MINUTES)

Divide participants into 3 groups and allocate the three discussion questions below Give them 10 minutes to discuss the question and 2 minutes to report to the entire group.

- Discuss the consequences of STIs.
- Discuss ways to prevent STIs and where they would go if they had where they would refer a person with an STI. What makes it difficult for young men and young women to use these
- Discuss ways young people can ensure they are attended to with respect

NOTE FOR FACILITATOR

SEXUALLY TRANSMITTED INFECTIONS (STIS)

These are infections passed on by intimate body contact and by sexual intercourse. They are caused by different tiny organisms/germs (bacteria, viruses and protozoa).

People (especially women) may sometimes have an STI but have no symptoms for a long time. Therefore, it is important to inform your partner if you have an STI and to encourage him/her to see a doctor.

Most STIs can be cured if treated correctly, but some are hard to treat and the medicine prescribed by a healthcare professional must be taken according to the instructions. Follow-up visits with your partner to the clinic are crucial.

It is important not to have sex before the treatment of the STI is complete.

Most STIs do not cause serious problems if they are detected and treated early. If this is not the case, the infection may spread and cause serious complications such as sterility.

Most STIs in pregnant women can infect the baby in the womb or during delivery and can cause serious illness.

SOME COMMON STIS

CHLAMYDIA

This is a very common infection caused by a bacterium, and there are often no symptoms. If symptoms do occur, they include a discharge or burning sensation when urinating.

If Chlamydia is not treated, the infection may spread, causing inflammation in the womb and sterility.

Treatment: Antibiotics (prescribed by a healthcare professional).

GONORRHOEA

This is often called the "drop". Symptoms occur three to five days after infection. In men, it causes a yellow discharge and pain when urinating. Women may also have a discharge, but both women and men may have no symptoms at all. The infection may therefore be passed on without the carrier's knowledge.

If the infection is not detected and treated, it will spread and may cause sterility. Children born to infected mothers can become infected during delivery.

Treatment: Antibiotics (prescribed by a healthcare professional).

HERPES

Herpes is caused by a virus which lives in the nerve-root endings and, once infected, a person is infected for life. The first attack after infection is often the most painful. Small blisters occur around the site of infection, the mouth or the genitals about 2 to 20 days after infection. The blisters may be accompanied by a high fever and general aches and pains. Attacks occur about three or four times a year for many years but gradually decrease in intensity.

Treatment: There is no cure for herpes. The symptoms can be reduced by bathing the blisters in warm salty water and by taking painkillers. To avoid spreading the infection, patients should avoid touching their eyes without washing their hands.

HEPATITIS B

This is also caused by a virus. You can get hepatitis B through direct contact with the blood or body fluids of an infected person. Hepatitis B is not spread through food or water, or by casual contact. The symptoms are fever, fatigue and jaundice, sometimes there are no symptoms. The infection causes liver inflammation. When not treated, the patient can develop a chronic disease or liver cancer, which can lead to death.

Treatment: There is no cure for Hepatitis B; this is why prevention is so important.

GENITAL WARTS

Warts appear on or around the penis, vagina or anus. They are caused by a virus (human papilloma virus) and are very easily spread during sex. They are easy to see if they appear on the outside of the body, but difficult to detect it they are inside a woman's vagina or on her cervix.

Treatment: A wart-removing preparation is applied to each wart.

SYPHILIS

A small, painful ulcer on the genitals that eventually disappears. A few months later a red rash may occur over the body. Untreated, the infection can cause joint pain, hair loss and liver inflammation. Syphilis may then affect the nervous system, the heart and the bones. The final stage of syphilis may lead to insanity, paralysis and death. The unborn child of an infected mother can be infected as well.

Treatment: Antibiotics (prescribed by a healthcare professional).

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.

How can a person prevent transmission of STIs?

- Always use a condom with every sexual encounter
- Both partners should have only one partner, as multiple partners at risk for STIs.
- If you suspect an STI or are on treatment for an STI, do not have treatment is completed and you have been cleared by the healthcare worker• In new relationships it is important to talk about past sexual histories.
- Avoid casual sexual relationships.
- Remember that abstaining is the safest choice. But not always possible.

Contraceptives

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 6: PEER EDUCATION

INTRODUCTION

Peer education should be stimulated to the participants. The facilitator should tell the participants that it is needed to stimulate and tell everybody that it is needed to work on peer education. If somebody knows something, they should tell somebody else.

SPECIFIC OBJECTIVES

- To have a common understanding of the concept of peer education
- To identify the benefits and the limits of peer education

TIME REQUIRED

30 minutes

MATERIALS REQUIRED

- Three flip charts and markers

METHODOLOGY

The facilitator conducts three consecutive group 'call-outs' (an activity similar to brainstorming, in which participants call out their responses) on the following questions:

- What do we understand by peer education?
- What are the possible advantages of peer education?
- What are the possible disadvantages of peer education?

All responses are recorded on the flip charts.

NOTE FOR FACILITATOR

When agreeing on a working definition, it is important to come as close as possible to the following description:

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

PEER EDUCATION EXPLAINED

INTRODUCTION

To support the concept of peer education, the participants should know more about the exact definition of the concept. Peer education is during this part explained.

SPECIFIC OBJECTIVES

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

- Know what peer education is;
    - Know common terms used in peer education programmes; and
    - Know the minimum conditions for peer education programmes.

TIME REQUIRED

60 minutes

MATERIALS REQUIRED

- Large pages of paper or a board
- Pens and markers
- Material to stick paper up on the walls

METHODOLOGY

- Ask participants to explain in their own words what peer education is, the importance of peer education and the role of peer educators in peer education.
- Write their responses down where they may be clearly viewed by the group.

NOTE FOR FACILITATOR

Use the following information to make additions or corrections as needed.

What is peer education?

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

Why is it important?

A young person's circle of friends greatly influences personal behaviour; be it safe or risky behaviour. Peer education uses peer influence positively. Young people look to peers for information on sensitive or culturally avoided matters.

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 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.

DEALING WITH PEER PRESSURE

INTRODUCTION

Peer education can have a positive outcome on youth, but it can also be negative. Peer pressure plays a vital role in this concept. Here they will learn the concpet of peer pressure.

SPECIFIC OBJECTIVES

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

- Define the two types of peer pressure; and
- Find effective ways of dealing with peer pressure.
- Define how peer pressure can be changed to something positive or how to resist.

TIME REQUIRED

50 minutes

MATERIALS REQUIRED

- Large pages of paper or a board.
- Pens and markers.
- Material to stick paper up on the walls.

METHODOLOGY

- Ask the whole group to identify situations where peer pressure might occur and try to find a solution to resist peer pressure.
- Devide the group in groups 3-4 people
- Allow 10 minutes to ask each group to give their feedback (1 minute per group).

  "I am having problems with my friends at school. We are a group of five. I enjoy being with them and doing things, but sometimes after school we get together and do things l do not feel good about, like stealing and smoking cigarettes. Another time they found a can of paint and sprayed words on a garden wall. I have sometimes said l do not feel it is right, but my friends have all laughed and teased me and called me names. They say that if l don't want to do these things with them, then l must leave the group. I do not want to be without friends, but l feel bad doing these things. Please help me".

- Ask around if people want to talk about their own experiences with peer pressure (10 min)
- Round up and summarize what was discussed.

NOTE FOR FACILITATOR

Ask the participants to share with the group their understanding of what peer pressure is. Also ask them to identify different types of peer pressure and write their responses on a flip chart. Afterwards, go through the definition and types of peer pressure indicated below. 20 Min

Peer pressure: is when "friends" persuade you to do something that you do not want to do or are unsure about.

Two types of peer pressure

Bad peer pressure: occurs when you are being coerced into doing something that you don't want to. Friends have a tendency to think that they know what is best for you, and may offer their opinion whether it is wanted or not.

Good peer pressure: is being pushed into something that you didn't have the courage to do or didn't think about doing. Another form of good peer pressure is walking away from a bad situation/ decision because your friends convince you it is not in your best interests. Some people say that good peer pressure is when you get pushed into something that you didn't want to do and it turned out well.

Peer group is important during adolescence;

- Most people feel the need to belong to a group;
- There is often a feeling of having to conform to fit into the group. This may lead to the individual being 'swallowed up' by the group;
- The group's behaviour may be harmful to the adolescent, e.g. alcohol, drugs, truancy;
- The group may put pressure on the non-conforming individual;
- Adolescents fear the consequences of non-conformity e.g. ridicule, rejection;
- Conforming to potentially destructive behaviour is caused by a number of factors such as:
- Low self-esteem and lack of assertiveness;
- Poor adult support system and lack of confidence.