Republic of Malawi

Ministry of Health
(Reproductive Health Unit)

Youth Friendly Health Services Training Manual

Facilitators Guide

2009

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BLM	Banja La Mtsogolo
CBOs	Community Based Organisations
CHAM	Christian Health Association of Malawi
CHBC	Community Home Based Care
DM	Diabetes Mellitus
DMPA	Depo-medropogesterone acetate
DYO	District Youth Officer
EHP	Essential Health Package
FPAM	Family Planning Association of Malawi
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IEC	Information, Education and Communication
IGA	Income Generating Activity
NAC	National AIDS Commission
NGO	Non-Governmental Organisation
NYCOM	National Youth Council of Malawi
MAGGA	Malawi Girl Guides Association
MDHS	Malawi Demographic and Health Survey
MoH	Ministry of Health
PEP	Post Exposure Prophylaxis
PLHIV	People living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
RHU	Reproductive Health Unit
SDP	Service Delivery Point
SRH	Sexual and Reproductive Health
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VCT	Voluntary Counselling and Testing
VIPP	Visualisation in Participatory Programme
WHO	World Health Organisation
WVI	World Vision International
YFHS	Youth Friendly Health Services
YP	Young people
YPLHIV	Young People Living with HIV

FOREWORD

The youth are regarded as the window of hope for the development of this country. As such, they need proper care and guidance to ensure that they remain healthy and productive. As young people grow and develop, they have various needs and problems, which affect their growth and development. However, the young people and adults around them are either not aware of the needs, or are unaware of what to do about those needs; and where they are aware, they usually have problems in accessing services that address their needs.

The Malawi Youth Friendly Health Service (YFHS) Training package aims to improve the way service providers respond to the needs of young people and improve their ability to communicate with other stakeholders to improve young people's health.

The training package is intended for service providers who provide preventive, curative and promotive health services to the youth. Such service providers include trained registered health service providers e.g. doctors, clinical officers, nurses and other professionals such as psychologists, social workers, teachers, youth development workers and youth peer educators as well as young people themselves. It is envisaged that having such a broad target audience will ensure that the Training Programme benefits from different insights and perspectives from a broad range of stakeholders and service providers.

The Training Programme is expected to be implemented as a stand alone 5 days training workshop and that service providers who participate in the Training Programme will:

- Become more knowledgeable about the characteristics of young people and of different aspects of youth health and development;
- Become more sensitive to the needs of young people;
- Be better equipped with facts and figures to argue for increased investment in young people's health and development;
- Be better able to provide health services to young people that respond to their needs and are sensitive to their preferences;
- Have prepared a personal plan indicating the changes they will make in their work with and for young people.

However, the Training Programme is not intended to equip participants with specific clinical or counselling skills in youth health care. The assumption being that such skills are addressed in other capacity building programmes organised by the Ministry of Health and its partners. Where relevant such capacity building materials should be made available or be referred to during the training workshop. The Training Programme does not intend to duplicate other capacity building initiatives that are already implemented by the Ministry of Health. Facilitators should be flexible enough to gauge the level of capacity of their participants and tailor the materials in this Training Programme to complement such capacity building materials.

In practical terms, the Training Programme will provide participants with ideas and practical tips to two key questions:

- *What do I, as a health-service provider, need to know and do differently if the person who walks into my clinic is aged 16 years, rather than 6 or 36?*

- *How could I help other influential people in my community to understand and respond better to the needs and problems of young people?*

The Ministry of Health therefore, expects that, through this manual, service providers will be able to re-examine and re-orient their service delivery to address the needs and problems of the youth. This manual is intended to assist service providers, be it government, the Christian Health Association of Malawi (CHAM), non governmental organisations and all other stakeholders in re-designing, reviewing and developing programmes and policies that focus on the promotion of friendly health services for young people in Malawi.

C.V. Kang'ombe
Secretary for Health

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The Reproductive Health Unit would therefore like to sincerely express its gratitude and appreciation to all individuals, partner agencies and collaborating institutions for their support and valuable contributions during the process of developing this manual.

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THE SCOPE AND LIMITS OF THE MALAWI YFHS TRAINING PACKAGE

The scope and limits of the training package are informed by the YFHS standards. The standards have identified three areas of focus in the minimum package of services to address the health needs of young people[1]. These areas are:

- Health promotion
- Delivery of health services
- Referral and follow up

The interventions in these areas are meant to be provided within the framework of the national health care delivery system. Furthermore, the standards have further identified the services to be provided within the normal clinical standards and procedures as approved by the Ministry of Health (MOH). The services to be provided have also to be in line with the Essential Health Package (EHP).

The services are:

At community level

- Contraceptive services including condoms
- HIV testing and counselling
- Referral to health facility or other service delivery points

At health centre level

- Contraceptive services including condoms
- Prevention, diagnosis and management of Sexually Transmitted Infections (STIs)
- Antenatal, delivery and postnatal care services.
- Post abortion care
- Prevention of Mother to Child Transmission of HIV (PMTCT)
- HIV testing and counselling
- Treatment of sexual abuse victims
- Referral to hospitals or other service delivery points
- Counselling and referral for nutrition, substance abuse and mental health.

At Hospital level

All the services above plus

- Post abortion care
- Treatment of sexual abuse victims including Post Exposure Prophylaxis (PEP)
- RH cancer screening
- Provision of Antiretroviral drugs

Health promotion and counselling during service delivery at all levels

- STIs
- Family planning
- RH Cancers
- Psychosocial support
- Substance abuse

[1] Ministry of Health, Malawi. Youth Friendly Health Service Standards. 2007

- Nutrition
- HIV and AIDS
- Sexual abuse
- Maternal health care
- Adolescent growth and development

AIM AND COMPONENTS OF THE FACILITATOR'S GUIDE

The Training programme is designed to be implemented in a workshop context. It is intend to be dynamic and interactive programme in which facilitators actively engage the participants in the teaching/learning process. A range of teaching or learning methods has been carefully selected to enable this to happen in an effective manner. This *Facilitators guide* provides information to the organizers and facilitators to plan implementation of the Training Programme.

The aim of the facilitator guide

- To provide information on planning and preparing for the programme
- To provide an overview of the teaching and learning methods used in the programme
- To give detailed instructions for conducting individual units or Units.

It includes the unit schedule and the "step-by-step instructions" to run each of the sessions. It also include all the support materials needed to run the unit, such as slides with accompanying talking points, flipchart and their contents and case study material with note on issue that they arise. Finally it includes *Tips for you* to help you respond to question that may be raised by participants, identifies matters that may be sensitive and about hoe to deal with them.

Components of the facilitators guide

Unit 1	Introduction to the Training Programme
Unit 2	Meaning of adolescent and its implications for public health
Unit 3A	Introduction to Sexual and reproductive health in young people
Unit 3B	Sexually transmitted infections in young people.
Unit 3C	Pregnancy prevention and fertility regulation in young people
Unit 3D	Care of pregnancy and childbirth in young people
Unit 3E	Unsafe abortion in young people.
Unit 3F	Sexual abuse
Unit 3G	HIV and AIDS in young people
Unit 4	Nutrition and young people
Unit 5	Substance abuse and young people
Unit 6	Mental health and young people
Unit 7	Providing young people with the health services they need

Facilitator Guidelines for

Unit 1

Introduction to the training programme

SECTION 1: INTRODUCTION TO THE TRAINING PROGRAMME

Content of Training Programme

This *facilitator guide* has been prepared to assist you with planning, implementing and evaluating the Training Programme. Figure 1 shows the content of the Training Programme. Running each unit takes about 3 hours (or half a day), except for the unit on sexual and reproductive health which has been split into several units; 3A to 3G and takes about 3 days and unit 4 which lasts one whole day. The Training Programme is envisaged to be covered in a 5 day training workshop.

CONTENT OF THE TRAINING PROGRAMME	
Unit	**Title**
1	Introduction to the Training Programme
2	Meaning of adolescence and its implications for public health
3	Sexual and reproductive health
3A	Introduction to sexual and reproductive health
3B	Sexually transmitted Infections in young people
3C	Pregnancy prevention and fertility regulation in young people
3D	Care of adolescent pregnancy and child birth
3E	Unsafe abortion and young people
3F	Sexual abuse and young people
3G	HIV and AIDS and young people
4	Nutrition and young people
5	Substance abuse and young people
6	Mental health and young people
7	Providing young people with the health services they need

SUPPORT MATERIALS USED TO RUN THE TRAINING PROGRAMME

Each unit consists of support materials. You will need to read carefully and understand them, to help you run the unit effectively. Figure 2 provides a list of the different support materials with a brief description of each.

Figure 2 Support materials for the Training Programme units	
Support material	**Brief description and purpose**
Handout for units	These documents provide the facilitator and the participants with additional information on the specific areas covered in each unit.
Session support materials Letters Scenarios Case studies	Letters to Agony Aunts, scenarios and case studies are materials developed for use in different units.
Capacity building materials	This is a list of capacity building material to which the participants should be referred to and made available for reference during the workshop.

SECTION II: DESIGN AND STRUCTURE OF THE TRAINING PROGRAME

The Training Programme is structured to be a stand alone five day training workshop. Below is the proposed timetable for the Training Programme.

TRAINING PROGRAMME TIMETABLE		
Day	**Time**	**Topic**
1	am pm	 Formal opening ceremony **Unit 1**. Introduction **Unit 2** Meaning of adolescence and its implications for public health Lunch break **Unit 2** Meaning of adolescence and its implications for public health
2	 a.m. p.m.	**Unit 3**: Sexual and reproductive health **Unit 3A**: Introduction to sexual and reproductive health in young people **Unit 3B**: Sexually transmitted infections **Unit 3C**: Pregnancy prevention and fertility regulation in young people **Unit 3D**: Care of adolescent pregnancy and child birth
3	a.m. p.m.	**Unit 3E**: Unsafe abortion **Unit 3F**: Sexual abuse **Unit 3G**: HIV and AIDS and young people
4	a.m. p.m.	**Unit 4:** Nutrition and young people **Unit 5:** Substance abuse and young people **Unit 6:** Mental health and young people
5	a.m. p.m.	**Unit 7**: Providing young people with the health services they need. Evaluation and Closing ceremony

SECTION III. KEY TEACHING AND LEARNING METHODS

The role of facilitators

Facilitation is a helping or an enabling process, which is appropriate to work with the adults who can bring a wealth of personal experience to any learning event. Indeed, facilitation is particularly relevant to this programme because many of the participants are likely to have extensive clinical or other experience of working with young people and on young people's health issues.

A facilitative approach enables participants to draw on that experience and learn in an active way. It is also enables a more equal relationship between participants and these who run the workshop than is possible in the more conventional trainer-learner or teacher-student styles. A facilitative approach draws on people's experiences and promotes active learning. Workshop organizers/facilitators need to remember that many participants may have experience and expertise that equals, or even exceeds their.

When working with other facilitators, it is important that everyone is in agreement before the workshop starts about the facilitators' roles and responsibilities and who is responsible for which sessions. It is a good idea for facilitators to change their roles so that the facilitators can experience a change of style and voice.

It is sometimes the case that the participants demand a more authoritative or didactic approach expecting the specialist or trainer to tell them what to know, think or do. At the start of the programme it may be wise to acknowledge this expectation so that you do not lose credibility in the eyes of the participants. However, it is possible to counter this by referring to an old Chinese proverb:

"I hear and forget! I see and remember! I do and I understand"

Confucius (551-479B.C)

Right from the very outset, it would be useful to stress to the participants that they must decide what is useful and important to them and their work. This applies to decisions and actions they need to make as they return to their places of work after the workshop. In this process, it is important to remember that you, as facilitators, are simply the people who provide the context in which the learning and decision-making process takes place. You are not supposed to tell anyone what to do; you can only advise them and give each the support and the space to make up his or her own mind.

Workshop participants – even if they all service providers from the same district – may have different backgrounds in age, religion, level of responsibility, etc. Such diversity is desirable given the instructive and participatory nature of the Training Programme. However, diverse backgrounds can also mean differences in accustomed and preferred ways of working and communication, and also in approaches to things in general, which are bound to come up during the workshop. The challenge facing facilitators is to put their own attitudes and preferences aside, and encourage all participants to appreciate these differences and learn from one another.

The programme requires you to use a range of methods and approaches, from direct input in the form of short mini lectures to conduct role plays, and stimulating problem-

solving exercise in small groups. In the next few pages, we introduce the teaching/leaning methods used throughout the Training Programme.

Group rules for participatory learning

To help ensure tension- and friction- free interactions among the facilitators and the participants it is very helpful to establish some rules at the outset of the programme. These would include:

- Treating everyone with respect at all times, irrespective of training, cultural, age or sex differences.
- Ensuring and respecting confidentiality so that facilitators and participants are able to discuss sensitive issues (such as those relating to sexual and reproductive health, mental health and substance use) without fear of repercussions.
- Drawing on the expertise of others, both co-facilitators and participants, in different situations.
- Asking for critical feedback on what you do and treating that feedback with respect, so that others see the fairness of your behaviour.
- Establish from the start when and how the facilitators and specialist contributors will work together, how to give feedback- both positive and negative- and how to keep each other on track.
- Agreeing every time a facilitator or resource person makes a presentation or leads a session, another facilitator will be responsible for keeping an eye on the time and informing the speaker of this. Equally, some facilitators have set stopwatches or alarms at the stat of sessions – an approach which causes some amusement, as long the alarm calls is not too strident!

These, together with all the basic skills of facilitators, will help to ensure an effective learning environment. Some facilitators like to draw up a “learning contract” at the outset of the programme to ensure that facilitators and participants are agreed on the basic principles underlying adult learning.

Criteria for selecting facilitators

The following criteria are recommended for selecting the facilitators to run the Training Programme effectively:

A medical/nurse background: Because much of the content of the Training Programme units is clinical in nature, and because of the intended primary beneficiaries are health-care providers, it helps if the facilitator is a health-care provider. Interest and experience in working with adolescents would obviously be an added advantage. Because of the assumptions which have guided the content of the Training Programme, it would be helpful if the facilitators already have training in sexual and reproductive health (SRH). However, it is acknowledged that others such as Youth Development officers and some Peer Educators who have had basic SRH training could also be included as facilitators.

Experience in facilitators: It is recommended that the individuals selected to facilitate the Training Programme workshop should have experience in facilitating workshops,

especially those using participatory methods, notably the Visualization in Participatory Programme (VIPP)[2], method.

We recommend having two or three facilitators for a workshop, which exposes participants to different styles. The facilitators can also change roles between being the main facilitator and co-facilitator.

Content areas of the units on health issues

Below you will find information on the teaching methods used in the units. Each unit (independently of the number of formal sessions) has four main components:

- Introductory
- Input
- Participatory
- Concluding

Introductory component: Unit introduction

This opening session sets the stage for the unit. It allows you to share with the participants the overall aim and objectives of the unit and any special remarks about it. Participants will also have an opportunity to complete the spot check for that unit.

Input component: Mini lecture(s) and unit handout

A mini lecture provides an opportunity for efficiently providing participants with the basic information that they need. For each mini lecture, some of the following resources are available:

- Slides on regional and national aspects of the health issue
- Handouts (reading material containing information to complement what is provided during the unit);
- Additional references are usually listed at the end of the handout of each unit.

In every unit, there are a few mini lectures distributed across the sessions, to provide inputs on different aspects of the health issue covered. The effectiveness of the mini lectures can be increased by ensuring the following:

- Clear presentation and structure
- Good visual aids
- Clear and comprehensible language
- Relevant and interesting contents
- Relevant examples

[2] VIPP is a people-centred approach to planning, training and other group event. It combines techniques of visualization with methods for interactive learning. Central to VIPP is the use of a large number of multi-coloured paper cards of different shapes and sizes, on which the participants express their main ideas in large letters or diagrams, to be seen by the whole group. Using this method, everyone takes part in the process of arriving at a consensus. Participants who are shy or hesitant to speak find a means of expression and those who might normally dominate are required to let others have a say. For further information, see *VIPP Visualization in Participatory Programmes: A manual for facilitators and trainers involved in participatory group events*. UNICEF, Bangladesh. 1993

- Room for comments from the participants

It remains true that these sessions will be more effective if the participants have something to contribute other than to listen. Ideally, even direct input can include questions for participants to discuss and answer. For example, if the participant have brought in formation from their own communities about the health issues for young people, it would be useful to invite them to comment at an appropriate moment.

In the unit's input component, the following choices are available to the facilitators:

- *Invite a subject specialist to talk to the group*

This can be very useful, particularly if the specialist has relevant local information on the health issues for young people. However, it is essential that the presentation made is brief and addresses key issues about the health issue, with particular reference to the local situation.

- *Present the mini lecture(s) on the health issues*

This may seem to be the easiest option for a facilitator, in that you have the control over the information being transmitted. However bear in mind that some of the participants themselves may have important knowledge and experience, so be willing to involve them and allow time for presentation of local data on the health issue.

Remember that the presentation must cover the key aspects of the health issue. You can make use of the slides on regional and national aspects contained in the unit and supplement this with your own slides on local data. As already noted, it would be good idea to allow adequate time for questions and discussion in plenary.

Participatory component: Various participatory methods to explore the topic in more depth

A number of different teaching/learning methods have been proposed for use through the Training Programme. Each of the methods discussed below has advantages and disadvantages. Therefore, the Training Programme has been designed to include a balanced mix of methods in order to maximize the participants' interaction and benefit. An experienced facilitator will be familiar with these methods. However, it may still be helpful to go over the following points.

- Generally, it takes longer to set up small group discussions and feedback than to run a plenary session. Also, in plenary session the facilitator can keep control of the discussion, for example by "filtering" the points participant makes as you write them up on the flipchart.

- Small group work ensures that every participant has an opportunity to contribute to the discussion and work through the thought processed for him / herself. Some facilitators are concerned about their loss of control of these small group discussions but, given good case study material, it is possible to steer the discussion appropriately. Also by spending time with each group (largely as an observer), each

facilitator is able to trouble-shoot problems, refocus the discussion, and respond to questions.

- It is important to vary the approach from one session to another to provide stimulation and variety in learning.

Visualization in participatory programme (VIPP)

VIPP is a participatory process which is organised through the use of cards of different sizes, colours and shapes to show linkages between ideas and areas of consensus and disagreement. For VIPP to be successful there are some rules for card-writing.

Rules for VIPP card-writing

- Write only one idea per card
- Write a maximum of three lines on each card
- Use key words
- Write large letters in both upper and lower case
- Write legibly
- Use different sizes, shapes and coloured cards to creatively structure the results of discussions
- Follow the colour code established by the facilitator for different categories of ideas.

VIPP cards can be used in plenary or small groups to get the participants to put down their responses to a question. It is important that a question asked be clear and unambiguous. The use of cards enables the responses to be organized in a logical and to show areas of consensus and disagreement.

An advantage of this methodology is that it allows all participants the opportunity to express themselves, so that the quieter members in the group are able to make inputs.

The facilitator need to analyse the cards and make an assessment of what they represent. It is helpful to guide the discussion on any areas of disagreement to determine the underlying causes. VIPP methods are also used to evaluate how participants feel the programme is progressing and more information is provided in the section on evaluation methods.

The availability and cost of training materials and tools vary a great deal in districts. Here are some questions to deal with the problems that you might experience:

- Card paper may not be readily available in some districts. In this case, long sheet of plain wrapping paper can be obtained and prepared in advance. This would include cutting them in different sizes and shapes needed for VIPP exercise.
- Participants may be reluctant to apply some of the VIPP writing rules, such as limiting only three lines per card written in large letters. You can gently remind them of the importance of adhering to these rules because the aim is for their colleagues to be able to read the cards from a distance.

- If you do not have different coloured paper or cards, you could use different coloured crayons or marker pens.

Brainstorming/buzz groups

Brainstorming, or working in buzz group, helps quickly generate ideas which can be used as a basis for later discussion. It also helps the group to cooperate on a task and to focus on an issue or problem.

This technique is often used at the beginning of a session. It involves posing a question and inviting participants to share any ideas that come up in their minds. During the brainstorming stage, neither the facilitator nor the other participant should comment on any of the ideas that have been raised. The responses are usually written on a flipchart or on VIPP cards, which – at a latter stage – can then be organized to show the themes that emerged from the exercised. Once this has been done, the ideas can be examined and discussed.

It is important to decide in advance why you want the participants to brainstorm and what you will go on to do. Make sure that your initial brainstorming question is clear and unambiguous. It is best to have the question written on a flipchart for participant see as you introduce it. Do not let the session go on for too long – 10 to 15 minutes is about right – and make sure that everyone has the opportunity to contribute.

Role Play

Role play can be an exceptionally valuable device for teaching/learning. It provides the opportunity for the expression of emotions which cannot be achieved through discussion alone. Give the limited time available for each role play – only 3-5 minutes, it illustrates both the problems and the ways of dealing with them. For example:

- The facilitator and/or participants can use role play to demonstrate “bad practice” or “unit good practice”

- For the participants it can be:

  - A problem identification tool, in which everyone in the role play is familiar with the scenario and role plays the difficulties it illustrates. Again, this would normally occur in plenary, although small groups could also use it as a means to develop their problem identification skills.

  - A need of practice clinical or counselling skills, or problem-solving. In this later form, only the “patient” should know the complete scenario or history – the healthcare provider should have little detail. After an initial practice run in plenary, role play for skills is best undertaken in groups of three, comprising the health-care provider, the patient and an observer. Working in groups of three enables each person, in turn, to practice health-worker skills.

When used as a good practice tool, role play also provides an opportunity to show what a health-care provider can do very quickly to establish a good rapport and even to effect change for a troubled adolescent. It is important, however, to follow rules of role play given below.

Better still, ask the participants to volunteer “real” situations relevant to them – but be sure that their issues are central to the young people’s health issue discussed in the unit. Identify possible scenarios by discussion, or by asking participants to write a “difficult moment” on the card; the cards are then displayed on the wall or read aloud by the facilitator, maintaining anonymity.

Begin by asking the group to think about what they, as health-care providers (not the youth), would find most difficult when dealing with the youth on the particular health issue. Ask them to focus on the interaction with the youth, or the youth and the family, rather than on abstract issues.

Typical examples might be an adolescent who is

- too anxious to speak
- Angry or ashamed, and so unwilling to be their
- Afraid of clinical examination
- With parents who will not let him/her speak freely to the health-care providers.

Let the group select one or two such difficulties to illustrate typical problems faced in dealing with the adolescents, and ways to overcome such difficulties.

To ensure maximum spontaneity, reduce initial discussion of the role play to a minimum. If in plenary, place two or more chairs in the front of the room – one for the health-care provider, one for the adolescent and additional chair for any others who are meant to be present, such as family members.

Ask for volunteers to play the roles in the chosen situation, explain exactly what the health-care provider’s task is: to illustrate bad practices as part of the problem-solving exercise or work on good practice. In any case, explain that they will be expected to demonstrate a “typical” reaction, not an ideal one. Ask the volunteers to choose a name, age and sex. Start the first role play with the arrival of the adolescent to see how she or he is greeted by the health-care providers.

Let the role play run for 3-5 minutes. The facilitator should observe, especially, what the health-care provider does or say that makes a difference in the way the adolescent reacts, what kind of “body language” is used by both health-care providers and adolescent, what attitude the health-care provider displays towards the adolescent and any family members, and any difficulties the health-care provider experiences.

Afterwards, ask the role players to stay where they are until the discussion is over. Be sure to thank and praise the role players, and then ask them to come out of their roles, i.e. say who they really are. Explain to the group that this is important to diminish the surprisingly powerful effect role plays can have on the players afterwards.

Next, ask that comments be focused on what happened in the role play, not on general issues that can be taken up later. Begin by asking each of the role players how they felt in the role (in addition to what they thought). When they have finished, ask the group for their reactions. If necessary, refer to any behaviour that was significant and ask people to comment on it. Demonstrate that you expect people to give helpful positive feedback.

When the group has finished commenting, go back to the role player to give them the "last word"

Running the first role play session

Although the participant should have the maximum opportunity for role playing, they may feel less inhibited if the facilitator begins by very briefly demonstrating bad practices in a role play which the group will find easy to criticize. Below is an example of this, illustrating a mental health issue. The second paragraph lists points that could be covered in the ensuing discussion.

EXAMPLE 1

Bad Practices

A 15-year old adolescent girl comes to see the doctor. She is very embarrassed, but manages to blurt out that something is happening at home that frightens her. The doctor asked her how old she is, what class she is in at school, what subject she likes best, and how many sisters and brothers she has. The girl answers her then says that she is afraid to be at home when her mother is not there. The doctor tells her no to worry and to find things to do to take her mind off her worries. She then ask her if the girl has any other complaints. The girl says no. The doctor says she doesn't think there is anything wrong with her and that she should stop worrying.

Points to raise in discussion

The group is asked to consider what is wrong in this scenario. The doctor is sympathetic and friendly, but she makes no reference to the girl's obvious anxiety in the room, and appears not to respond to the more important issues the girl is raising. She changes the subject twice and obtains information that may be irrelevant, yet she fails to ask what the girl fears – which might, for example, be sexual abuse or incest. The doctor may poor listener generally or too frightened to deal with the subject.

Intervening if a role play becomes difficult

Occasionally, it may happen that someone involved in a role play becomes deeply emotional. Please do all you can to reassure the participants that they must go no further than they feel comfortable, and that they are free to stop and come out of the role at any time.

It is sometimes possible to reduce to reduce the risk of this happening by intervening. Through careful observation of the role play, the facilitator will notice if a participant playing the role of a "patient" of even a health-care provider is suddenly becoming unduly upset. The facilitator can then gently intervene to review what has caused a person to feel so strongly. If the cause is something that the health-care provider has done, it might help if the role players "replay" that part of the intervention, attempting to alter what happened. To be able to do this, the facilitator requires tact, empathy and acute observation.

Case studies

For some health issues, the unit contains case studies, each with a set of questions. The purpose of these case studies is to illustrate good and/or bad practice in dealing with a

young person who has a particular health problem. Within the time available, it is possible to lead the case studies in a number of ways, which we discuss below.

Always remember to allow the participants sufficient time for reading. Because some can read faster than others, it helps to keep the faster readers occupied while waiting for the others to finish. At the same time it is important to avoid putting pressure on those who are slow reader.
It is possible for facilitators to vary method by:

- Using the case studies sometimes in plenary and at other times in small group session
- Modifying the task, for example, by getting the participants to:

    - answer questions, which are put directly to the participants, or provided to them in a "task sheet";
    - Devise a list of "good" and "bad" health-care practices based on the case studies.

- Varying the method of feedback after a small group work. For example, facilitators could.

    - ask each group to write up their agreed points on a flipchart and report their findings in plenary;
    - Ask each group in turn for one point of feedback and write this up on a flipchart; and to repeat the process until no one has anything more to add.

Guided discussion

The purpose of including this activity in a health issue unit is to elicit changes that the participants would want and be able to make order to modify applicable aspects of their clinical practice to provide more youth-friendly health services relating to the specific health issue.

Following the group work, it is likely that most participants will have in mind a range of ideas for change when thy return to their work situation.

Depending on the amount of small group work that the participants have already done, you might initially ask them to work alone, or in pairs, or small groups, or even (if there is little time remaining) in plenary.

After working alone or in pairs, the participants might move on to a bigger group to pull together ideas before finally sharing them in plenary.

It is also possible to suggest separate tasks for each pair or small group. Doing so means that participants avoid listening to many different versions of the same lists; it also provides an opportunity for each group to challenge, alter or affirm the solution of others.

Your role is to facilitate proper discussion by the whole group. This requires a careful balance between intervening and "taking a back seat"." If the group works well, your main role is likely to be to guide the discussion if it wonders off course or dries up. You

may sometimes need to intervene by picking up and noting on a flipchart or cards the main points as they occur, asking open-ended questions and directing the discussion.

Remember to draw out contributions from the shy or more silent participants and to restrain other members from dominating the group.

It is important, when discussing controversial issues, to create and environment in which everyone can state their views, experiences and worries honestly and without fear of disapproval.

At the end of discussion, ask the group to summarize the main points that have arisen, or do this yourself.

SECTION IV. INVITING PARTICIPANTS AND OTHER CONTRIBUTORS.

Selection of participants

The Training Programme is intended for trained and registered health service providers who are involved in curative, preventive and promotive health services. It is expected that very few participants will offer services only to young people but that young people will be among those they treat. Additionally, other service providers such as Youth Development Officers, Youth Peer educators should be included.

It would be useful to invite service providers from different specialties because this would enhance the opportunity for information sharing and networking during the workshop, and for post workshop collaboration. However, since the Training Programme primarily targets health service providers it is important that there should be more health service providers than other service providers. It is suggested that the mix of service providers to other service providers should be on a ration of 2 to 1. It is advisable to limit the total number of participants for each training workshop to 20 participants.

Involving Young People

Most adults retain clear memories of times in their own adolescence. However, the speed of change in many countries (including growing urbanization and globalization) means that young people today face challenges, some of which were not present even ten year ago. Therefore our own experiences as adults may not be fully relevant to today's young people.

For these and other reasons many adults, including health-care providers, find it difficult to understand and empathize with adolescents of today. It is essential for those working with them and serving adolescents not to have biased or judgemental attitude towards them, irrespective of differences in perspective.

A useful ways to deal with this in the context of the Training programme is to invite a small group of young people including adolescents to participate throughout the workshop. We strongly suggest inviting an appropriate group of local young people perhaps from middle/secondary school or a community youth club/group, to participate in the programme. It is important to have both male and female young people represented. Once they are selected, you need to meet them before the workshop and to introduce them to their roles during the workshop. Some questions are given below.

Before the workshop

- Explain the themes and purpose of the Training Programme and how they could contribute (examples include a brief drama and reading of letters published in a magazine aimed at young people);
- Reinforce their important contribution as equal participants in the workshop, regardless of their age, sex or background.

During the workshop

You and your colleagues should encourage them to participate in small group discussions and activities to provide an adolescent perspective on key issues.

Drawing on the expertise of specialists

The facilitation team (2-3 individuals maximum) should decide which resource individuals, if any they would like to invite. We advised that you spend some time reading the rest of these preparation notes and the selected health units so that you can be clear about the role that these specialists could play. For example, when discussing issues of mental health you may want a psychologist or a psychiatrist to be present, or the unit on HIV you may require the service of an HIV specialist.

SECTION V PLANNING FOR THE TRAINING PROGRAMME WORKSHOP

Training Programme workshop organizers and facilitators will need to address the proposed items in the *workshop preparation and planning checklist* in advance of the workshop. We recommend that a small group of 2-3 individuals from a planning group, review the proposed list below, and distribute responsibilities 6-8 weeks before the Training Programme workshop.

Workshop preparation and planning check list

8-10 weeks before the workshop

□ Orientation programme structure and agenda

- Develop the programme structure and content with the key organizations involved
- Make contact with other facilitator to agree on the programme and who will be responsible for each unit/session

□ Selection of participants

- Initiate this process in collaboration with the relevant organizations
- Decide on deadline to complete process and to notify the participants.

□ Accommodation, meals and coffee breaks

- Book accommodation
- Make arrangements for meals and coffee breaks
- If the workshop is for local participants, the we recommend that you hold it in a place some way off from their places of work, to minimize interruptions

□ Workshop facility

- Select the workshop facility/training room
- The room for plenary should be large enough for the participants to spread out and work in small groups comfortably without disturbing each other
- At least one end of one plenary room should be able to be darkened for overhead projection or showing PowerPoint slides
- Ensure the availability of 2-3 small tables for the facilitators to use
- Ensure having the flexibility to rearrange the table for break/small group sessions

□ Photocopying and computers
- Ensure the availability of photocopying facilities on the premises or nearby
- Ensure the availability of a computer and printer

□ Workshop equipment and tools
- Three or four flipchart stands
- Six to eight paper pads
- Coloured markers for flipchart
- An overhead projector or a computer with PowerPoint projection equipment
- Blank transparencies and pens for the overhead projector
- A screen or free wall for slide projection
- VIPP card or equivalent
- Masking tape or pins to put up charts on walls and boards
- A pair of scissors

□ Participants' tools
- Note pads, one for each participants
- Pens, one for each participants
- Name tags for participants and facilitators

□ Notify participants of the course objectives, dates and venue
□ Start gathering local data on adolescent health and development that are relevant to the sessions

Two weeks before the course

□ Make photocopies of the following documents
- Workshop agenda
- Local data on adolescent health and development

Unit schedule and support materials (handout, case studies, scenarios, etc)

If possible, it may be handy to make additional copies of the whole package in case you have unexpected visitors or extra participants. This will save you time and having to do it during the workshop.

- Make transparencies out of the slides files or just have them ready for PowerPoint projection.
- Prepare the VIPP cards or alternatives (as discussed in Section III)
- Check that the needed pieces of equipment are available

- Flipchart stands, sheets and pens
- Overhead projector, blank transparencies and pens, or a laptop and PowerPoint projection equipment
- Sufficient seating

Make sure all reference materials such as other capacity building materials e.g. training manuals are available during the workshop for reference.

One week in advance of the course

- Confirm that those invited to the formal opening ceremony can attend
- Confirm that the participants can all attend
- Confirm venue and accommodation arrangements
- Confirm catering arrangements

One day before the workshop

Check the workshop meeting room/facility

- Arrange the seating in a circular or U-shape – to ensure that the participants face each other and can also comfortably see the speaker and the projection screen
- Confirm that all required pieces of equipment are in place and in working order

Greet the participants who have arrived early

The workshop planning team should work with the organizations to be invited to the workshop to help them select appropriate candidates (section IV). It would be good to invite a cross-section of health-care providers representing different organizations and settings such as the Ministry of Health, universities or the private sector. This should enhance the opportunity of networking during the workshop, as well as post-workshop communication, collaboration and exchange of experiences in serving adolescents. If a follow-up workshop is to be held, the area of inter-organizational collaboration might be further discussed.

SECTION VI EVALUATION METHODS FOR THE TRAINING WORKSHOP

People usually enjoy coming to workshops, particularly when they are active participants as in this Training Programme. However, measuring what they have learned from the workshop can be difficult. In this programme we have included a pre and post test which will help us examine the level at which participants have benefited from the training before and after. The pre and post test questions will be the same and they will be marked by the facilitator and feedback will be given to participants following the training; before participants go home. The pre-test and post test are not included in the Training Manual but are provided separately.

Facilitator Guidelines for

Introduction

Introduction

Sessions and activities	Pages	Time	Materials and resources
Session 1: UNIT INTRODUCTION ACTIVITY 1-1 Individual exercise *Introductions* ACTIVITY 1-2 Mini lecture *Unit objectives*	33	10 min	Agenda Flipchart 1-1 Handout for unit 1 Slides 1.1-1, 1.1-2, 1.1-3
Session 2: PROGRAMME OBJECTIVES AND AGENDA ACTIVITY 2-1 Plenary presentation and discussion *Content of the Training Programme* ACTIVITY 2-2 Mini lecture *Training Programme schedule*	35	15 min	Slides 1.2-1, 1.2-2, 1.2-3, 1.2-4
Session 3: THE WORKSHOP PROCESS ACTIVITY 3-1 Mini Lecture *Visualization in Participatory Planning (VIPP)* ACTIVITY 3-2 Mini lecture *Matters Arising Board* ACTIVITY 3-3 Plenary presentation and feedback *Training Programme Personal Diary*	38	15 min	Flipcharts 1-2, 1-3, 1-4, 1-5 Slides 1.3-1, 1.3-2, 1.3-3, 1.3-4, 1.3-5, 1.3-5, 1.3-6.
Session 4 : PARTICIPANTS EXPECTATIONS ACTIVITY 4-1 Individual exercice *Participants expectations* ACTIVITY 4-2 Plenary feedback *Feedback on participant's expectations*	42	15 min	Flipcharts 1-6
60 min			

UNIT CHECKLIST

The unit checklist contains information including reminders, tips, materials and equipment you need to run this unit. We recommend that you review the following checklists in advance.

- Unit advance preparation
- Materials and audio-visual equipment

UNIT ADVANCE PREPARATION

- Prepare cards (or name tags) for the participants to write their names on
- Make sure you have copies of the handout (HO) for distribution to all the participants
- Ensure that the flipcharts are ready for the group-work tasks
- Ensure that the facilitators are clear about their respective roles during their designated session (s).

MATERIALS AND AUDIAL-VISUAL EQUIPMENT

Materials:

STANDARD

- Handout
- Sliders
- Flipcharts
- VIPP cards
- Matters Arising Board.

Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens

Session 1 **Unit Introduction** **10 min**

ACITIVITY 1-1 INTRODUCE YOURSELF AND ASK PARTICIPANTS TO INTRODUCE THEMSELVES

Introduce yourself and your co-facilitator (s).

Welcome the participants to the Training Programme on Youth Friendly Health Services.

Explain that before starting the programme, a few minutes will be spent on general introductions, i.e. each participant and facilitator will introduce him/herself to the others in the group.

Pin up **Flipchart 1-1** and ask each person to introduce him/herself, briefly covering the points on the flipcharts.

Please tell the group about yourself!

- *Your name*
- *The town or city in which you currently work*
- *A few words about the organization you work for*
- *The nature of your work and whether you are currently working with young people*

FLIPCHART 1-1

TIP FOR YOU

We recommend that you write the above four points on a flipchart so that everyone can both hear your explanation and see what you want them to do. Clear communication is particularly important at the start- when the participants may not know you or hear other.

After the introductions, stress that there is a wealth of experience among the participants present in the room. Clearly there will be much that every individual can share with and learn from others in the group.

Then distribute the name of cards or tags and ask participants to write clearly the name they would like to be called during the programme – some people prefer their first name and others their surname. The name cards should be placed in front of each participant so that they can be seen by everyone; if using tags; they should be worn at all times.

ACTIVITY 1-2 MINI LECTURE

After the introductions, put up the **Slide 1.1-1** showing the overall aim of the Training Programme and read it out.

The overall aim of Training Programme To introduce and orient service providers to the special characteristics of young people and the appropriate approaches to address selected priority health needs and problems of young people	SLIDE 1.1-1

TIP FOR YOU
If the facilitator guidelines of each unit of the Training Programme, you will find a section entitled "Talking Points" which accompanies the slide. These talking points have been created to give you more information to help you to explain further the content of the slide.

TALKING POINTS

Inform the participants that the specific characteristics of young people, the needs and problems of young people, and approaches to meet them will be discussed in subsequent units.

Explain to the participants that by participating in the Training Programme, they will be able to answer the two questions given in **Slide 1.1-2**.

Stress that it is a Training Programme which does not provide training in clinical (or counselling) skills for youth health service provision.

Training Programme will help answer two questions • What do I, as a health-service provider, need to know and do differently if the person who walks into my clinic is aged 16 years, rather than 6 or 36? • How could I help? Are there other influential people in my community who understand and respond better to the needs and problems of adolescents?	SLIDE 1.1-2

Next put up **Slide 1.1-3** and go through the objectives for this introductory unit.

Unit objectives • To introduce facilitators and participants • To outline the expected outcomes of the Training Programme • To explain the agenda for the workshop and list the units to be covered • To describe the group work process, its underlying principles and rules • To discuss the hopes, expectations and concerns the participants might have about the Training Programme	SLIDE 1.1-3

Give the participants copies of the Training Programme agenda and refer them to Handout 1.

Encourage the participants to read the handout later.

SESSION 2 PROGRAMME OBJECTIVES AND AGENDA **15 min**

ACTIVITY 2-1 PLENARY PRESENTATION OF TRAINING PROGRAMME

Briefly show **Slide 1.2-1**, and take the participants through it – asking for questions and comments and responding to them as you proceed.

Explain the overall expected outcomes of the Training Programme.

Expected outcomes of Training Programmes	SLIDE 1.2-1
• Be more knowledgeable about the characteristics of adolescence and development • Be more sensitive to the needs of young people • Be better equipped with information and resources • Be better able to provide youth-friendly health services • A personal plan indicating the changes they will make in their work	

The personal plan should:

- List the changes the participant proposes to make the way in which he/she works with and for young people,
- Identify how the participants will asses whether or not he/she is being successful in making the proposed changes;
- List the personal and professional challenges and problems they may face;
- Identify alternative approaches to address the expected challenges and problems

ACTIVITY 2-2 MINI LECTURE

Having covered the expected outcomes of the Training Programme, ask the participants to look at the schedule and briefly take them through each day's work.

Show **Slides 1.2-2** which list all the currently available units of the Training Programme.

Units of the Training Programme

SLIDE 1.2-2

Unit 1: Introduction
Unit 2: Meaning of adolescence and its implications for public health
Unit 3: Sexual and reproductive health

- **3A** Introduction to sexual and reproductive health
- **3B** Sexually transmitted infections in young people
- **3C** Pregnancy prevention and fertility regulation in young people
- **3D** Care of adolescent pregnancy and child birth
- **3E**.Unsafe abortion and young people
- **3F** Sexual abuse and young people
- **3G** HIV & AIDS and young people

Unit 4: Nutrition and young people
Unit 5: Substance abuse and young people
Unit 6: Mental health and young people
Unit 7: Providing young people with the health services they need

TALKING POINTS

Please explain the following points to the participants:

The particular subject units for the Training Programme have been selected on the basis of regional and national data, which reflect the priority health problems and health risk behaviours of young people.

Ask the participants to look again at the Training Programme agenda (**Flipchart 1-2**) as you briefly take them through each day of the workshop, highlighting the units to be covered and the rationale for selecting the specific units.

To round off your introduction to the Training Programme E agenda, ask for and respond to any questions and concerns the participants may have. After this, you will ask them to state their own expectations of the Training Programme.

Day	Time	Topic
1	am	Formal opening ceremony **Unit 1**. Introduction **Unit 2** Meaning of adolescence and its implications for public health (session 1 to 4)
	pm	**Unit 2** Meaning of adolescence and its implications for public health (session 5 to 10)
2	a.m.	**Unit 3**: Sexual and reproductive health **Unit 3A**: Introduction to sexual and reproductive health in young people
	p.m.	**Unit 3B**: Sexually transmitted infections **Unit 3C**: Pregnancy prevention and fertility regulation in young people **Unit 3D**: Care of adolescent pregnancy and child birth
3	a.m.	**Unit 3E**: Unsafe abortion **Unit 3F**: Sexual abuse
	p.m.	**Unit 3G**: HIV and AIDS and young people
4	a.m.	**Unit 4:** Nutrition and young people **Unit 5:** Substance abuse and young people
	p.m.	**Unit 6:** Mental health and young people
5	a.m.	**Unit 7**: Providing young people with the health services they need.
	p.m.	Evaluation and Closing ceremony

FLIPCHART 1-2

SESSION 3 THE WORKSHOP PROCESS **15 min**

TIP FOR YOU
The participatory approach to be used in the workshop could be new to some (or many) of the participants, so it is important to spend some time discussing it with them.

ACTIVITY 3-1 MINI LECTURE

VISUALIZATION IN PARTICIPATORY PLANNING (VIPP)

Display your prepared "VIPP definition" (**Flipcharts 1.3**) and put it where the participants can see it throughout the programme.

A participant-centred approach to group learning • *Trusting people and what they can do* • *Interactive learning + visualization techniques* • *Democratic participation + consensus* • *Lots of multicoloured cards to express ides* • *Drawing on people's experience*	FLIPCHART 1-3

Talk through each point and encourage the participants to compare this participatory approach with their ides about other learning events. It is important that you raise the question on **Flipchart 1-4** below.

Display **Flipchart 1-4** and read the question.

Why should we use a participatory approach	FLIPCHART 1-4

TALKING POINTS

Sometimes people are resistant to what they see (visuals) because it is "a waste of time when you (the facilitator or instructor) could simply just tell us". The following quotation (**Flipchart 1-5**) comes from about 2500 years ago – and stresses what is an essential element of learning even today.

What I hear, I forget
What I see, I remember
What I do, I understand

Confucius (551 – 479 BC)

FLIPCHART 1-5

Inform the participants that during the Training Programme everyone will be asked to share their views and perspectives with others. In this way, everyone (including the facilitators) will be equal participants.
Explain that there are some basic ground rules for participatory learning. Show and go over **Slides 1.3-1 and 1.3-2.**

Ground rules for participatory learning

- Treating everyone with respect at all times, irrespective of sex or age
- Ensure and expecting confidentiality
  Agreeing to respect and observe time-keeping and to begin and end the session on time

SLIDE1.3-1

Ground rules for participatory learning

- Making sure that everyone has the opportunity to be heard
- Accepting and giving critical feedback taking care not to hurt anyone's feelings
  Drawing on the expertise of other facilitators and the participants in default situation

SLIDE1.3-2

TALKING POINTS

Ensure and respect confidentiality so that facilitators and participants are able to discuss sensitive issues (such as those relating to sexual and reproductive health, mental health and substance use) without concern about repercussions.

Stress that adherence to these rules will help to ensure an effective and enjoyable learning environment! The group may want to make a list of its own rules and to write them up on a flipchart. These can then be referred to throughout the workshop.

Show **Slide 1.3-3**, go over the VIPP principles and discuss each one in turn, laying emphasis on the tick "V", "T", "?" and "X".

VIPP principles

- Points of confusion should be promptly clarified (?)
- Points of strong consensus should be noted as (V)
- Points of disagreement and discomfort should be noted as (X)
- Keep it short and sweet as (T) to indicate time has run out

SLIDE1.3-3

Next introduce the rules of writing VIPP cards (**Slide 1.3-4 and 1.3-5**), explaining that you will ask the participants to follow these rules during the entire workshop. Do this in a friendly way; it is important that participants are not put off by what they see as a teacher-pupil style of instruction. Stress that the purpose is to make sure that everyone can read and understand the cards, and that this task is important and not a waste of time.

Rules for VIPP card-writing

- Write only one idea per card
- Write a maximum of three lines on each card
- Use key words
- Write large letters in both upper and lower case

SLIDE1.3-4

Rules for VIPP card-writing

- Write legibly
- Use different sizes, shapes and coloured cards to structure creatively the results of discussions
- Follow the colour code established by the facilitator for different categories of ideas

SLIDE1.3-5

ACTIVITY 3-2 MINI LECTURE

MATTERS ARISING BOARD

Move to the location of the *Matters Arising Board*. Show it to the participants and explain that it will remain in this location at all times so that participants may write down any issues that came up during the day and were not adequately dealt with.

MATTERS ARISING BOARD
A place for the participants to record any matters arising on the board so that you can address them later in the workshop

Invite the participants to write down issues as they come up and inform them that you will be reminding them of the *Matters Arising Board* throughout the Training Programme.

TIP FOR YOU
You should have designated earlier a place in the room for the *Matters Arising Board*, which is easily accessible to all participants at all times.

ACTIVITY 3-3 PLENARY PRESENTATION AND DISCUSSION

TRAINING PROGRAMME PERSONAL DIARY

Ask the participants to keep a small notebook or notepad to serve as a Training Programme Personal Diary throughout the workshop. Have some notepads available to give to those participants without one.

Display **Slide 1.3-6** and explain to the participants that during the review session of each unit, you will ask each individual to write down three key lesions that she/he learned from participation in the unit and three things that she/he plans to do in her/his work for and with young people. The goal is to put into practice what they have gained as a result of participation in this unit.

Training Programme Personal Diary (TPPD) • List three important lessons that you learned through participation in this unit • List three things that you plan to do in your work for/with young people	SLIDE1.3-5

Explain to the participants that it is important to update their Training Programme diaries daily because they will use the information entered during unit 4. Allow them a few minutes to enter their reflections.

SESSION 4 PARTICIPANTS EXPECTATIONS **15 min**

ACTIVITY 4-1 INDIVIDUAL EXERCISE

Pin up Flipchart 1-6, read the questions and ask all participants to write their responses on two cards of different colours for each question: one summarizing a hope or an expectation of the Orientation Programme, and the other a concern about it. Ask the participants to write only one response per card.

What are your:

- *Expectations and hopes?*
- *Concerns about the Training Programme?*

FLIPCHART 1-6

Please note that everyone is to participate in this exercise including the facilitators. Distribute the cards and markers to the participants and facilitators.

Refer everyone to the rules for writing cards and the expected outcomes of the programme in their handout, as well as any issues they have already placed on the *Matters Arising Board.*

ACTIVITY 4-2 PLENARY FEEDBACK

While the participants are writing their cards, put up two flipcharts, one for hopes/expectations and one for concerns.

When each person has finished writing, he/she should come forward and pin his/her card on the designed flipcharts.

When all the cards are up, read through them asking for clarification of any statements.

Tell the group that you will refer to these hopes, expectations and concerns again at the end of the workshop to see to what extent they were justified.

TIP FOR YOU

Where possible, see when you believe that the Training Programme will be able to meet an expectation. If any expectation seems truly outside the scope of the Training Programme, then say so – being as helpful as you can about where and how the participants can meet their expectations.

Facilitator Guidelines for

Unit 2

Meaning of adolescence and its implications for public health

UNIT 2: Meaning of adolescence and its implications for public health

Sessions and activities	Page	Time	Materials /resources
Session 1: Pre-test and Unit introduction ACTIVITY 1.1 Individual exercise Pre-test ACTIVITY 1.2 Mini Lecture *Unit objectives*	**45**	**20 min**	**Handout for** **unit 2** **Slide 2.1-1.**
Session 2: What do I remember about adolescence? ACTIVITY 2.1 Individual exercise *What I remember about my adolescence* ACTIVITY 2.2 Plenary feedback and discussion	**46**	**30 min**	**Flipchart 2.1** **Flipchart 2.2** **Flipchart 2.3**
Session 3: The nature and sequence of changes and events in adolescence ACTIVITY 3.1 Mini lecture *Definition and age groups of adolescence* ACTIVITY 3.2 Group exercise ACTIVITY 3.3 Plenary feedback and discussion	**48**	**35 min**	**Flipchart 2-4** **Slide 2.3-1,**
Session 4: What are the needs of young people to grow as healthy adults ACTIVITY 4.1 Brainstorming ACTIVITY 4.2 Mini lecture ACTIVITY 4.3 Brainstorming *Young people in special circumstances* ACTIVITY 4.4 Plenary discussion	**50**	**35 min**	**Flipchart 2-5** **Slides 2.4-1, 2.4-2**
Session 5: Health related concerns of young people and adults around them ACTIVITY 5.1 Plenary discussion *Health concerns of adolescents* ACTIVITY 5.2 Plenary review	**54**	**30 min**	**Flipchart 2.6** **Flipchart 2.7**
Session 6: Common health related Problems that affect young people ACTIVITY 6.1 Mini Lecture *Classification of health problems and behaviours of young people* ACTIVITY 6.2 Plenary discussion and review	**56**	**20 min**	
Session 7: Why invest in adolescent health and development ACTIVITY 7.1 Debate *Why invest in adolescent health and development* ACTIVITY 7.2 Plenary feedback and discussion *Feedback from debate*	**58**	**30 min**	**Flipchart 2-8**
Session 8 Guiding principles for working with adolescents ACTIVITY 8.1 Mini lecture *Framework for programming for adolescent health and development*	**60**	**15 min**	**Slide 2.8-1** **Slide 2.8-2** **Slide 2.8-3**
		210	

20 min

Session 1 PRE-TEST AND UNIT INTRODUCTION

Aim of the session

- To assess how the Training programme affects participants
- To provide an overview of the unit including objectives.

Activity 1.1 PRE-TEST

Begin by welcoming participants to this unit

Go over any administrative matters before you start the unit and hand out the pre-test questionnaire.

Explain that you want to learn about how the programme affects participants, and are using a questionnaire to help you do this. Explain that they should fill in the questionnaire given out now; and that they will be given a second one to complete at the end of the workshop.

Allow 10 minutes for them to complete the questionnaire

Activity 1.2 UNIT OBJECTIVES

Explain that the unit looks at the meaning of young people and its implications for public health. It is divided into 8 sessions. Remind participants to raise any issues on the matters arising aboard and encourage them to do so during session breaks

Display the unit objectives (**slide 2.1-1**) and take the participants through each objective in turn

Unit objectives	SLIDE 2.1-1
• Recall the participants own positive and negative experiences of youth. • Definition of terms related to young people. • Compare experiences of adolescents today and those of 10 – 20 years ago • Describe the nature and sequence of changes during adolescence. • Discuss needs of young people to grow into healthy adults. • Provide data on the magnitude of selected priority problems affecting adolescents. • Provide information on the importance of health and health related behaviours of young people to public health. • Identify important reasons for investing in young peoples health and development • Identify guiding principles for service providers when working with and for young people	

30 min

Session 2 WHAT I REMEMBER ABOUT MY ADOLESCENCE

Aims of the session

- To share key experiences on adolescence
- To discuss positive and negative experiences of adolescence
- To compare experiences of adolescents today and those of 10 – 20 years ago

ACTIVITY 2.1 INDIVIDUAL EXERCISE

Pin up the pre-prepared **Flipchart 2-1** with the request given below.

Write down one key experience of your own adolescence that remains alive in your memory	FLIPCHART 2-1

Explain that you want each participant to write down on a card (in not more than 10 words) one powerful experience which stands out from his or her adolescence. The experience can be positive (happy) or negative (unhappy). What matters is that at a particular time in their adolescence they felt or thought that way. Check that everyone has understood what to do.

ACTIVITY 2-2 PLENARY FEEDBACK AND DISCUSSION

While the participants are writing, bring up the **Flipchart 2-.2**. Point out that as the responses will be anonymous (the participants don't have to write their name on the card), they need not be concerned about revealing personal or sensitive experiences.

When everyone has finished writing their cards, ask them to place the cards face down on a table (or on the floor) in the centre of the room. Then ask two participants to come forward to help facilitate the activity. Ask one of them to pick up a card and read it to the group. Then ask the group to decide to which category (positive or negative) it belongs. Pin it to the chart under the correct heading. Once the process gets going, ask the other participant to do the same to speed it up.

Positive / happy experience	Negative/unhappy experience	FLIPCHART 2-2

Address the participants' questions. For the most part, the participants will reach a consensus in assigning the cards to the appropriate category (happy or unhappy). However, be prepared to deal with a lack of agreement in assigning the cards to a category. You may consider adding a new category (e.g. happy/unhappy) or better still, ask the participants to suggest one.

Mark the turning points. You will also find that some experiences, although negative and painful (such as failure in an important examination), spurred someone to work harder and are remembered as an important turning point. Again, ask the participants if they would like to place a mark (such as a star sign) to highlight these cards.

To compare the experiences of the adolescence today with those of the adolescents 10 – 20 years ago, ask the participants to respond briefly to the question in **Flipchart 2.3.**

Are the experiences of adolescents today different from those 10 – 20 years ago? Please give reasons to support your answer	FLIPCHART 2-3

As the participants raise points of similarity or difference, note them on a flipchart. Encourage interaction between the participants. Ask them to respond to each other's comments and questions, and stress that by sharing experiences and opinions, they will contribute to each other's learning. Emphasize that the range of possible different experiences during adolescence can be attributed to differences in sex, age, family environment, socioeconomic conditions, culture, place of residence, etc.

To conclude this exercise, thank the participants and highlight the fact that their participation enriched the learning process of the exercise

TIP FOR YOU
Note that the exercise may unleash strong feelings (such as sadness or anger). Be on the lookout for this, and be prepared to respond if any participants wish to talk about their thoughts and feelings with you.

35 min

Session 3 THE NATURE AND SEQUENCE OF CHANGES AND EVENTS TAKING PLACE DURING ADOLESCENCE

Aim of the session:

- To help participants understand the nature and sequence of changes that occurs during adolescence.

ACTIVITY 3.1 MINI LECTURE

Definition of terms

The mini lecture deals with different stages of adolescence, and this is a good moment to introduce the terms and the age-bands as displayed in Slide 2.3-1. Since adolescent age-bands are suggested in the slide, this might be a good moment to offer the participants some definitions before they begin the group exercise.

Definitions

SLIDE 2.3-1

According to the World Health Organisation (WHO)

- Adolescence covers ages 10 to 19 years
- Youth covers ages 15 to 24
- Young people covers ages 10 to 24 years

The national youth policy defines young people as ages 10 to 24 years regardless of marital status.

Talking points

Explain the different definitions used by different documents. Highlight that there is a strong programme for under five year old children by the Ministry of health and the reproductive health strategy takes care of young people between 8 and 25 years. However children between 5 and 8 years are not covered well although their problems mostly fall under the Ministry of Gender and Social Welfare. *For the purpose of the Training programme, young people will be considered as those between 10 and 24 years*.

ACTIVITY 3.2 GROUP EXERCISE

Explain the group exercise. In this exercise, the participants will identify three examples of events and/or changes that occur in each of these categories: *physical, psychological* and *social*. They may use a copy of the table in ***Annex 2 of Handout 2*** **page 38.**

Display the prepared blank table (**Flipchart 2-4**) on the nature and sequence of changes and events during adolescence. Ask the participants to form three small groups. *Each group will work on a single column. Allow 15-minutes for the group work*

Nature and sequence of changes and events during adolescence				FLIPCHART 2-4
Events / changes that occur	Early adolescence (10 – 13)	Middle adolescence (14 -16)	Late adolescence (17 – 19)	
Physical				
Psychological: Cognitive Emotive				
Social				

ACTIVITY 3-3 PLENARY FEEDBACK AND DISCUSSION

Each group should present in plenary

Ask the participants for any comments and questions and encourage a brief discussion before the next group comes forward.

TIP FOR YOU

Some obvious differences between male and female adolescents are likely to be mentioned (for instance in relation to the onset of puberty). Before starting the exercise, encourage the participants to relate their answers to a "gender perspective" by asking them to explain whether they are referring to male adolescents or female adolescents, or both in relation to the events and changes they identified in all three categories.

It is likely that one or more groups will point out that the events and changes they identified do not "fit" into only one box, but extend across other boxes in the Table both horizontally and vertically. Acknowledge that this as an important point, and ask participants to look for "extension" in other events/changes that have been identified. You may want to provide an example, such as the appearance of secondary sexual characteristics during early adolescence which continues through middle and perhaps late adolescence.

Some participants may point out that the changes and events being discussed are due to underlying factors such as inherited traits and hormonal changes. Acknowledge that this is correct and stress that the focus of the session is on the events and changes that occurs, and not the factors that cause them.

Finally refer them to **Handout 2, page 21, Table 2 Stages of adolescence** of the handout which summarises the main changes and events during adolescence. Encourage them to review it later.

35 min

Session 4 NEEDS OF YOUNG PEOPLE TO GROW AS HEALTHY ADULTS

Aim of the session

- To discuss the needs of young people and how those needs could be met

ACTIVITY 4.1 BRAINSTORMING

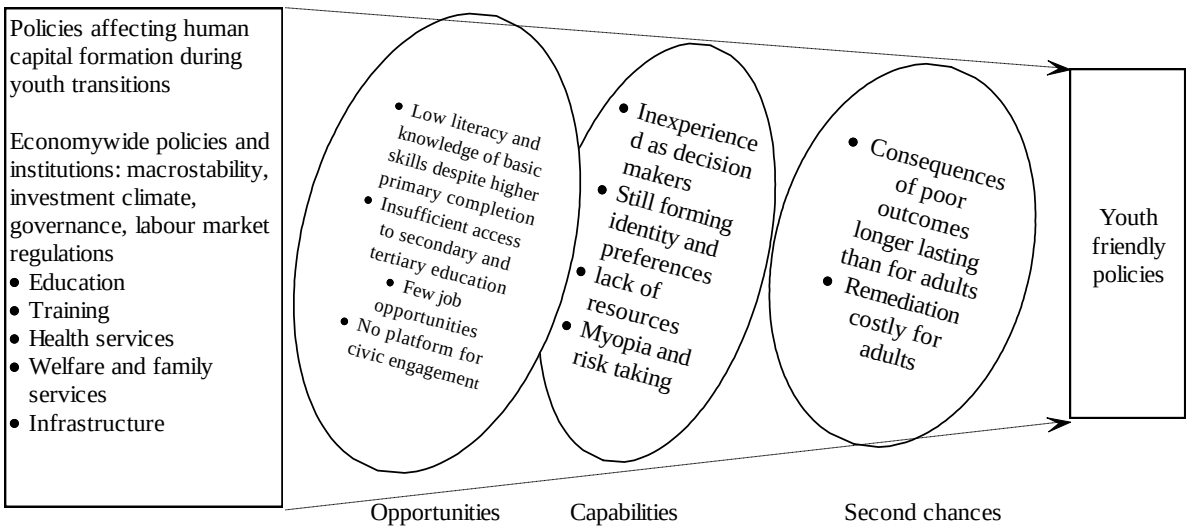
Ask the participants to brain storm the needs of young people and how health care providers can respond to those needs. Make a list of the needs on a flipchart and list how each need could be met.

ACTIVITY 4.2 MINI LECTURE

Put up **Slide 2.4-1** and **Slide 2.4-2** and use the accompanying talking points.

The needs of young people should be considered in terms of • Offering opportunities • Enhancing capabilities • Offering second chances	SLIDE 2.4-1

SLIDE 2.4-2 YOUTH LENS FRAMEWORK



(Source: World development Report 2007: Development and the next generation. *2006* ***The International Bank for Reconstruction and Development / The World Bank. 2007)***

Talking points

To consider the needs of young people it is important to use a 'youth lens' to evaluate them. This has implications for developing strategies appropriate to youth's life transitions and environments. Are they adequate to serve youth's needs?

The starting point for the assessment is to consider what young people need before adolescence, what opportunities should be afforded to them to grow into healthy productive adults and to maximise their capabilities. Then consider what opportunities should be availed to the youth to maximise their capabilities and finally what ought to be done to remedy undesirable outcomes. A framework has been proposed that splits the youth lens into three mutually supportive lenses that focus policies and magnify their impact (**Slide 2.4-2**).

- The first lens focuses on the gaps in *opportunities* for building human capital and on policies that help young people acquire, improve, and deploy their skills.
- The second lens focuses on the *capabilities* of young people as they choose among the opportunities available to them and on policies that dispense the information and incentives to help them make good decisions.
- The third lens focuses on remedying undesirable outcomes and on policies offering *second chances* that put young people back on the path to build their human capital for the future.

Just as the three lenses have to be aligned for an image to be in focus, so policies and services must be well coordinated to have maximum impact. Opportunities can be missed if the capabilities to grasp them are blunted or misdirected. Having better decision making capabilities (agency) can lead to frustration if the opportunities are far below aspirations. Not having second chances can lead to a free fall in outcomes. Some of the lenses loom larger in some transitions than in others. In the transitions toward sustaining a healthy lifestyle and forming families, for example, outcomes are influenced most by young people's behavior, so the emphasis would be on capabilities.

Summarise the session by adding the following information as in the table below (**Flipchart 2.5**): Agree with the participants which needs apply to which age groups by putting '+' or '-' in the appropriate column. Afterwards discuss in plenary to which lens do each of the needs apply. One volunteer should put the responses on a flipchart.

Needs of young people				FLIPCHART 2.5
Needs	Early adolescence (10 – 14)	Middle adolescence (15 -18)	Late adolescence-youth (19 – 24)	
Love and to be loved				
Information, Education and Communication on health				
Education support e.g. grants and bursaries,				
Economic support e.g. loans for IGA's,				
Access to social services				
HIV and AIDS prevention				
Life skills				
Vocational skills				
Food security				
Employment				
Hygiene and safe water				
General counselling services				
Recreation including in and outdoor games				
Leadership and role models				
Inclusion in decision making				
Information centres e.g. libraries, internet cafes, etc				
Reproductive health needs e.g. Antenatal, delivery and postnatal services				
Health care				
Community based SRH services				

ACTIVITY 4.3 BRAINSTORMING

Ask the group to think of young people in special circumstances. *You may give an example of a married adolescent.* Ask the group to come up with needs of young people in special circumstances. List the responses on a flip chart.

ACTIVITY 4.4 PLENARY DISCUSSION

Ask participants to brainstorm on some of the referral points available from their respective communities (include referral points for young people in special circumstances.

Provide additional information on some of the referral points where young people could access assistance pertaining to their needs:

- Youth clubs / NGO's
- Community Home-based Care groups (CHBC's)
- Community-based Organizations (CBO's)
- NGO's dealing with youth issues like WVI, Plan Malawi, Care Malawi, Action Aid, Save the Children (US), Inter-aide, MAGGA, FPAM, BLM, Post-test clubs, schools, etc.
- Family, religious institutions, DYO, Social welfare department.

Conclude the activity by highlighting that young people need empowerment and that this can be achieved by ensuring that their needs are met.

30 min

Session 5 HEALTH RELATED CONCERNS OF YOUNG PEOPLE

Aim of the session

- To explore the health-related concerns of young people and the adults' perceptions of young people's health concerns.

ACTIVITY 5-1 PLENARY DISCUSSION

Welcome the participants to this session.

Mention the activities of this session – in which the participants will reflect on

a) Letters from young people to "Aunt Nasoko" columns in local magazines, and
b) Cuttings from local newspapers about adolescents – and tell the participants that you will explain them further as the session proceeds.

Letters to "Aunt Nasoko"

Ask the young people in the group to read out some letters to an "Aunt Nasoko" column (**Handout 2, Annex 4 page 40**) taken from local magazines (or prepared in advance in the event that such magazines are not locally available). If young people take part in the programme they should read out three or four typical letters, one at a time. Upon reading each letter, ask the participants for their comments and record the important points on the **Flipchart 2-6**.

1. *What are the health concerns of young people?* 2. *What do they think and feel about issues concerning their health?* 3. *How do they communicate this to adults*	FLIPCHART 2 6

Give out photocopies of typical newspaper cuttings that illustrate aspects of how the public (meaning adults) view young people – or ask two or three adult participants to read out the headlines and relevant paragraphs. Typical probing questions to ask are shown in **Flipchart 2-7**

1. *What perspective on adolescents do these newspaper cuttings suggest and why?*
2. *What do the adolescent participants think and feel about these perspectives?*
3. *What do the adult Participants think and feel about them?*

FLIPCHART 2-7

ACTIVITY 5-2 PLENARY REVIEW

Draw attention to (or reaffirm) the fact that the adolescents' perspectives on the changes and events they go through are often very different from those of adults.

TIP FOR YOU

The letters and newspaper articles might give rise to strong feelings and views. If so, point out that being judgemental about the views of others is counter to any free exchange between young people and adults – including health service providers.

Draw out some of the valuable points that arise from this exercise, such as:

- Adolescent concerns tend to revolve around the immediate future, while the concerns of adults are for the longer term.
- The concerns of different groups of adolescents may not be the same. For instance male and female adolescents, married and unmarried adolescents, urban and rural adolescents may have different issues of interest and concern.
- Understanding what their interests and concerns are and the underlying reasons for this, may help adults deal with them more effectively.

20 min

Session 6: COMMON HEALTH PROBLEMS THAT AFFECT YOUNG PEOPLE.

Aim of the session

- To familiarize the service providers with the health problems affecting young people.

ACTIVITY 6.1 MINI LECTURE

Explain that you will now present a classification of the health problems and behaviors of young people. Ask the participants to turn to **Handout 2** page **23 Table 3 titled "*Classification of diseases and health-related behaviors of young people in developing countries*"**, which is shown below.

Classification of diseases and health related behaviors of young people in developing countries				
Diseases which are particular to young people	Diseases and unhealthy behaviors which affect young people disproportionately	Diseases which manifest themselves primarily in young people but originate in childhood	Diseases and unhealthy behaviors of young people whose major implications are on the young persons future health	Diseases which affect fewer young people than children, but more of them than adults
Diseases: Disorders of secondary sexual development Difficulties with psychosocial development Suboptimal adolescent growth spurt	**Diseases**: Maternal morbidity and mortality STIs (including HIV) Tuberculosis Schistosomiasis Intestinal helminthes Mental disorders **Behaviors**: Alcohol use Other substance abuse Injuries	**Diseases**: Rheumatic heart disease	**Diseases:** STIs (including HIV) Dental disease **Behaviors:** Tobacco use Alcohol and drug use Poor diet Lack of exercise Unsafe sexual practices	**Diseases:** Malnutrition Malaria Gastroenteritis Acute respiratory infections
NB *Young people will contribute a substantial number of cases because they form a large proportion of the population in most developing countries.*				

Go over each of the five columns with them, and give them a few minutes to digest the information. Explain that nationally, data on health problems of adolescents are not readily available but the picture is largely similar to the one presented.

ACTIVITY 6.2 PLENARY DISCUSSION

Ask participants what are the main health problems of young people in their area by asking the following questions

What are the health problems affecting young people in your district or community?
Is the health problem or problem behavior a priority for you district or community?
Who considers it a priority and why?

Ask for a volunteer to record the responses on a flipchart.

Allow for 15 min for contributions and the close the session by presenting the slide below (**Slide 2.6-1**)

Priority health problems affecting young people Intentional and unintentional injuries Sexual and reproductive health problems, including HIV and AIDS Substance use and abuse (tobacco, alcohol and other substances Mental health problems Nutritional problems Endemic and chronic diseases	SLIDE 2.7-1

30 min

Session 7 WHY INVEST IN YOUNG PEOPLE'S HEALTH AND DEVELOPMENT

Aim of the session

To present important reasons for investing in young people's health and development

ACTIVITY 7.1 DEBATE

Explain that you would like the participants to debate an important statement. Pin up **Flipchart 2-8**

Is it essential that national and local health leaders, planners and managers pay particular attention to young people's health?	FLIPCHART 2.8

Explain that you would like two groups to prepare a set of arguments for and against this proposition. Allocate one group "for" and the other "against". Tell them that you will want at least three strong arguments – on cards – from each group, and that in five minutes you will ask them to be ready to argue their case. Assign a different colour card for each group ("for" and "against"). When the time is up and everyone is ready, ask one person from the "against" group to come forward, pin up one card at a time, and "defend" its content. Someone in the other group must then offer one effective argument against the statement on each card. Note down the counter arguments on a flipchart. Then ask for a volunteer from the "for" group. He or she should then put up their cards and explain their arguments to everyone. Immediately after he/she has finished speaking, encourage the other group to debate the points.

Point out that it is important for the participants, as individuals working in the field of young people's health and development, to be fully aware of the public health rationale for this field. Stress that the participants must have the data (facts and figures) at hand to support their arguments and must press for attention and investment in young people's health and development.

ACTIVITY 7-2 PLENARY REVIEW

Summarize the debate and stress that there will always be arguments on both sides. Very few people ask **WHY** it is important to invest in child health, because the immediate benefits of doing so are apparent. The need to invest in young people's health is not always so immediately apparent – and the participants should be made aware of this.

More talking points of why we need to invest in young people

As discussed earlier, generally speaking, adolescence is a healthy period of life. However, some adolescents do lose their lives and many more develop health problems, or health risk behaviors, that could lead to disease and premature death in adulthood. In that sense, adolescence is in fact a time of risk; but it is also a time of opportunity for an individual to grow and develop (physically, psychologically and socially) to his/her full potential, in preparation for adulthood.

Young people are not a homogeneous group; their needs for health information and services depend on their age, stage of development and circumstances. Because of their circumstances, some Young people tend to be more vulnerable than others to health and social problems.

The two overlapping goals of promoting healthy adolescent development on the one hand, and preventing and responding to health problems on the other, cannot be viewed as separate and distinct because they are closely linked to one another. The provision of preventive and curative health services for specific health problems is important. However, the prevention of health problems (and health risk behaviors) through actions to enhance protective factors (such as positive relationships with parents and teachers and a positive school environment) and reduce the risk factors (such as low self-esteem, conflict in the family and having high risk peers) are even more important.

Research shows that the health problems of young people are interrelated. This is because the underlying behavioral causes of many of these health problems are the same. For example, alcohol use is associated with STIs including HIV and injuries from road traffic accidents; and under nutrition is associated with complications in pregnancy and childbirth. A safe (free from danger of disease and injury) and supportive (nurturing) environment is critical for an individual to develop to his/her full potential, and for him/her to be healthy. Unfortunately, most young people in today's world are living, studying and working in unsafe and unsupportive environments, with negative effects on their health and development. A good understanding of the biological differences in the growth and development of males and females (through the years of adolescence), and of the different ways in which they are affected by health problems, is important. Equally important is a good understanding of the different social and cultural influences on males and females, and how this affects the way in which adolescent males and females view themselves and relate with others.

30 min

Session 8: GUIDING PRINCIPLES FOR WORKING WITH YOUNG PEOPLE

Aim of the session

To present the guiding principles for working with young people

ACTIVITY 8.1 MINI LECTURE

Explain that, building on the ground covered in the previous session, you will point to the guiding concepts underpinning the framework for programming for adolescent health and development and the Training Programme itself.

Point out that several of these principles have already been raised in this unit, and that you would like to draw attention to them again in order to stress their relevance in relation to each of the health issues and problems to be addressed in subsequent units.

Put up **Slide 2.8-1** and talk the participants through each of the principles. Invite comments from the participants. Encourage them to share experiences, and to respond to questions that are raised, rather than responding to all of them yourself; facilitate this by directing some questions to participants who seem knowledgeable about the subject.

Guiding principles for working with young people	SLIDE 2.8-1
• Adolescence is a time of opportunity and risk • Not all young people are equally vulnerable • Adolescent development underlies prevention of health problems • Problems have common roots and interrelated • The social environment influences young people's behavior • Gender considerations are fundamental	

Talking points

Finalize the session by putting up (**Slide 2.8-2**) which are self-explanatory. Read them out and invite reactions from the participants, especially on the fourth point. Some of the issues that health-service providers face when dealing with adolescents are simple and clear cut (such as providing dietary advice and medication to treat anemia). Other issues (such as dealing with the request of a 15- year old, unmarried, sexually-active adolescent for a contraceptive method, without the knowledge of her parents) raise a conflict between the rights and responsibilities of adolescents and those of their parents, or between the best interests of adolescents and the prevailing laws. There are no easy solutions here, but health-service providers must face up to them and think through them carefully.

Keys to success: 'Putting young people at the centre'	SLIDE 2.8-2
• Striving to understand the specific needs of each individual young person • Regarding the young person as an individual not just a case of this or that health problem • Acknowledging and paying attention to the viewpoints and perspectives of the adolescent • Striving to prevent ones personal beliefs, attitudes, preferences and biases from influencing one's professional assessment and actions. • Respecting the rights of young people (as laid down in the UN convention on the Rights of the Child), while at the same time taking into account the rights and responsibilities of parents • Taking into primary consideration the best interest of the young people when making decisions or taking actions that affect them.	

Facilitator guidelines for

Unit 3

Sexual and Reproductive Health

Unit overview

This unit provides an introduction to Sexual and Reproductive Health in young people (SRH) and has the following sub units.

- Introduction to sexual and reproductive health in young people (Unit 3A)
- Sexually transmitted infections in adolescents (Unit 3B)
- Pregnancy prevention and fertility regulation in young people (Unit 3C)
- Care of pregnancy and childbirth in young people (Unit 3D)
- Unsafe abortion in young people (Unit 3E)
- Sexual abuse in young people (Unit 3F)
- HIV and AIDS in young people (Unit 3G)

Facilitators Guidelines for

Unit 3A

Introduction to sexual and reproductive health in Young people

Unit 3A: Introduction to Sexual and Reproductive Health in Young People

Sessions and activities	Page	Time	Materials and resources
Session 1: Unit introduction ACTIVITY 1.1 Mini lecture *Unit objectives*	66	10min	Handout for unit 3A Slides 3A.1-1
Session 2: Regional and National trends in the onset of puberty and average age of marriage ACTIVITY 2.1 Mini lecture *Changes during adolescence* ACTIVITY 2.2 Plenary discussion	67	30 min	Slides 3A.2-1, 3A.2-2, 3A.2-3
Session 3: Factors affecting the initiation of sexual relations in young people ACTIVITY 3.1 Group work *Factors affecting initiation of sexual activity in young people* ACTIVITY 3.2 Plenary feedback and discussion ACTIVITY 3.3. Mini lecture *Factors associated with and age at first sexual activity in young people*	69	50 min	Flipchart 3A-1 Slide 3A.3-1 Slide 3A.3-2
Session 4: The consequences of too early, unprotected sexual activity ACTIVITY 4.1 Buzz group *Consequences of sexual activity in young people* ACTIVITY 4.2 Plenary feedback and review	71	30 min	Flipchart 3A-2
Session 5: Barriers to young people having access to sexual and reproductive health care ACTIVITY 5.1 Group work and plenary discussion *Case studies on barriers to access to SRH care* ACTIVITY 5.2 Buzz group ACTIVITY 5.3 Plenary feedback and review	72	50 min	Flipchart 3A-3, 3A-4
		170	

10 min

Session 1: **UNIT INTRODUCTION**

Aim of the session

- To provide an overview of the unit including the objectives.

ACTIVITY 1-1 UNIT OBJECTIVES

Welcome the participants to the unit. Explain that the unit provides an introduction to sexual and reproductive health and young people. Display the unit's objectives (**Slides 3A.1-1**), and then read them out, in turn.

Unit objectives	SLIDE 3A.1-1
• Describe the regional, national and local trends in the onset of puberty and the age of marriage and trends of adolescent fertility • Describe the factors affecting the initiation of sexual relations in adolescents • Identify risk and protective factors that influence adolescent sexual behaviour • Outline the consequences of too early, unprotected sexual activity among adolescents • Describe the barriers to adolescents obtaining sexual and reproductive health information and services.	

Encourage the participants to ask questions and raise any concerns they might have

30 min

Session 2 REGIONAL AND NATIONAL TRENDS IN THE ONSET OF PUBERTY AND AVERAGE AGE OF MARRIAGE

Aim of the session

To remind the participants on the important physical changes associated with puberty and to describe global trends in the onset of puberty and age of marriage.

ACTIVITY 2-1 MINI LECTURE

Explain that you will briefly remind the participants what was discussed in the previous section by giving a mini lecture on changes experienced by adolescents during puberty. Go through **Slides 3A.2-1** to **Slide 3A.2-3** and refer to the accompanying talking points for further details on the information presented in the slides. Invite questions and comments. Encourage the participants to respond to the questions raised and to share their insights and experiences as much as possible. This will help them to begin to relax and discuss a subject that many find difficult to talk about (**Slide 3A.2-3**).

Notable changes at puberty and sexual maturation	**SLIDE 3A.2-1**
• Growth spurt and changes in body composition • Appearance of secondary sexual characteristics • Changes in social perceptions and expectations	

Girls today are experiencing puberty at a younger age	**SLIDE 3A.2-2**
• Between the late 1970s and the late 1980s, the average age of menarche in Kenya fell from 14.4 to 12.9 • In Malawi, the age at first intercourse also appears to be declining. In the 2004 MDHS, median age at first sexual intercourse for men aged 20-24 years and 45-49 years was 18.1 and 19.0 respectively. • Among women, the age at first intercourse does not appear to be declining. In the 2004 MDHS, median age at first sexual intercourse for women aged 20-24 years and 45-49 years was 17.4 and 17.6 respectively.	

Average age at marriage in Malawi.	SLIDE 3A.2-3
• The median age at first marriage for adolescent females aged 20-24 slightly increased from 17.7 in 1992 to 18.1 in 2004. • The median age for marriage for men is about 5 years later at 22.9 years. • While only 22 percent of men are married by age 20 years, the corresponding proportion for women is 73%	

Talking points

Explain that this slide reflects the trend of increasing age at marriage in both men and women in Malawi. In Malawi and in many other countries as well, the declining age in the onset of puberty is accompanied by trends in the opposite direction in the age of marriage.

ACTIVITY 2-2 PLENARY DISCUSSION

Invite questions or comments from the participants. Do not feel obliged to respond to all of them yourself. Invite other participants to do so, thereby stimulating sharing of viewpoints and perspectives, ideas and experiences. Share local data from the participants own area (if any) on the onset of puberty and age of marriage.

30 min

Session 3: FACTORS AFFECTING THE INITIATION OF SEXUAL RELATIONS IN YOUNG PEOPLE

Aim of the session

- To describe the factors affecting initiation of sexual relations among young people
- To identify risk and protective factors that influences the sexual behaviour of young people.

ACTIVITY 3-1 GROUP WORK

Divide the participants into three groups (by counting off 1 to 3); each group should have some youth representatives if possible. Post the pre-prepared questions on **Flipchart 3A-1** and read them out.

- Are young people (boys and girls) in your area / district sexually active?
- If so what is the context in which sexual activity occurs?
- Are young people (boys and girls) in your area / district more sexually active than young people of about 10 years ago? If so what are the factors contributing to this?

FLIPCHART 3A-1

Before going into groups agree on a working definition of "sexual activity."

TIP FOR YOU

Be aware that the term "sexual activity" can mean many different things to different people. It could include what an individual does to or for himself/herself such as masturbation, as well as what an individual does with someone else. This could range from holding hands and caressing to penetrative oral, vaginal or anal sex. Such sexual activity could be with a partner of the opposite sex or with someone of the same sex.

Explain that each group has 10 minutes to answer the questions on the provided flipcharts. Tell the groups that they will each have five minutes to present their group work.

ACTIVITY 3-2 PLENARY FEEDBACK AND DISCUSSION

Invite each group to present their work in plenary session. Guide the discussion; it should become clear whether or not there is consensus. Lack of agreement could highlight the fact that young people sexual activity varies among different population groups, such as boys/girls, unmarried/married adolescents/young people, or in

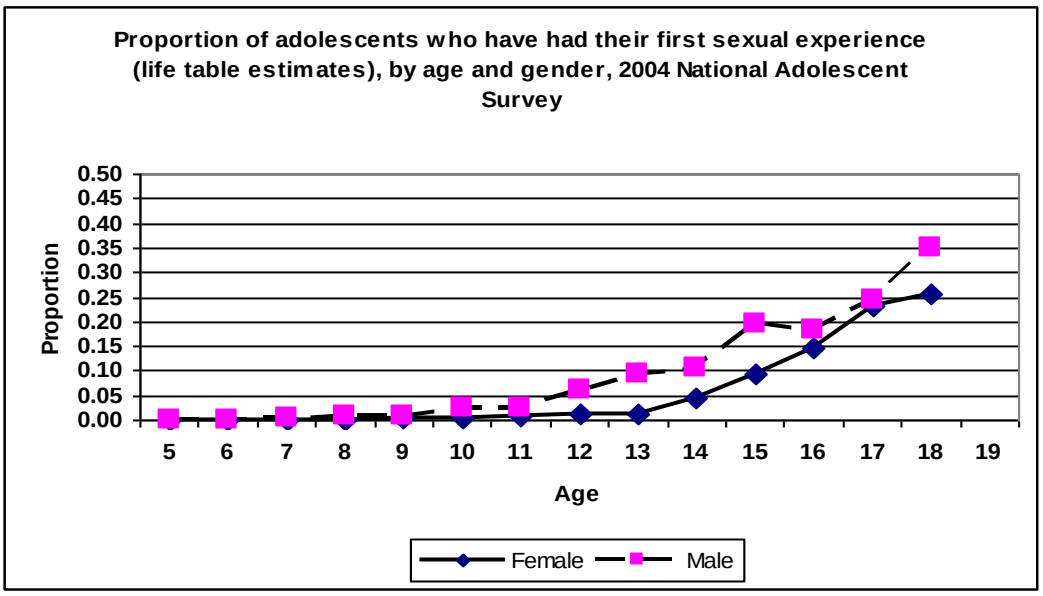
different parts of the country (rural versus urban). Draw out these differences during the discussion, and encourage the participants to see the wider picture.

ACTIVITY 3.3 MINI LECTURE

Show **Slide 3A.3-1** and refer to the accompanying talking points from **Handout 3A, Section 3 page 45** for further details on the information presented in the slide below.

Average age at first sexual experience in Malawi.

SLIDE 3A.3-1



Finally, round off the discussion presenting the points on **Slide 3A.3-2**.

Key factors affecting age of first sexual intercourse

SLIDE3A.3-.2

- "Too early" marriages continue to persist in some cultures
- Changing social norms and "controls" on sexual activity
- Vulnerability of young people to sexual coercion and rape
- Poverty

30 min

Session 4: THE CONSEQUENCES OF TOO EARLY, UNPROTECTED SEXUAL ACTIVITY.

Aim of the session

- To outline the consequences of the changing patterns of sexual activity among young people.

ACTIVITY 4-1 GROUP WORK

Put up **Flipchart 3A.-2** and read the question to the participants. Explain that you will divide the participants into four groups. Ask each group to discuss consequences of one category listed in **Flipchart 3A-2**. Allow them about 10 minutes for this activity.

Given the changing trends/patterns in the onset of sexual activity, what are the • Consequences for young people? • Consequences for babies born to young people? • Consequences for their families? • Consequences for their communities?	FLIPCHART 3A.-2

ACTIVITY 4-2 PLENARY FEEDBACK AND REVIEW

Ask the groups to present their work.

Invite questions and comments and, as in other sessions, do not feel obliged to respond to them all yourself. Conclude the discussion by reviewing the consequences of unprotected sexual activity in young people (both boys and girls, and including consequences to health such as too early or unwanted pregnancy and sexually transmitted infections including HIV and AIDS; as well as social consequences such as stigma and reduced prospects for formal education). Remind the participants to review **Handout 3A Section 6 page 47** for more information on this session.

50 min

Session 5: BARRIERS TO YOUNG PEOPLE HAVING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH CARE

Aim of the session

- To highlight barriers that young people face in obtaining sexual and reproductive health information and services, and what could be done to address them.

ACTIVITY 5-1 GROUP WORK AND PLENARY DISCUSSION

Divide the participants into two groups. Give each group one case study but ask the participants to read both case studies to prepare for the plenary. (**Annex 3A.-1 in handout for Unit 3A, page 54**).

Tell them that they will have 30 minutes to read and discuss the case studies in each group using the questions on **Flipchart 3A-3** as a guide.

Ask each group to put down one action that could have been taken in relation to Chimwemwe and one in relation to Malita and put down the responses on a VIPP card or flip chart.

Case study 1: Why did Chimwemwe's status change from that of a bright 14-year old schoolgirl to that of a 15-year old single young mother of a premature baby who is homeless and destitute?

Case study 2: Why was Malita so unprepared for this important event in her life?

What could have been done to enable Chimwemwe and Malita to obtain the sexual and reproductive health information and services they needed?

FLIPCHART 3A-3

ACTIVITY 5-2 PLENARY FEEDBACK AND REVIEW

Allow each group to present their work and open the floor for discussion
Ask each group in turn to briefly explain why they believe the actions they propose could have helped Chimwemwe and Malita. Invite questions, but only for clarification.

Use the checklist below to highlight the issues raised in the case studies, if they have not already been raised by the participants.

After all the groups have presented their responses, ask for volunteers to come forward to cluster the cards and to develop broad categories. These categories could be different settings where actions could be carried out (such as home, school and health facility) or different people who could carry out these actions (such as parents, older siblings, teachers and health workers). Once this has been done, open the floor for discussion. In closing, stress that the issues raised will be discussed further in the units to follow, on sexual and reproductive health.

CHECKLIST FOR CASE STUDIES

These case studies highlight several issues, including:

- Inadequate communication on sexual and reproductive health matters between adolescents on the one hand, and their parents and other adults around them, on the other;
- Inadequate access by adolescents to the reproductive health information and services they need;
- School policies on pregnancy about students, which are harmful at many levels to the affected students.

Facilitator guidelines for

Unit 3B

Sexually Transmitted Infections

Unit 3B SEXUALLY TRANSMITTED INFECTIONS IN YOUNG PEOPLE

Sessions and activities	Page	Time	Materials &resources
Session 1: UNIT INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	76	5min	Handout for Unit 3B Slides 3B.1-1
Session 2: THE SCOPE OF STIs IN YOUNG PEOPLE ACTIVITY 2.1 Mini lecture *Scope of STIs in young people* ACTIVITY 2.2 Plenary discussion	77	15min	Slides 3B.2-1, 3B.2-2, Flipcharts 3B-1
Session 3: FACTORS CONTRIBUTING TO STIs IN YOUNG PEOPLE ACTIVITY 3.1 Mini lecture *Factors contributing to STIs in young people* ACTIVITY 3.2 Plenary discussion	79	15 min	Flipcharts 3B-2 Slides 3B.3-1, 3B.3-2, 3B.3-3
Session 4: THE CONSEQUENCES OF STIs IN YOUNG PEOPLE ACTIVITY 4.1 Mini lecture *Consequences of STIs in young people*	81	15 min	Slide 3B.4-1
Session 5: FACTORS HINDERING PROMPT AND CORRECT DIAGNOSIS OF STIs IN YOUNG PEOPLE ACTIVITY 5.1 Group work *Young people's health seeking behaviour on STIs* ACTIVITY 5.2 Plenary feedback and discussion *Factors hindering young people seeking help*	82	50 min	Flipchart 3B-3, 3B.5-1
Session 6: MANAGEMENT OF STIs IN YOUNG PEOPLE ACTIVITY 6.1 Mini lecture *Management of STIs in young people* ACTIVITY 6.2 group work *Case scenarios* ACTIVITY 6.3 Plenary discussion	84	50 min	Slides 3B.6-1
Session 7: PREVENTION OF STIs IN YOUNG PEOPLE ACTIVITY 7.1 Mini lecture *STI prevention in young people* ACTIVITY 7.2 Role plays	87	25 min	Slide 3B.7-1
		175 min	

Session 1: **UNIT INTRODUCTION** **5 min**

Aim of the session

- The aim of the session is to provide an overview of the unit including the objectives

ACTIVITY 1.1 UNIT OBJECTIVES

Welcome the participants to the unit.

Mention that this unit contains eight sessions, which will explore different aspects of sexually transmitted infections in young people.

Mention that handout 3B provides additional information to complement what will be covered during the unit.

Display the unit objectives (Slide 3B.1-1) and read them out, in turn.

Unit objectives	SLIDE 3B.1-1
• Describe the regional and national estimates of STIs in young people • List and explain factors contributing to STIs in young people • Name the consequences of STIs in young people • List the factors preventing young people with STIs from seeking help • Identify key aspects of good diagnosis and management practice in young people • Identify the role of health care providers in STI prevention	

15 min

Session 2 THE SCOPE OF STIs IN YOUNG PEOPLE

Aim of the session

- To present the scope of sexually transmitted infections (STIs) among young people regionally and nationally.

ACTIVITY 2-1 MINI LECTURE

Explain that you begin the mini lecture by looking at the scope of the problem of STIs in young people within the sub Saharan African region and within Malawi.

Show **Slide 3B.2-1**, and **3B.2-2**. Do not read it out aloud; instead go over the talking points presented below.

Regional and national estimates of STIs in young people • Every year more than one out of 20 adolescents contract a curable STI, not including viral infections • Young people are getting infected with STIs at a younger age • Of the estimated 333 million new STIs that occur in the world every year, at least one third occur in young people under 25 years. • More than half of new HIV infections globally (over 6,500 each day) are among young people aged 10-24 years.	SLIDE 3B.2-1

Self reported STIs among young people in Malawi (MDHS 2004) • 7.7% and 8.6% of young females and males respectively aged 15-19 years old report having symptoms of STIs • 9.5% and 5.6% of young females and males respectively aged 20-24 years old report having symptoms of STIs. • The prevalence is higher in rural areas compared to urban areas • Within regions, the prevalence of STIs is higher in the southern region especially in the districts of Zomba, Mulanje, Thyolo and Blantyre	SLIDE 3B.2-2

Talking points

STIs present a major threat to the health of sexually active adolescents. The estimates provided in **Slide 3B.2-1 and 3B.2-2** highlights the scope of the problem. The figures represent global and national estimates and there is certainly much variation both between and within countries. Age- and sex- specific data on STIs among adolescents in developing countries are very limited, especially for adolescent males.
STIs facilitate HIV transmission between sexual partners, especially those that cause genital ulcers.

TIP FOR YOU
Encourage questions and comments. Do not feel obliged to respond to all of them yourself. Invite other participants to respond. This will help the participants to relax and feel comfortable about sharing any information they have and, more importantly, about voicing their thoughts and feelings.

ACTIVITY 2-2 PLENARY DISCUSSION

Pin up Flipchart 3B.2-1, read out the question posed and ask the participants to respond to it.

Ask the participants to share any information they may have on the prevalence of STIs in young people locally. One or more of them may have some data to present. Write down the key points they make on a flipchart as they speak.

Invite questions and comments. It is likely that a general consensus will emerge through the discussion; if it does not, acknowledge the different points of view that have been stated.

What do local data show on STIs among adolescents in your community?	**FLIPCHART 3B-1**

15 min

Session 3: FACTORS CONTRIBUTING TO STIs IN YOUNG PEOPLE

Aim of the session

- To identify the factors which contribute to sexually transmitted infections among young people?

ACTIVITY 3-1 MINI LECTURE

Start your mini lecture by explaining that the factors contributing to STIs in young people are broadly similar to those contributing to *"too early"* and *"unwanted"* pregnancies in adolescent girls, which were discussed in **Session 3 of unit 3A**. *Introduction to sexual and reproductive health in young people.*

Use the information in **Slide 3B.3-1 and 3B.3-2**.

Factors affecting adolescents' exposure to STIs • Experimentation is a normal part of adolescent development but it exposes them to risk • Adolescent boys often feel they have to prove themselves sexually • Adolescents' sexual relations are often unplanned, sporadic and, sometimes, the result of coercion or force	SLIDE 3B.3-1

Adolescents' sexual relations typically occur before they have: • Adequate information about STIs and how to avoid contracting these infections • Experience and skills to protect themselves • Access to services and supplies (such as condoms)	SLIDE 3B.3-2

Show **Slide 3B.3-3** and explain that adolescent girls are thought to be more susceptible to STIs than older women and are more vulnerable to infection than boys for the reasons given in the slide.

Why are adolescent girls especially vulnerable?

Young girls are more vulnerable than young men and adults because of biological factors, as well as social/cultural factors

Biological factors include:

- Inadequate mucosal defense mechanisms and the immature lining of the cervix provide a poor barrier against infection;
- The thin lining and relatively low acidity in the vagina render it more susceptible to infection.

Social/cultural factors. There is growing recognition that adolescent girls are more vulnerable than men (young and older) and adult women for both social and economic reasons. For instance, they may be coerced into having sex by adults who interact with them such as relatives, family friends or others.

SLIDE 3B.3-3

ACTIVITY 3-2 PLENARY DISCUSSION

Present the question which is on **Flipchart 3B-2** to the participants.

Invite the participants to state and explain their viewpoints, and ask them to illustrate their views with examples.

Ask for a volunteer to write the key points on a flipchart.

Are adolescents in your area / country more vulnerable than adults to STIs?

FLIPCHART 3B-2

15 min

Session 4: THE CONSEQUENCES OF STIs IN YOUNG PEOPLE

Aim of the session

- To present the consequences of STIs among young people.

ACTIVITY 4-1 MINI LECTURE

Show **Slide 3B.4-1** and go over the talking points given in **Handout 3B, page 60. Box 3.**

Consequences of STIs for young people • Pelvic inflammatory disease (PID) • Infertility • Cancer of the cervix • Stigma and embarrassment	SLIDE 3B.4-1

50 min

Session 5: FACTORS HINDERING PROMPT AND CORRECT DIAGNOSIS OF STIs IN YOUNG PEOPLE

Aim of the session

- To discuss challenges that health service providers face in providing young people with prompt and effective treatment.

TIP FOR YOU
If there are young participants, this session provides them with an opportunity to describe what individuals (like themselves) do when they have or suspect that they have an STI. It will also provide an opportunity to the health-care providers who are present to express "their side of the story" (in terms of the challenges they face in providing STI management services to adolescents).

ACTIVITY 5-1 GROUP WORK

Divide the participants into two groups with the young participants in one and the adults in another.

Pin up **Flipcharts 3B-3** and read the question and ask the groups to respond to the question.

Tell the groups that they will have 15 minutes to complete their task. Also, tell them to be prepared to make a brief (3 minutes) presentation to share their impressions.

In your opinion, what do young people do when they know or suspect that they have STI?	FLIPCHART 3B-3

ACTIVITY 5-2 PLENARY FEEDBACK AND DISCUSSION

Ask each group in turn to share their conclusions in plenary. Encourage the participants to share their comments and raise questions.

Wrap up the session by highlighting the main points of the discussion using **Slides 3B.5-1**. Use additional information from **Handout 3B, Section 5, page 61**.

Factors hindering adolescents from seeking help

- STIs may be asymptomatic, especially in young women
- Adolescents may not be aware that they have an STI
- Adolescents often lack information about existing services
- Adolescents may be reluctant to seek help.

SLIDE 3B.5-1

TIP FOR YOU

Provide additional information on **Factors affecting prompt diagnosis of STIs among young people as follows:**

- Asymptomatic and mildly symptomatic STIs are missed
  - Health-care providers may miss STIs of asymptomatic or mildly symptomatic nature when they use the syndromic approach for diagnosis and management.
- Health-care providers lack adequate clinical skills to diagnose symptomatic STIs
  - Health-care providers lack adequate clinical skills (including communication and history-taking skills with adolescents) for making a diagnosis of STI.

50 min

Session 6: MANAGEMENT OF YOUNG PEOPLE WITH STIs

Aim of the session

To discuss special issues that health-care providers need to be aware of regarding the management of STIs in young people.

ACTIVITY 6-1 MINI LECTURE

Emphasize to the participants that management of young people with STIs is not different from that of adults. The same principles of syndromic approach to the management of STI apply as follows:

- Standardized clinical management
- Based on signs and symptoms
- Laboratory diagnosis not required

Important factors to consider when managing young people with STI

- Being aware of care-seeking practices
- Establishing rapport _ Eliciting information about the nature of the problem
- Carrying out a physical examination
- Arriving at a diagnosis
- Communicating the diagnosis and its implications, discussing treatment options, and
- providing treatment
- Responding to psychological needs and helping the individual deal with any social implications of the problem
- Preventing a recurrence
- Notifying partners

SLIDE 3B.6-1

Talking points

Examine the matters which health-service providers should be aware of and pay attention to, when managing young people with STI.

- When dealing with young people, the words and actions of health-care providers should be guided by respect for them, acknowledgement of their need for – and right to – health information and services, and concern for their well-being.

- In Malawi all young people have the right to ask for and receive the health services they need. However, laws and policies prohibit the provision of some services

- Health-care providers may find themselves in the difficult situation of trying to find a balance between the rights of parents (or guardians) to be told about the health problems of their issues (especially when they are still minors), and the rights of their adolescent patients to privacy and confidentiality. This is particularly so when laws and policies specify that the consent of parents (or guardians) is mandatory for the provision of certain health services to minors.

- It is important that health-care providers deal with such situations in a responsible manner, doing everything in their power to safeguard the health and well-being of their adolescent patients.

ACTIVITY 6-2 GROUP WORK

Explain to the participants that they will work in four groups and that each group will address a different case scenario (**Handout 3B, Annex 3B-2, page 70**).

Divide the participants into four groups. If there are adolescent participants in the workshop, ensure that at least one young person is represented in each group.

Give each of the four groups a scenario, and ask them to respond to the question posed, which requires them to specify exactly what they would do if they found themselves in the given situation, and to explain why they have chosen that course of action.

Ask the groups to work separately for 15 minutes to complete this task. Tell them to prepare a brief (3 minutes) presentation, to share their impressions.

ACTIVITY 6-3 PLENARY DISCUSSION

Ask each group in turn to share their conclusions in plenary and to respond to any comments or questions that others pose. As the feedback and the question-answer session proceeds, have someone record the key points on a flipchart.

Invite comments and questions. Respond to questions yourself and encourage other participants to share their comments. While leading the discussion please keep in mind the following points:

Scenario 1
This scenario highlights the importance of establishing a rapport with the patient, and eliciting information on the nature of the problem facing him/her. It also deals with the

difficult issue of finding a balance between the rights of parents to know about the problems of their issues, and the rights of the adolescent patient to privacy and confidentiality.

Scenario 2
This scenario clearly highlights the challenge of helping colleagues to see the advantages of a courteous and respectful approach in interacting with their clients/ patients, even when one does not endorse their life-styles or actions.

Scenario 3
This scenario highlights the challenge of communicating the diagnosis and its implications, discussing treatment options, and providing treatment. Beyond that, it highlights the importance of helping the patient deal with the social implications of the condition.

Scenario 4
This scenario touches on the extremely difficult problem of child and adolescent abuse (including sexual abuse). It also presents the challenge of finding ways and means of dealing with it effectively in collaboration with other agencies, such as law enforcement agencies, government bodies, and nongovernmental organizations which provide social services.

Finally, wrap up the session, highlighting the key points raised in the discussion, and refer the participants back to the handout.

25 min

Session 7: PREVENTION OF STIs IN YOUNG PEOPLE

Aim of the session

- To highlight the important contributions of health-service providers in preventing STIs among young people.

ACTIVITY 7-1 MINI LECTURE

Explain that this session will focus on the special contributions that health-service providers can make when working with young people.

Point out that planning, implementation, monitoring and evaluation of prevention strategies of STIs among young people, at the national and local levels, are extremely important.

Show **Slide 3B.7-1**

Strategies for preventing infection with STIs • Promoting abstinence among young people. • Promoting safer sex • Promoting partner notification	SLIDE 3B.7-1

Talking points

The objective of promoting safer sex is to assist the young patient to avoid STIs. This will include providing them with the information they need on how they could protect themselves (including abstinence, having sex only with a mutually faithful partner, and using condoms); the skills they need (e.g. how to refuse unwanted sex or how to negotiate safer sex), and the supplies they need (e.g. condoms).

Partner notification is the process of contacting the sexual partner of an individual who is infected with an STI, and advising them that they have been exposed to infection. It can be done by the patient, the health-care provider or both.

ACTIVITY 7- 2 ROLE PLAYS

Invite two participants to volunteer to act in the first role play (**Role play 1 in Handout 3B, Annex 3B-3, page 71**).

Conduct the role play and then facilitate a debriefing session

Repeat the process with the second role play (**Role play 2 in Handout 3B, Annex 3B-3, page 71**). Ensure that you allocate enough time for each.

Wrap up the discussion by highlighting key points made in relation to each of the role plays:

Role play 1
Adolescent male who comes for treatment of an STI has obviously had unsafe sex with an infected person. He needs help to avoid these infections in the future. In this role play the health-care provider has an opportunity to provide the patient with information (that builds on his knowledge and experience and is relevant to his stage of development and circumstances) and skills (to enable him to cope with the realities of his everyday life). In addition, the health-care worker has the opportunity to provide the young man with condoms. If he/she cannot provide these, he/she should at least direct him to a place (individual or organization) which can.

Role play 2
A young woman, like the young man in the previous role play, needs to be given information that is tailored to her special needs. She must also have the skills to put this information to use. In addition, if she is sexually active, she will require condoms and contraceptives to avoid sexually transmitted infections and an unwanted pregnancy. The additional challenge facing the doctor in this role play is that of introducing the sensitive subject of sexuality into the discussion.

Facilitator guidelines for

Unit 3C

Pregnancy prevention and fertility regulation in young people

Unit 3C: PREGNANCY PREVENTION AND FERTILITY REGULATION IN YOUNG PEOPLE

Sessions and activities	Page	Time	Materials and resources
Session 1: INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	91	5 min	Handout for Unit 3C Slides 3C.1-1
Session 2: THE SUPPORT THAT INDIVIDUALS NEED AS THEY MOVE INTO, THROUGH AND OUT OF ADOLESCENCE ACTIVITY 2.1 Brainstorming and plenary review *Support that individuals need as they move in and out of adolescence*	92	20 min	Flipchart 3C-1
Session 3: ADOLESCENT NEEDS FOR SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES ACTIVITY 3.1 Mini lecture *Needs of young people for Sexual and Reproductive Health Information*	94	20 min	Slides 3C.3-1 to 3C.3-4
Session 4: MEDICAL ELIGIBILITY AND EFFECTIVENESS OF AVAILABLE CONTRACEPTIVE METHODS ACTIVITY 4.1 Mini lecture *Medical eligibility and effectiveness of available contraceptives*	97	20 min	Flipchart 3C-2 Slides 3C.4-1 to 3C.4-4
Session 5: RESPONDING TO THE SPECIAL NEEDS OF DIFFERENT GROUPS OF ADOLESCENTS ACTIVITY 5.1 Group work *Role Play case scenarios: Which contraceptive methods are appropriate for different groups of young people* ACTIVITY 5.2 Plenary feedback	99	40 min	Flipchart 3C-4, 3C-5
Session 6: HELPING ADOLESCENTS MAKE WELL INFORMED AND VOLUNTARY CHOICES ACTIVITY 6.1 Mini lecture *Helping young people make well informed choices* ACTIVITY 6.2 Role play *Role playing helping young people make well informed choices*	101	40 min	Flipchart 3C-6 Slides 3C.6-1, 3C.6-2
		145 min	

5 min

Sessions 1: **UNIT INTRODUCTION**

Aim of the session

- The aim of the session is to provide an overview of the unit including the objectives

ACTIVITY 1.1 UNIT OBJECTIVES

Welcome the participants to the unit.

Mention that this unit contains 6 sessions, which will explore different aspects of pregnancy prevention and fertility regulation in young people.

Mention that **Handout 3C** provides additional information to complement what will be covered during the unit.

Display the unit objectives (Slide 3C1-1) and read them out, in turn.

Unit objectives	SLIDE 3C.1-1
• Identify the support that young people need as they move into, through and out of adolescence • Identify the needs of adolescents for sexual and reproductive health information and services • Review the medical eligibility of young people to use the different contraceptive methods that are available and the effectiveness of each of the methods • To consider which contraceptive methods are most appropriate to the social circumstances and behaviour / lifestyle of different groups of young people • To identify how health care providers could help adolescents make well informed and voluntary choices of the method best suited to their needs and preferences	

20 min

Session 2: THE SUPPORT THAT YOUNG PEOPLE NEED AS THEY MOVE INTO, THROUGH, AND OUT OF ADOLESCENCE

Aim of the session

- To identify the needs that adolescents need in order to grow and develop in good health and to avoid health and social problems; and who could provide them with the support they need.

ACTIVITY 2.1 BRAINSTORMING AND PLENARY SESSION

In order to set the stage for this session, take a few minutes to remind participants of two key themes that were addressed in *Unit 3A. Introduction to Sexual and Reproductive Health in young people*

- The many different factors that affect the initiation of sexual relations in young people
- The consequences of too early and unprotected sexual activity in young people.

Recalling the points discussed in that Unit; explain that you want the participants to come up with answers to the question posed on **Flipchart 3C-1**. Ask each participant to put down one response on a card, and to come forward and put it up on the pin board or wall. Give them a few minutes to carry out this task.

What support do young people need as they move into, through and out of adolescence? **Who could provide adolescents with the support they need?** **Whom could adolescents turn to for support?**	FLIPCHART 3C-1

Once the cards are all up, ask for volunteers to help cluster the points raised.

Talking points

Adolescents need:

- A safe and supportive environment, because they live in an adult world.
- Information and skills, because they are still developing.
- Health and counseling services, because they need a safety net.

Many different “players” need to contribute to the health and development of adolescents. It is useful to think of them in concentric circles of contact and influence.

- At the centre is the adolescent himself or herself;
- Parents, siblings and some close family members are in immediate, everyday contact with the adolescent and constitute the first circle;
- The second circle includes people in regular contact with them such as they own friends, family friends, teachers, religious leaders;
- The third circle includes musicians, film stars, and sports figures who have a tremendous influence on them from afar.

Health-service providers need to be part of the second circle – competent and concerned adults who reach out adolescents, and who can be reached when necessary. As you conclude the session, ask the participants to reflect on how the situation – both in terms of the support that adolescents need, as well as the support that is available to them – has changed over the last ten years.

TIP FOR YOU

The inability of adults to respond to the needs and problems of adolescents (e.g. because of communication problems with parents) and the fact that many communities/societies do not take the needs of adolescents seriously, may well be raised in the discussion. If these issues are raised, encourage participants to consider how health care providers in the places they come from could respond.

20 min

Session 3: YOUNG PEOPLE'S NEEDS FOR SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES

Aim of the session

- To identify the needs of young people for reproductive health information and services

ACTIVITY 3.1 MINI LECTURE

Put up and lead the participants through **Slides 3C.3-1 to 3C.3-4**, using the accompanying talking points. Encourage the participants to stop you at any point with their questions and comments. Invite other participants to do so, so there is a healthy exchange of viewpoints and perspectives. However, do not hesitate to counter comments that are technically inaccurate or inappropriate.

Different and changing needs for health information and services	**SLIDE 3C.3-1**
• Young people have different needs depending on their stage of development, gender and circumstances • In any young person, these needs can change rapidly	

Talking points

Although a boy of 11 and a young man of 24 are both classified as 'young people', they are at very different stages of development. A boy of 14 and a girl of the same age are also very different, both physically and psychologically.

A boy of 13 who is part of a caring and well to-do family is likely to be growing and developing very differently from another boy of the same age who has run away from home to escape an abusive parent, and is fending for himself on the streets.

Two boys of the same age and in similar socio-economic situations may grow and develop at different "rates" and ways.

The different needs of young people in different stages of development and circumstances (as well as gender) need to be recognized and addressed. Finally, it is important to recognize that these needs change over time, and can do so very rapidly.

A hypothetical scenario…. *About a fifteen year old school girl in a big city*	SLIDE 3C.3-2

• Out of 100 girls
  ○ 60 have never had sex
  ○ 15 have had sex, but are not currently sexually active
  ○ 25 are sexually active more or less regularly
• Of those who have ever had sex
  ○ 8 have had health problems resulting from unprotected sexual activity
  ○ 2 have been coerced into having sex	

Talking points

All these adolescent girls have different needs for health information and services, and for social support. Clearly, adolescents who are sexually active need preventive and curative sexual and reproductive health services. Even those who are not sexually active may have needs, such as for information and possibly also treatment for conditions such as irregular and painful menstruation. Refer participants to the figures that you presented in Unit 3B on STIs.

Sexual relations in young people may occur within or outside marriage	SLIDE 3C.3-3
Outside marriage sexual relations: • Are often unplanned, sporadic, and sometimes the result of pressure or force • Increasingly occur before young people have access to information and services.	

Talking points

In some cultures, a significant proportion of adolescent females are married, so their sexual activity occurs within the context of a stable relationship.

In many other cultures, a growing number of adolescent males and females are having sex before marriage.

The circumstances and needs of these two groups are very different and therefore require a range of skills and services to address them.

Sexual relations outside marriage increasingly occur before young people have access to:

- Information and skills in self-protection

- Access to services and supplies (such as contraceptives and condoms).
- Sex education does not lead to early or increased sexual activity
- But information provision alone will not prevent too early and unwanted pregnancies in those who are sexually active.

Young people who are sexually active need contraceptive information and services to prevent them from having too early and unwanted pregnancies, with their attendant problems.

Providing contraception to young people	SLIDE 3C.3-4
Important considerations • Medical eligibility • Effectiveness in preventing pregnancy and HIV/STI • Appropriateness to social circumstances and life style • Conformity with prevailing Malawi Reproductive Health policies and guidelines.	

When providing adolescent patients/clients with contraceptives, it is important for health service providers to be aware of the issues listed on this slide. Each of these issues will be explored further in subsequent sessions of this unit.

20 min

Session 4: MEDICAL ELIGIBILITY AND EFFECTIVENESS OF AVAILABLE CONTRACEPTIVE METHODS.

Aim of the session

- To review the medical eligibility of young people to use contraceptive methods that are currently available, as well as their effectiveness in preventing pregnancy and HIV/STI.

Activity 4-1 MINI LECTURE

Contraceptive methods		SLIDE 3C.4-1
Available contraceptive methods	**Available methods of emergency**	
Abstinence and non-penetrative sex Male condom Female condom Spermicide Diaphragm with spermicide Combined oral pill Progestin-only pill Combined injectable Progestin-only injectable Progestin-only implant Intra-Uterine Device Fertility-awareness based methods Lactational amenorrhoea Withdrawal Sterilization	Combined oral pills Progestin-only pills	

Talking points

With the slide on, go down the list beginning with the first item (Abstinence and non-penetrative sex), asking participants to indicate whether or not age restrictions forbid the provision of any of these methods to adolescents.

In other words, do medical contraindications forbid the provision of these methods to adolescents?

Ask a volunteer to note down the responses on the **Flipchart 3C-2**. You will possibly receive some clear answers and some doubtful ones. Hold your responses to them and put up **Slide 3C.4-2**.

Do medical contraindications forbid the provision of contraceptive methods to adolescents?	FLIPCHART 3C-2

Age does not constitute a medical reason for withholding the provision of any method. However age is a factor to be taken into account when considering the use of three methods:

- Sterilization: Early age is a key risk factor for subsequent regret, both for women and men.
- Progestin-only injectables (such as Depomedroxy Progesterone Acetate (DMPA), and Norethisterone Enanthate (NET-EN)) are not the first method of choice for those under 18, as there is a theoretical concern that bone development could be hindered.
- Intra-Uterine Devices are not the first method of choice for those under 20, as the risk of expulsion is higher in young, nulliparous women.

Invite comments and questions on the issue of medical eligibility. Do not feel obliged to respond to all of them. Invite other participants to do so. As the discussion winds down move to the next slide, which addresses the effectiveness of different contraceptive methods against pregnancy and HIV and STIs.

Effectiveness of different contraceptive methods				SLIDE 3C.4-2
Method	Effectiveness against pregnancy		Effectiveness against HIV/STI	
	As commonly used	Used correctly and consistently		

Talking points

Point the participants to **Table 1 in Handout 3C, Page 76**. The table is titled "*Dual protection of available contraceptive methods*".

Lead them through the table and invite comments and questions. Then lead the participants to the next session with the comment that after looking at the advantages and disadvantages of the different available contraceptive methods, they will now look at how best to respond to the contraceptive needs of different groups of adolescents.

40 min

Session 5: RESPONDING TO THE SPECIAL NEEDS OF DIFFERENT GROUPS OF YOUNG PEOPLE

Aim of the session

- To identify the contraceptive methods most appropriate to the social circumstances and behaviour /life style of different groups of young people.

ACTIVITY 5.1 GROUP WORK

Explain that this session will build on the previous one, by looking at which contraceptive methods are most appropriate to the special needs of different groups of young people.

Divide the participants into two groups. If youth participants are present, assign at least one young person to each group.

Assign a different role play scenario to each group and ask them to consider the questions posed in **Flipchart 3C-3**.

Ask the two groups to read all the role plays quickly, and to then focus their attention on the one assigned to them (**Handout 3C, Annex 3C-2, page 90**).

- What method/methods of pregnancy prevention/fertility regulation would you recommend to your client in your scenario?
- What criteria would you use to arrive at your decision?
- Does the method meet the needs of young people for HIV/STI prevention?
- Are special considerations regarding its provision likely to make it difficult for the young person to use the method?[3]
- Are special considerations regarding its utilisation likely to make it difficult for the youth to use the method?[4]
- Are the side effects of the method likely to hinder its use by the youth?[5]

FLIPCHART 3C-3

[3] A clinic visit is required for the insertion and removal of a Norplant implant. This may make it difficult for some adolescents

[4] Some adolescents may find it easier to use an injectable method (which requires a brief visit to a clinic every 2 – 3 months) than oral contraceptives (which require a packet of tablets to be kept with the person, and taken every day

[5] For instance, the greater risk of expulsion of IUCDs in younger, nulliparous women means that this is not the most appropriate one for them.

Allow the groups 15 minutes to carry out the assigned task, and to write up their responses on a flip chart. Inform them that each group will have about five minutes to present their conclusions.

ACTIVITY 5-2 PLENARY FEEDBACK

Ask each group in turn to report in plenary.

Invite comments and questions from the other participants.

TIP FOR YOU
As you work through this session, have **Table 2 in Handout-3C, page 80 '*Medical service delivery and counseling considerations for young people*** at hand. It will help you comment on the recommendations made by the groups

As you bring the session to a close, make the point that it has addressed the choice of the most appropriate method in each of these situations, from the viewpoint of a capable and concerned provider. However, it is equally important that the client is actively involved in this choice. Point out that this issue will be addressed in the session to follow.

40 min

Session 6: HELPING YOUNG PEOPLE MAKE WELL-INFORMED AND VOLUNTARY CHOICES

Aim of the session

- To identify how health service providers could help young people make well informed and voluntary choices of the method best suited to meet their special needs and preferences

ACTIVITY 6-1 ROLE PLAY

Invite volunteers for Role play scenarios 1 and 2.

Explain to the role players that you want the providers to address the issues listed in the **Flipchart 3C-4**.

- Briefly inform the young person about the available contraceptive methods
- Provide information on the advantages and disadvantages of the method(s), that the provider believes is (are) most appropriate to the situation
- Work with the young person to help him /her chose a method
- Provide further information on the correct use of the method and on where supplies could be obtained for future use.

FLIPCHART 3C-4

In the discussion that ensues, highlight the following points:

Role play scenario 1 addresses the contraceptive needs of an unmarried young female, who has occasional sexual contact, outside the context of a stable relationship. Her need is to prevent pregnancy and to avoid HIV/STI.

Role play scenario 2 on the other hand addresses the contraceptive needs of a married young person, whose need is to postpone pregnancy for some time.

As you conclude the session, point the participants to **Table 2 in Handout 3C page 80** "*Medical, service delivery and counseling considerations for young people*".

TIP FOR YOU

In the interest of time, you can ask the role players to use the end-point of the scenario as the starting point for their role plays.

Facilitator guidelines for

Unit 3D

Care of adolescent during pregnancy and child birth

Unit 3D: CARE OF ADOLESCENTS DURING PREGNANCY AND CHILD BIRTH

Sessions and activities	Page	Time	Materials & resources
Session 1: UNIT INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	104	5 min	Handout for Unit 3D Slides 3D.1-1 and 3D.1-2
Session 2: HOW COMMON IS PREGNANCY AND CHILD BIRTH IN ADOLESCENTS ACTIVITY 2.1 Group work *How common is adolescent pregnancy* ACTIVITY 2.2 Mini lecture *Scope of adolescent pregnancy* ACTIVITY 2.3 plenary discussion	105	20 min	Flipchart 3D-1 Slide 3D-2.1
Session 3: FACTORS INFLUENCING PREGNANCY AND CHILD BIRTH IN ADOLESCENTS ACTIVITY 3.1: Individual work *Factors influencing adolescent pregnancy and child birth* ACTIVITY 3.2 Group work *Factors influencing adolescent pregnancy and child birth* ACTIVITY 3.3 Mini lecture *Factors influencing adolescent pregnancy and child birth*	107	40 min	Flipcharts 3D-2, Slides 3D.3-1
Session 4: CONSEQUENCES: WHY IS PREGNANCY AND CHILD BIRTH IN ADOLESCENTS RISKY ACTIVITY 4.1 Mini lecture *Reasons why adolescent pregnancy is risky* ACTIVITY 4.2 Plenary discussion	109	30 min	Flipchart 3D-4 Slides 3D.4-1 to 3D.4-7
Session 5: CARING FOR PREGNANCY IN ADOLESCENTS: THE CRITICAL FACTORS ACTIVITY 5.1 Group work *Caring for adolescent pregnancy and childbirth* ACTIVITY 5.2 Plenary review	111	40 min	Flipchart 3D-5 Slide 3D.5-1
Session 6: APPLYING THE ISSUES IN CARE OF PREGNANCY AND CHILD BIRTH IN ADOLESCENCE Activity 6.1 Plenary discussion *Case studies on care of adolescent pregnancy* ACTIVITY 6.2 Group work *Role plays on care of adolescent pregnancy* ACTIVITY 6.3 Mini lecture *Care of adolescent pregnancy and childbirth*	112	40 min	Slide 3D.6-1
		175 min	

Sessions 1: **UNIT INTRODUCTION** **5 min**

Aim of the session

- The aim of the session is to provide an overview of the unit including the objectives

ACTIVITY 1.1 UNIT OBJECTIVES

Welcome the participants to the unit.

Mention that this unit contains several sessions, which will explore different aspects of pregnancy care in young people.

Mention that **Handout 3D** provides additional information to complement what will be covered during the unit.

Display the unit objectives (**Slide 3D.1-1**) and read them out, in turn.

Unit objectives

- Discuss how common pregnancy is in adolescents
- List the factors that influence pregnancy and child birth in adolescents
- Identify the risks associated with pregnancy and childbirth in adolescents and how they differ from those in older women.
- Discuss issues relating to the care of the adolescent during pregnancy, delivery and postpartum.
- Identify ways to address the main issues of pregnancy care in adolescence

SLIDE 3D.1-1

20 min

Session 2: HOW COMMON IS PREGNANCY AND CHILDBIRTH AMONGST ADOLESCENTS?

Aim of the session

- To discuss how common pregnancy is in adolescents within the region and the country

ACTIVITIES 2-1 BUZZ GROUP

Pose the following question to the participants. How common is adolescent pregnancy and childbirth?

Show **Flipchart 3D-1** and read the question

How often do you or your health facility provide care for pregnant adolescents very often Never Sometimes	FLIPCHART 3D-1

Ask each participant to come forward and draw a firm dot on the flipchart next to the responses to indicate how often they – or their health centers – provide care for pregnant adolescents. For example, if someone frequently provides care for pregnant, birthing or postpartum adolescents, their dot would go at the top, near "Very often". Someone who never does so would place the dot beside "Never", and so on.

When everyone has done so, count up the dots in each corner and write the number, then comment appropriately on how many see pregnant adolescents on a regular basis

TIP FOR YOU
If there are a number of dots near sometimes and / or never, it would be useful to ask why health care providers say they do not see many pregnant young people.

Mention that you will now discuss some regional and national data.

ACTIVITY 2.2 MINI LECTURE

Show **Slide 3D.2-1**, reading the birth rate data and draw participants' attention to the wide variations. Use additional information from **Hand out 3D section 1 page 93**.

Rate of births per 1000 females aged 15 to 24			SLIDE 3D.2-1
Africa	143/1000	Range from 45 in Mauritius to 229 in Ghana	
Malawi (15-19 yrs)	162/1000		
Malawi (20-24 yrs)	293/1000		
Malawi (15-19 yrs) rural	175/1000		
Malawi (15-19 yrs) urban	109/1000		
Malawi (20-24) rural	308/1000		
Malawi (20-24) urban	237/1000		

Source: Malawi Demographic and Health Survey 2004

Talking points

It is evident from the slide that there are wide urban and rural variations. Point out the range of difference between two places, such as amongst age group 15 to 19, one in 10 urban young people have births compared to 1 in 6 in the rural areas. Fertility rates are higher in Southern region compared to Central and Northern regions.

20 min

Session 3: FACTORS INFLUENCING PREGNANCY AND CHILD BIRTH IN ADOLESCENTS

Aim of the session

- To examine the different factors that influence pregnancy and child birth in adolescents

ACTIVITY 3.1 **GROUP WORK**

Ask participants to form three groups.

Put up **Flipchart 3D-2** and tell the participants that you want them to respond to the questions posed on it. Ask them to put down a maximum of two possible reasons for question 1.

Explain that each group should identify a maximum of three factors in relation to each factors in question2. In doing this, they must look at the points that have emerged in question1. Give them about 10 minutes to do this task

1. Why is there such a range of different birth rates among adolescents in different parts of the country (urban vs. rural areas, regional)? 2. Discuss factors contributing to pregnancy in adolescents • Biological factors • Socio-cultural factors • Service delivery factors	FLIPCHART 3D-2

If you have youth participants they could either form a separate group of their own, or they could join the other groups with the adult participants. Leave the decision to them.

ACTIVITY 3.2 PLENARY

When the groups are ready, allow the groups to present in plenary session.

Once they have done so, invite comments and questions from the rest of the participants. As the discussion proceeds, ask participants to see if the factors that have been identified belong to more than one category, and also if it would be helpful to create a new category.

Tip for you

As you wrap up the discussion, it would be useful to ask participants to consider whether factors influencing adolescent pregnancy and childbirth locally are different from those in other areas of the country or in other countries.

ACTIVITY 3-3 MINI LECTURE

Take the participants through **Slide 3D.3-1** which summarizes the factors that influence adolescent pregnancy and childbirth, using the talking points that are provided. Many of these points may already have been raised in the discussion. Point to those that have been missed.

Talking points

The age of menarche has declined in developed countries as well as in many developing countries. Studies that are referred to in the handout – show that in many African countries, the age of menarche has dropped from 14 to 12 years in the last two decades.

The trend in the age at first sexual intercourse (where data exist) shows a decrease in several countries. However, it must be pointed out that there is some variation, and there are instances where the age at first sexual intercourse remains unchanged or has increased. Refer participants to the figures you presented in **Unit 2A '*Introduction to Sexual and Reproductive Health in young people*'**

Biological, Socio-cultural and Service related factors in pregnancy and child birth in adolescents

SLIDE 3D.3-1

Biological factors in pregnancy and child birth in adolescents

- The declining age of menarche
  Early initiation of sex
- Norms and traditions
  - Early marriage
  - Pressure to have children upon marriage
- Changing circumstances of young people
  - Premarital sexual activity
  - Use of alcohol and other substances
- Vulnerability of young people
  - Sexual coercion
    Socioeconomic factors
- Lack of access to sexual and reproductive health information and education
- Lack of access to contraceptive information and services
- Lack of services for safe termination of pregnancy

20 min

Session 4: CONSEQUENCES: WHY IS ADOLESCENT PREGNANCY AND CHILDBIRTH RISKY?

Aim of the session

- To identify the reasons why pregnancy and childbirth carry more risks in adolescents than they do in adults.

ACTIVITY 4.1 MINI LECTURE

Take the participants through Slides 3D.4-1 using the talking points provided.

Pregnancy in adolescence carries a greater risk for both the mother and her baby • Maternal and perinatal mortality among young people compared to adults • Antenatal complications that are common in young people • Complications during labour and delivery • Postpartum problems that can affect both the adolescent mother and her baby • Risks to the unborn / newborn child • Social and economic costs	SLIDE 3D.4-1

Talking points

- **Pregnancy in adolescence carries a greater risk for both the mother and her baby because:**
  - Maternal mortality is 2.5 times higher among girls under 15 than women of 18 – 25
  - Perinatal mortality is 2-3 times higher in the offspring of adolescents than adults
  - The risks are high throughout the antenatal period, labour, childbirth and the postpartum period.
  - Adolescents are more prone to antenatal complications such as:
    - Pregnancy induced hypertension
    - Anemia
    - STIs / HIV
    - Higher severity of malaria
  - Adolescents are more prone to complications during labour and delivery such as:
    - Preterm birth
    - Obstructed labour
  - Adolescents mother and baby are more prone to complications during the post partum period such as:
    - Anaemia
    - Pre-eclampsia
    - Postpartum depression
    - Too early repeat pregnancy

There re also risks associated with the unborn / newborn child of the adolescent such as:

- Low birth weight (< 2500g)
- Higher perinatal and neonatal mortality
- Inadequate child care and breastfeeding practices

There are also social and economic costs related to adolescent pregnancy and child birth which includes:

- Possible early end to education
- Possible reduced earning opportunities

40 min

Session 5: CARING FOR THE PREGNANT ADOLESCENT: THE CRITICAL FACTORS

Aim of the session

- To discuss the critical aspects of caring for adolescents throughout pregnancy, labour and delivery, and the postpartum period.

ACTIVITY 5-1 GROUP WORK

Ask the participants to divide themselves into three groups. Inform them that you want each group to work on one of the critical aspects of adolescent care by isolating the critical aspects for caring of an adolescent who is pregnant for each category in **Slide 3D.5-1.**

The critical aspects in caring for the pregnant adolescent • Antenatal period (including PMTCT) • Management of labour and delivery • Postpartum care	SLIDE 3D.5-1

Explain that each group has 15 minutes to read the relevant section of the handout, and to plan their session, and a maximum of 10 minutes to present their session.

While the groups are working, move between them. Encourage the participants in each group to consider the questions in the handout and include their responses to the questions in their presentation. Suggest scenarios that could illustrate the points they want to raise

ACTIVITY 5-2 PLENARY SESSION

Ask the groups to present in plenary session.

Following the presentation, encourage questions.

40 min

Session 6: APPLYING THE ISSUES IN CARE OF PREGNANCY AND CHILD BIRTH IN ADOLESCENCE

Aim of the session

- To apply the newly acquired information to some practical examples.

ACTIVITY 6.1 ROLE PLAYS

The focus of this activity is on implementing good practice in adolescent care. Choose two of the scenarios for role plays provided in **Annex 3D-3 page 106**. Invite participants into two groups to role play. Allow 10 minutes for this activity.

ACTIVITY 6.2 PLENARY SESSION

Let the groups present in a plenary session. Make sure each group read out their scenario.

Talking points

In the discussion, ensure that the following issues are addressed.

The Role play scenario 1 highlights the following issue:

- The judgmental attitude and the disrespect of many health-care providers towards pregnant adolescents, especially towards those with premarital pregnancies.
- The need to be on the lookout for anemia in pregnancy;
- The need to involve families in the discussion on the dietary needs,

The Role play scenario 2 highlights the following issue:

- The need for HTC in antenatal care

The Role play scenario 3 highlights the following issue:

Unmarried adolescents try – and are often successful – in hiding the fact that they are pregnant, at least for some time.

The Role play scenario 3 highlights the following issue:

- The need for information provision and counseling on issues such as breastfeeding and contraception.

ACTIVITY 6-3 MINI LECTURE

Summarize the key points addressed in the session using the information in **Slide 3D.6-1**

Care of adolescent pregnancy and childbirth

- Pregnancy in adolescents is not uncommon
- Many factors contribute to adolescent pregnancy
- Adolescents have higher maternal mortality than adults
- Their offspring also have higher mortality.
- Many of the complications during pregnancy and delivery have worse outcomes in adolescents.
- There are important issues for health-care providers to be aware of in caring for adolescents throughout pregnancy, labour, delivery and the postpartum period.
- Promoting safe pregnancy and childbearing in adolescence requires concerted actions beyond the health sector. Three key actions in relation to this are increasing girls' access to education and job opportunities, enhancing their status of women and girls in society, and improving their nutritional status

SLIDE 3D.6-1

Facilitator guidelines for

Unit 3E

Unsafe abortion and young people

Unit 3E UNSAFE ABORTION AND YOUNG PEOPLE

Sessions and activities	Page	Time	Materials /resources
Session 1: UNIT INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	116	5min	Handout for Unit 3E Slides 3E.1-1.
Session 2: THE NATURE AND SCOPE OF UNSAFE ABORTION ACTIVITY 2.1 Buzz group *How common is unsafe abortion* ACTIVITY 2.2 Plenary discussion ACTIVITY 2.3 Mini lecture *Scope of unsafe abortion in young people* ACTIVITY 2.4 Plenary discussion ACTIVITY 2.5 Group work and plenary feedback *Why do young people resort to unsafe abortion*	117	50min	Flipcharts 3E-1, 3E-2, 3E-3 Slides 3E.2-1, 3E.2-2
Session 3: FACTORS CONTRIBUTING TO UNSAFE ABORTION IN YOUNG PEOPLE ACTIVITY 3.1 Group work *Factors contributing to unsafe abortion*	120	15min	Flipchart 3E-4 Slide 3E.3-1
Session 4: DIAGNOSIS, MANAGEMENT AND CONSEQUENCES OF UNSAFE ABORTION ACTIVITY 4.1 Group work *Case studies1& 2* ACTIVITY 4.2 Mini lecture *Diagnosis and management of unsafe abortion* ACTIVITY 4.3 Group work *Consequences of unsafe abortion* ACTIVITY 4.4 Discussion session *Consequences of unsafe abortion: Community application.* ACTIVITY 4.5 Group work *Role plays 1-3*	122	60 min	Flipchart 3E-5 Slides 3E.4-1, 3E.4-2, 3E.4-3, 3E.4-4, 3E.4-5, 3E.4-6.
Session 5: PREVENTING UNSAFE ABORTION Activity 5.1 Group work *Prevention of unsafe abortion* ACTIVITY 5.2 Plenary discussion	127	30 min	
		160	

5 min

Session 1: **UNIT INTRODUCTION**

Aim of the session

- The aim of the session is to provide an overview of the unit including the objectives

ACTIVITY 1.1 UNIT OBJECTIVES

Welcome the participants to the unit.

Mention that the purpose of the Unit is to explore different aspects of unsafe abortion in young people.

Mention that **Handout 3E** provides additional information to complement what will be covered during the unit.

Display the unit objectives (**Slide 3E.1-1**) and read them out, in turn.

Unit objectives	SLIDE 3E.1-1
• Discuss the nature and scope of abortion in young people • List the factors that contribute to unsafe abortion in young people • Identify the consequences of unsafe abortion in young people • Recognise the implications for the diagnosis and management of unsafe abortion • Consider what needs to be done to prevent unsafe abortion	

Explain that since abortion is often a controversial subject that raises strong views and feelings, participants will be able to consider some of the ethical and legal implications and what they think about them.

50 min

Session 2: THE NATURE AND SCOPE OF UNSAFE ABORTION

Aim of the session

- To discuss the nature and scope (both globally and locally) of unsafe abortion among young people.

ACTIVITY 2-1 BUZZ GROUP

Ask participants to form buzz groups of two or three and pin up this pre-prepared question on **Flipchart 3E-1**. Explain that you would like each group to discuss among themselves, and to come to a conclusion on how common unsafe abortion is in their area.

Each group should then place the symbol, "V" at an appropriate point along the line. If a group cannot agree, then each person in it should make their own mark with the symbol "X" to indicate there is agreement.

Give the participants a few minutes to complete this activity.

How common is unsafe abortion among young people in your district or community Very common fairly common Not at all common	FLIPCHART 3E-1

ACTIVITY 2-2 **PLENARY REVIEW**

Once all the marks are up, tailor your comments depending on the spread of marks between *"Very common"* and *"Not at all common".*

If there is a wide spread of marks on the flipchart indicating some level of disagreement, pose both the following questions (**Flipchart 3E-2**). If there is general agreement, ask only the second question listed on Flipchart 3E-2.

Why do you think there is such disagreement about how common unsafe abortion is? How do you, as health service providers become aware of the problem of unsafe abortion	FLIPCHART 3E-2

TIP FOR YOU
A wide spread may be because the participants come from different areas On the other hand, it may be because they have had different experiences.

At the end of the discussion summarize the range of responses and move straight on to the mini lecture.

ACTIVITY 2-3 MINI LECTURE

Put up **Slide 3E.2-1** and take the participants through it. Point out that the sources of the data presented in Slide 3E.2-1, are listed in the **Handout 3E, page 117.**

Percentage of women aged 15 – 19 with unwanted or mistimed last births in the preceding five years				Slide 3E.2-1
Country (yr)	Total (a)	Married (a)	Unmarried	
Malawi (2004)	31			
Botswana (1986)	81	39	88	
Uganda (1988/9)	35	30	65	
Ghana (1993)	68	61	90	
Senegal (1992/3)	31	23	78	
a) Includes both unwanted and mistimed pregnancies				

Talking points

This slide contains data from a selection of countries in the sub Saharan Africa region regions, on the percentage of adolescents aged 15-19 whose last births were either unwanted or mistimed.

The rates are higher in sub-Saharan African countries in comparison with those from other parts of the world. In sub Saharan Africa region, the rates are also higher in unmarried than in married young people.

In Malawi, 33% of births in those under 20 years are either mistimed or unwanted. In the age group 20 -24, 36% of births are also unwanted or mistimed.

ACTIVITY 2-4 PLENARY DISCUSSION

Ask if any of the participants have any facts and figures on the local situation. If so, invite them to share this data. If not, share with participants, any local data that you have been able to gather on unsafe abortion in adolescents (this could be sourced from HMIS data from nearby facilities).

Lead a brief discussion about the local data that is presented. You may want to ask the following questions to open up the discussion:

- What does the local data suggest?
- Are there differences in abortion rates between areas/communities or among different groups of adolescents/women?

TIP FOR YOU
By now you should have most people's agreement that unsafe abortion is a serious health problem and that a significant proportion of those having abortions are adolescents.

ACTIVITY 2-5 GROUP WORK AND PLENARY FEEDBACK

Ask participants to form three or four groups to discuss the question posed in the flipchart. If there are adolescents in the group, ask if they would prefer to work in a separate group; their understanding of contemporary issues may well shock the adults present!

Show **Flipchart 3E-3** and read the question aloud.

Why do adolescent girls often resort to unsafe abortion?	FLIPCHART 3E-3

Ask each group to come up with up to five important reasons in answer to the question. Ask them to write each answer on a separate card or flip charts. Allow them up to 10 minutes.

When participants have completed their task, ask them to pin up their cards/flip chart on a pin board. Ask a volunteer to read each card/point, out aloud. As this is being done, work through the answers to the question discussing possible categories to group the cards. Possible categories are:

- Social/cultural issues
- Economic issues
- Psychological issues.

To wrap up the session, facilitator summarizes the session using information provided in **Section 2 page 110 in handout 3E**, which is titled "*Factors contributing to unsafe abortion in adolescents*".

25 min

Session 3: FACTORS CONTRIBUTING TO UNSAFE ABORTION IN YOUNG PEOPLE

Aim of the session

- To discuss various factors which contribute to unsafe abortion in young people.

ACTIVITY 3-1 GROUP WORK

Ask participants to form groups (if participants come from different parts of the country/districts consider asking them to form area-specific groups).

Give each group one marker of a different colour from the rest, and pin up this question and table on **Flipchart 3E-4**.

How do the following factors affect unsafe abortion in young girls in your district				FLIPCHART 3E-4
	No impact	Adds to the problem	Reduces the problem	
Access to contraceptive information				
Access to sexual and reproductive health information				
Life skills training				
Access to safe abortion practices				
Attitudes and behaviours of health care providers				
Community norms				
Laws and policies on sexual and reproductive health of adolescents				
Other factors				

Explain that each group's task is to decide whether these factors add to or help reduce the problem, or perhaps have little impact either way. This will stimulate discussion, and possibly some debate.

Allow the groups 10 minutes to complete this activity, and then ask each group in turn to come forward and tick the appropriate columns, for each of the factors. Ask them to place the symbol "V" if everyone in the group agrees, and the symbol "X" in the appropriate columns if there is disagreement within the group.

Wrap up the discussion by going over **Slide 3E.3-1.**

Factors that could help reduce unsafe abortion in young people

- Availability and accessibility of contraceptive information and services
- Availability and accessibility of safe abortion services
- Health-care providers are helpful and non-judgmental
- Community norms permit open and frank discussion about sexuality in young people
- National laws and policies facilitate the provision of reproductive health information and services that young people need

SLIDE 3E.3-1

60 min

Session 4: DIAGNOSIS, MANAGEMENT AND CONSEQUENCES OF UNSAFE ABORTION IN YOUNG PEOPLE

Aim of the session

- To discuss the diagnosis, management and consequences of unsafe abortion in young people.

TIP FOR YOU
Stress that the session does not provide details about clinical management – this is beyond the scope of this Unit

ACTIVITY 4-1 GROUP WORK

Ask participants to go into two groups and discuss case studies 1 & 2 in **Handout 3E, Annex 3E-2, on page 120**. Let participants discuss in groups on the scenario presented and respond to all the questions that follows which are focusing on diagnosis, management and consequences of unsafe abortions.

Allow participants 20 minutes to complete this activity and inform them that each group has five minutes to report their findings in plenary.

As the first group gets ready to present their findings, ask for a volunteer to note points of agreement and disagreement, as well as questions raised, on a flipchart. Address the matters raised and move to the mini lecture.

ACTIVITY 4-2 MINI LECTURE

As you go through **Slides 3E.4-1 and 3E.4-2** refer to key points brought up in the discussion.

Compared with adults, young people with an unsafe abortion are more likely to:

- Delay seeking help
- Come alone, or with a friend, rather than the partner
- Have ingested substances that interfere with treatment
- Have more entrenched complications

SLIDE 3E.4-1

Compared with adults, young people with an unsafe abortion are more likely to:

- Be unmarried and outside a stable relationship
- Be primigravida
- Have a longer gestation up to the time of abortion
- Have used dangerous methods to terminate pregnancy
- Have resorted to illegal providers

SLIDE 3E.4-2

Talking points

To wind up the discussion on diagnosis, stress that it may be useful to keep the following points in mind.

- Adolescents may find it hard to describe their problem. This is especially so if they are accompanied by their parents or other relatives.
- Even if they want to, adolescents (especially younger ones) may be unable to give an accurate history.

Key aspects in the management of unsafe abortion

- Emergency resuscitation as necessary
- Evacuation of the uterus
- Treatment of any complications.
- Post-abortion counseling
- Follow-up

SLIDE 3E.4-3

Talking points

Emergency resuscitation: Many adolescents present in shock because they use dangerous means to procure termination and present late after complications arise.

Evacuation of the uterus: There is no difference between adults and adolescents in this regard. It is necessary to remove all the products of conception in order to arrest bleeding and remove the source of infection.

Treatment of any complications: This requires appropriate management of complications, such as bleeding, lacerations and infection.

Post-abortion counseling: This is important as adolescents are less likely to return for contraception or other follow-up. Counseling may extend to issues beyond the immediate problem.

Follow-up: Again, adolescents are more easily "lost to follow-up" than are adults. Establishing good rapport with the adolescent will facilitate follow-up.

ACTIVITY 4-3 MINI LECTURE

Explain that so far you have considered the diagnosis and management of unsafe abortion and the many contributory factors. You are now turning to the consequences of unsafe abortion.

Present **Slide 3E.4-4**, using the accompanying talking points. Invite comments and questions, and encourage other participants to respond to them, if they wish to.

Consequences of unsafe abortion in young people

- Medical – Morbidity and mortality
- Psychological – Depression and
- withdrawal
- Social – Ostracism
- Economic – Health-care costs and lost investments in education

SLIDE 3E.4-4

Talking points

Medical consequences

- Risks of mortality and morbidity from unsafe abortion are high for women of all ages, but they are especially high for adolescents mainly because of the ways in which abortion is induced and because of delays in care-seeking;
- In many developing countries, serious complications due to unsafe abortion affect adolescents much more than they affect adults.

Psychological consequences are less well documented than physical consequences but are significant. They include depression and withdrawal.

- In many cases, these problems improve with time; a significant proportion of cases however, tend to linger and require specialized attention;
- Long-term, abortion-related psychological problems are frequently reported in girls who are pregnant for the first time.

Social consequences are borne by the girl herself and her family. Girls who survive may be forced to leave school. They may face disapproving attitudes, even ostracism. They risk being forced into early marriage or to be thrown out of their homes. In order to support themselves, they may take up poorly paid jobs or be tempted or forced into prostitution.

Economic consequences are immense for both the girl and her family, and also for the community and country. An extended hospital stay will cost the family a great deal. Likewise, treatment for the sequelae of unsafe abortion drains the resources of hospitals, which are often already in short supply. These include safe blood, other intravenous fluids and antibiotics. In addition, investments made in the growth and development – including the education – of these girls are lost.

TIP FOR YOU
This is a lot of information to digest. Give the participants a few minutes to take all this in, and to share their reactions, if any. Then move on to the short- and long-term medical complications of unsafe abortion in adolescents (Slides 3E.4-5 and 3E.4-6).

Major short term complications

- Tetanus
- Hemorrhage
- Localized or generalized infection
- Injuries (genital lacerations, perforations of organs)

SLIDE 3E.4-5

Talking points

Tetanus can result from the insertion of materials like sticks, metal rods and other implements into the uterus: It can also result from the use of unsterilized surgical instruments.

Hemorrhage is a common complication leading to or aggravating pre-existing anemia and can lead to death.

Post-abortion sepsis can rapidly develop into septicemia and full-blown sepsis.

Physical injuries may vary from small vaginal or cervical lacerations to major perforations involving not only the reproductive organs but also the urinary and gastrointestinal systems.

Major long term complications

- Chronic pelvic infection
- Secondary infertility
- Subsequent spontaneous abortion
- Increased likelihood of ectopicpregnancy
- Increased likelihood of premature labor

SLIDE 3E.4-6

Talking points

Long-term medical complications are those which happen a month or more after abortion takes place. Many of these are exceptionally heavy lifelong burdens, particularly in our country where a woman's status depends on her ability to bear children.

Finally, refer the participants to additional notes presented in the **Handout 3E section 5 from page 113**.

ACTIVITY 4-4 DISCUSSION SESSION.

Lead a discussion session by asking the questions listed on **Flipchart 3E-5**.

- **Which of the listed consequences apply in your community?**
- **Are influential gatekeepers (such as political and religious leaders) aware of these consequences?**
- **If they are aware, what if anything are they doing to reduce the occurrence of unsafe abortion?**

FLIPCHART 3E-5

ACTIVITY 4-5 GROUP WORK **-** ROLE PLAYS

Divide the groups into three for this activity. Direct the participants to the role plays. **Annex 3E-3 in Handout 3E on page 124**, which they should use for role play exercises.

The Role play scenario 1 raises the following issues:

- Whether abortion is legal in the setting;
- What is in the best interest of the adolescent;
- The rights of the adolescent for self-determination and the rights of parents to know about the health and well-being of their children;
- The tension between having strong view points and value systems and imposing them on others.

The Role play scenario 2 raises the following issues:

- That many young women seek abortion whether or not it is legally available;
- That in many places where abortion is illegal, there are many providers – both qualified and unqualified – who provide the service for a heavy fee.

The Role play scenario 3 raises the following issues:

- The importance of post-abortion counseling, especially in adolescents;
- The importance of tailoring advice to the reality of adolescents' lives.

Briefly conclude this session on managing unsafe abortion in adolescents by highlighting some of the key points raised in the discussions.

30 min

Session 5: PREVENTING UNSAFE ABORTION

Aim of the session

- To consider what needs to be done to prevent unsafe abortion.

ACTIVITY 5-1 GROUP WORK

Explain that this session of the unit returns to some content which has been covered before in the unit on pregnancy prevention and fertility regulation. Ask each group to discuss how unsafe abortion could be prevented among young people. Allow 15 minutes for the group discussions. Ask a representative of each group to summarize the points raised for presentation in a plenary session to follow.

ACTIVITY 5-2 PLENARY DISCUSSION

Ask each group to present their perspectives and to then respond to questions and comments that other participants raise. Use additional information from **Handout 3E, section 6, page 114.**

Wind up the session, pointing both to the major challenges that exist as well as to the possible ways of addressing them that the participants have proposed.

Facilitator guidelines for

Unit 3F

Sexual abuse and young people

Unit 3F SEXUAL ABUSE AND YOUNG PEOPLE

Sessions and activities	Page	Time	Materials and resources
Session 1: UNIT INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	130	5min	Handout for Unit 3F Slides 3F.1-1
Session 2: DEFINITION AND SCOPE OF SEXUAL ABUSE IN YOUNG PEOPLE ACTIVITY 2.1 Mini lecture Definition and scope of sexual assault ACTIVITY 2.2 Plenary discussion *Personal experiences of sexual abuse*	131	15min	Flipcharts 3F-1 Slides 3F.2-1, Slides 3F.2-2.
Session 3: FACTORS CONTRIBUTING TO SEXUAL ABUSE IN YOUNG PEOPLE ACTIVITY 3.1 Group work *Factors contributing to sexual abuse* ACTIVITY 3.2 Plenary discussion *Factors contributing to sexual abuse*	133	30min	
Session 4: THE CONSEQUENCES OFSEXUAL ABUSE ACTIVITY 4.1 Brainstorming *Consequences of sexual abuse* ACTIVITY 4.2 Mini lecture *Consequences of sexual abuse*	134	20 min	Slide 3F.4-1, 3F.4-2, 3F.4-3
Session 5: HOW ARE PEOPLE WHO HAVE BEEN SEXUALLY ASSAULTED CURRENTLY DEALT WITH ACTIVITY 5.1 Group work *Case scenarios* ACTIVITY 5.2 Plenary discussion and review	136	40 min	
Session 6: WHAT SHOULD HEALTH SERVICE PROVIDERS DO TO DEAL WITH YOUNG PEOPLE WHO HAVE BEEN SEXUALLY ABUSED? ACTIVITY 6.1 Brainstorming *Role of different groups of service providers in managing sexual abuse* ACTIVITY 6.2 Plenary discussion *Role play: Role of different groups of service providers in managing sexual abuse* ACTIVITY 6.3 Group Discussion *Role of different groups of service providers in managing sexual abuse*	137	30 min	Slide 3F.6-1
		150 min	

5min

Session 1: **UNIT INTRODUCTION**

ACTIVITY 1-1 UNIT OBJECTIVES

Welcome participants to this unit of the training.

Explain that the aim of the Unit is to provide an overview of sexual abuse in young people.

Display unit objectives (**Slide 3F.1-1**) and read them out aloud.

Unit objectives	SLIDE 3F.1-1
• Define sexual assault • To describe the regional and national magnitude of sexual assault • To discuss the consequences of sexual assault • To describe the role of health service providers in managing young people who have been sexually assaulted	

15min

Session 2: DEFINITION AND SCOPE OF SEXUAL ASSAULT IN YOUNG PEOPLE

ACTIVITY 2.1 MINI LECTURE

Explain that you begin the mini lecture by looking at the definition of sexual assault and the scope of the problems of sexual assault nationally.

Show **Slide 3F.2-1**. Read it out aloud. Then show **Slide 3F.2-2**. Do not read it aloud; instead go over the talking points presented below

Definition of SEXUAL ASSAULT	SLIDE 3F.2-1
Sexual Assault*:** (synonymous with sexual violence); is a term covering a wide range of activities, including rape / forced sex, indecent assault and sexually obsessive behaviour Sexual assault is defined as ***'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women's sexuality, using coercion, threats of harm or physical force, by any person, regardless of the relationship with the victim, in any setting, including but not limited to home, school, prison, the streets and at work'. *(World Health Organisation 2003)*	

TIP FOR YOU
Sexual abuse is one common form of gender based /domestic violence. The words sexual abuse are synonymous to sexual assault, therefore through this unit, the word sexual abuse will be used instead of sexual assault

Definition of RAPE	SLIDE 3F.2-2
Rape is defined as ***"physical forced or otherwise coerced penetration – even if slightly – of the vulva or anus, using a penis, other body parts or an object"*** *(World Health Organisation 2003)* ***Defilement*** is unlawful sexual intercourse with a young person below the age of 14 years.	

Talking points

Sexual abuse of a young person happens when an adult or older child uses a younger child for sexual stimulation. The stimulation may take the form of sexual fondling, handling of genitals, attempted penetration, penetration, oral sex, or intercourse. It may or may not be accompanied by physical abuse.

It may involve pressurizing or forcing the partner to have sex against her will or to perform certain sexual acts such as anal or oral sex against her will or intentionally inflicting pain during sex.

Example: A father watching his teenage daughter undress and taking a shower is a kind off sexual abuse.

The facilitator should take note that sexual abuse may happen in a normal relationship and by people that are known to us/young people

ACTIVITY 2.2 PLENARY DISCUSSION

Present the question on flipchart 3F-1 to the participants. Invite the participants to state and explain their viewpoints, and ask them to illustrate their views with examples.

Ask for a volunteer to write the key points on a flipchart.

What are your personal experiences on the magnitude of sexual abuse?	FLIPCHART 3F-1

TIP FOR YOU
Keep an eye on the time. If it seems to you that the participants have covered the main issues, end the session by reviewing the key points raised. If the discussion is proceeding animatedly and the time allocated is running out, you can gently end the discussion and point out that there will be opportunities to discuss the matters later in the unit.

30min

Session 3: FACTORS CONTRIBUTING TO THE PROBLEM OF SEXUAL ABUSE IN YOUNG PEOPLE?

Aim of the session

- To discuss the factors contributing to the problem of sexual abuse in young people

ACTIVITY 3.1 GROUPWORK

- Divide the participants into groups of three. Ask them to discuss the factors contributing to sexual abuse along the following lines:
  - Biological
  - Social
  - Cultural
  - Behavioural
  - Economic

- . Allow 10 minutes for the activity. Inform them that they should write their ideas on VIPP cards and that they will report back in a plenary session.

ACTIVITY 3.2 PLENARY DISCUSSION AND REVIEW

- After the participants are through with the brainstorming allow them to present their discussion in plenary. Invite comments from the other groups.

Wrap up the discussion session by summarising the key points raised.

20min

Session 4: CONSEQUENCES OF SEXUAL ABUSE IN YOUNG PEOPLE

Aim of the session

- To describe consequences of sexual abuse in young people

ACTIVITY 4.1 BRAINSTORMING

Ask participants to brainstorm the consequences of sexual abuse. Record the answers on the flip charts.

ACTIVITY 4.2 MINI LECTURE

Explain that you will now describe the consequences of sexual abuse. Put up **Slide 3F.4-1, 3F.4-2. 3F.4-3** and go through each point explaining as you go along. Allow the participants to interrupt and comment as you go long.

Health consequences of sexual Abuse

- Unwanted pregnancy
- Unsafe abortion
- STIs including HIV and AIDS
- Sexual dysfunction
- Infertility
- Pelvic pain and urinary tract infections

SLIDE 3F.4-1

Genital injuries

Typical genital injuries include

- Tears
- Ecchymosis.
- Abrasions, redness and swelling of the genitalia

In women genital injuries are most likely seen in the posterior fourchette, labia minor the hymen and fossa navicularis

In men injuries are generally located around the anus and perineum

SLIDE 3F.4-2

Non-genital injuries

SLIDE 3F.4-3

Physical

- Bruising
- Lacerations
- Pattern injuries
- Bite marks

Psychological

- Depression
- Anxiety
- Phobia
- Suicidal behaviour

Finalise the session by emphasizing that the consequences could be immediate, intermediate or long term. Read out case study 3F-1 from the handout on page 3 to guide the discussion in concluding the consequences of child abuse. Allow participants to share some cases that they have dealt with.

40min

SESSION 5: HOW ARE PEOPLE WHO HAVE BEEN ASSAULTED CURRENTLY DEALT WITH?

ACTIVITY 5.1 GROUP WORK

Divide the participants into 3 groups to discuss their experiences. Allow them 10 minutes to complete the activity.

ACTIVITY 5.2 PLENARY DISCUSSION AND REVIEW

Ask each group to highlight key issues arising from their discussions. Allow the rest of the participants to ask questions and make comments.

30min

Session 6: **WHAT SHOULD HEALTH SERVICE PROVIDERS DO TO DEAL WITH YOUNG PEOPLE WHO HAVE BEEN SEXUALLY ABUSED?**

ACTIVITY 6.1 BRAINSTORMING

Ask participants to brainstorm the role of the health service provider in managing young people who have been abused. Record the answers on the flip charts.

Allow for 10 minutes for the participants to role play what they think the role of health service providers should.

TIP FOR YOU
Do not impose the roles but ask for volunteers to act out the different roles. Tell the rest of the participants to watch the role play carefully and keep their comments. Remember that this role play can be done by different participants for a number of times as management may be slightly different depending on the level of operation (health centre, district hospital or central hospital)

ACTIVITY 6.2 PLENARY DISCUSSION

Allow participants to comment first on the role play. Write all the comments on the flipchart

Conclude the session by using the following **talking points**:

- Sexual abuse can be perpetrated by the people the young person knows, as such that it may be considered normal by the abused.
- Girls are more likely to be victims of sexual abuse than boys
- Involve boys in the fight against sexual abuse as perpetrators of sexual abuse in most schools.
- Young people may not report early enough due to threats by perpetrators of sexual abuse.
- Parents need to be observant of their child's behaviours and take interest to find out.
- Sexual abuse is punishable by law, report to police if there is enough evidence.
- Sexual abuse may lead to sexually transmitted infections including HIV, early pregnancies and eventual unsafe abortions
- Young people may not be aware of other SRH problems following sexual abuse.
- Health workers need to handle young people in gentle and friendly manner as they are probing more about sexual abuse in young people.
- Privacy is very important when managing sexually abused young people.

ACTIVITY 6.3 GROUP DISCUSSION

Pose the following question to the participants. ***What do you think is your role in managing a young person who has been sexually assaulted?***

Ask a volunteer to record the responses on a flipchart. Allow for a discussion of the points being raised. After 10 minutes of discussion, put up **Slide 3F.5-1, 3F.5-2** and go through each of the points.

TIP FOR YOU

Tell participants that before assisting the abused young person they should:

- Believe what they have heard from a young person
- Be empathetic and gentle you probe to get history from the young person.
- Explain that it is not her /his fault.
- Let the young person know you are sorry it happened.
- Re- assure the young person and counsel accordingly

Role of health workers:

- Screening to rule out complications such as physical injury, STIs
- If screening reveals evidence on sexual abuse, report the matter to police.
- Treat complications such as physical injuries, bruises, STIs if any.
- Counselling to reduce feelings of guilt, self blame ,shock and fear
- Referral for other services e.g. PEP, emergency contraception and psychosocial counselling.
- Linkage to other support centres e.g. legal services, victim support unit, law enforcers, human rights organizations, livelihood programs, and life skills.

SLIDE 3F.6-1

Role of health service providers:

- Follow up client by home visiting or outreach services.
- Increase awareness among young people especially boys, parents and the entire community on the effects of sexual abuse.
- Sensitize other service providers (untrained) on the prevalence of sexual abuse and how to handle sexually abused young people.
- Conducting operational research to improve quality of management of sexually abused young people.
- Advocacy for stiffer punishment of perpetrators of sexual abuse and reporting of sexual abuse to police.
- Sensitizing parents to be on the look out and observe symptoms of sexual abuse in their children and report to police once evidence is made available.

SLIDE 3F.6-2

Summarise the unit by taking the participants through the seven steps required when managing a client who has been sexually abused as well as the checklist for sexual assault and rape.

Facilitator guidelines for

Unit 3G

Young people and HIV & AIDS

Unit 3G: HIV and AIDS and YOUNG PEOPLE

Sessions and Activities	Page	Time	Materials
Session 1: UNIT INTRODUCTION ACTIVITY 1-1 Mini lecture *Unit Objectives*	141	5min	Handout for unit 3G (all sessions) Slides 3G.1-1.
Session 2: THE SITUATION OF HIV AMONG YOUNG PEOPLE ACTIVITY 2-1 Mini Lecture *Scope of HIV in young people*	142	20min	Slides 3G.2-1, 3G.2-2, 3G.2-3 and 3G.2-4
Session 3: HOW HIV AFFECTS YOUNG PEOPLE ACTIVITY 3.1 Mini lecture *Risk and protective factors for HIV* ACTIVITY 3.2 Mini lecture *Biological susceptibility to HIV*	144	20min	Slides 3G.3-1, 3G.3-2, 3G.3-3, 3G.3-4
Session 4: HIV PREVENTION AND YOUNG PEOPLE ACTIVITY 4.1 Buzz group *HIV prevention strategies* ACTIVITY 4.2 Plenary discussion	147	30 min	Slides 3G.4-1
Session 5: HIV TESTING AND COUNSELLING AMONG YOUNG PEOPLE ACTIVITY 5.1 Mini lecture *HIV testing and counselling* ACTIVITY 5.2 Brainstorming ACTIVITY 5.3 Mini lecture ACTIVITY 5.4 PLENARY DISCUSSION ACTIVITY 5.5 DISCUSSION	149	40min	Slides 3G.5-1, 3G.5-2 to 3G.5-3 Flipchart 3G-1
Session 6: POSITIVE LIVING AMONG YOUNG PEOPLE WITH HIV and AIDS ACTIVITY 6.1 Brain storming *Positive living* ACTIVITY 6.2 Mini lecture *Support required by young people living with HIV*	155	20min	Slides 3G.6-1
Session 7: DEALING WITH DIFFICULT SITUATIONS WITH YOUNG CLIENTS WITH HIV ACTIVITY 7.1 Group discussion *Case studies: dealing with difficult situations with young clients* ACTIVITY 7.2 Plenary feedback and discussion *Case studies*	157	40min	
		175 min	

5min

Section 1: UNIT INTRODUCTION

Welcome the participants to the unit.

ACTIVITY 1-1: OBJECTIVES

Display **Slide 3G.1-1**, showing the unit objectives. Read the objectives aloud or ask a participant to read them.

Unit objectives	
1. To explain regional, national and local situation of HIV among young people 2. Discuss HIV issues specific to Young people 3. Identify key factors that impact on young people's risk of acquiring HIV 4. Explore HIV prevention strategies among young people 5. Understand the special considerations in the management of young people with HIV. 6. Explain the importance of HIV testing and counselling among young people 7. Identify factors to enhance positive living among young people 8. To discuss various difficult situations with adolescent clients and HIV and how to handle them.	SLIDE 3G.1-1

20min

Session 2: THE SITUATION OF HIV AMONG YOUNG PEOPLE

ACTIVITY 2 -1 MINI LECTURE

The aim of this presentation is to show that HIV is an important health issue for young people in this country. Tell the participants that some of the information is present in their handout.

TIP FOR YOU:
This session ***may*** be presented by Guest Presenter (an expert in the filed of HIV and AIDS). Remember to introduce him/her before the lecture starts

Show the **Slides 3G.2-1, 3G.2-2, 3G.2-3, 3G.2-4** with global, regional and national statistics on HIV and AIDS.

GLOBAL HIV SITUATION — SLIDE 3G.2-1

- 25 million people dead since the epidemic started
- Globally, 40.3 million people were living with HIV in 2005
- Globally, 14,000 new infections occurred per day in 2004
- Half of all the new infections in the world occur in young people (UNAIDS,2004)

HIV SITUATION IN SUBSAHARAN AFRICA — SLIDE 3G.2--2

In 2005, Sub-Saharan Africa with 10% of world population had

- ~64% of all people living with HIV, ~65% of newly infected
- ~77% of all the deaths
- 25.8 million people living with the virus
- 57% of all HIV-infected are females and
- 76% of the infected 15-24 year olds are females(UNAIDS,2004)

HIV SITUATION IN MALAWI — SLIDE 3G.2-3

- The National adult HIV prevalence is 14% (NAC,2005)
- In 2005, there were 1,120,000 people infected with HIV and 96,552 were new infections in Malawi (NAC, 2004).
- Half of the above new infections occurred in young people aged15-24 years and 75% of these new infections in young people occur in girls of the same age category.
- The prevalence of HIV in antenatal attendees in 2005 was 16.9% and most of the attendees were below 30 years (NAC, 2005)
- HIV prevalence is higher in the urban areas than in the rural (21.6% & 12.1% respectively).

HIV SITUATION IN MALAWI	SLIDE 3G.2-4
• The prevalence of HIV in the southern, central and northern regions was 21.7%, 14.3% and 14% respectively. • High HIV prevalence has been attributed to high incidence (new infections) in the younger age group (15-19 years) (NAC, 2005). • Only 6.8 % and 17.2% of young males and females aged 15-19 respectively ever tested and received result by 2005	

Ask participants if they have any questions or comments on the local situation of HIV and ask them to share any information they may have on local HIV situation among young people. Let the participants control the direction of the discussion, but if necessary ask questions that build on the discussion. For example:

- Are there specific groups of young people who are more likely to be infected with HIV?
- Is there a difference between rural and urban situations for young people?
- Is there a difference in the issues for young men and young women?

TIP FOR YOU
• Encourage relaxed environment to allow participation of all the participants. • Encourage participants to share any facts and figures they have, as well as their opinions, views and impressions. • Encourage them to direct questions to the guest presenter if available. • If there are participants from NGOs, Network of PLHIV or AIDS activist you can ask them to bring in their knowledge to this discussion that focuses on young people and HIV locally.

ADDITIONAL INFORMATION FOR THE FACILITATOR

Tell participants that in this session:

- We have seen that young people are central to the HIV epidemic.
- They are now aware of global and local situation on HIV among young people.
- Fortunately, most young people are not infected with HIV. In fact during adolescence HIV rates are the lowest of any period in life cycle.
- The challenge is to keep these free and help the infected to live positively with the HIV infection.
- Thus, focussing on young people is likely to be the most effective approach to reverse the trends in the epidemic.

20min

Session 3: HOW HIV AFFECTS YOUNG PEOPLE

Aim of the session

- To discuss HIV issues specific to Young people and the implications of these in regard to
    - Risk factors and protective factors directly linked to HIV
    - Biological susceptibility to infection following exposure
    - HIV related stigma and discrimination
    - Natural history of HIV infection

ACTIVITY 3—1 MINI LECTURE

Tell the participants that we are now going to talk about risk factors and protective factors for HIV transmission among young people.
Remind them that risk and protective factors were also addressed in Unit 2 *Meaning of Adolescence and its implications for public health*. Ask them to give you a definition of:

- Risk Factors
- Protective Factors.

Then show **Slide 3G.3-1** and go through the Talking Points.

RISK FACTORS AND PROTECTIVE FACTORS	SLIDE 3G.3-1
1. *Risk factors* • **Associated with** behaviours that might lead to negative health outcomes. • **Discourage** behaviours that might prevent a negative health outcome. **2. *Protective factors*** • **Discourage** behaviours that might lead to negative health outcomes. • **Encourage** behaviours that might prevent negative health outcomes. • **Lessen** the likelihood of negative consequences from risk factors.	

Talking Points

1. Risk factors are individual and contextual influences that either encourage or are associated with behaviours that might lead to a negative health outcome.
2. Protective factors are individual and contextual influences that discourage one or more behaviours that might lead to negative health outcomes or that encourage behaviours that might prevent negative health outcomes. Protective factors can lessen the likelihood of negative consequences from risk factors.

For example, the negative health outcome is acquiring HIV. The risk factors are the influences that encourage behaviours that might lead to HIV transmission (e.g. **lack of knowledge about HIV transmission**, influences that encourage early and unprotected sex, influences that encourage young people to have many sexual partners, or influences that encourage drug injecting) and discourage behaviours that might prevent HIV (e.g. discourage condom use or make it difficult to delay sex).

Ask if there are any questions and respond. Then show the next slide and go through the Talking Points.

VULNERABILITY TO HIV	SLIDE 3G.3-2
When there is: • Inability to control the risk of HIV infection. • Absence of choice to engage in behaviour that puts them at risk of acquiring HIV. • Increased likelihood of negative health outcomes.	

Talking Points

1. Vulnerability is a measure of an individual's or community's inability to control the risk of infection.
2. Vulnerability recognizes that young people may not have a choice as to whether they engage in behaviour that puts them at risk of acquiring HIV.
3. Vulnerability increases the likelihood of negative health outcomes. There are social and contextual risk factors that make many young people vulnerable to HIV infection. These include gender norms, relations between different age groups, race and other social or cultural norms and value systems, location, and economic status.

For example women, especially young women, are especially vulnerable to HIV infection as they may be less able than men to avoid non-consensual sexual relations. Refer the participants to **Box 2, Section 3 in the Handout 3G on page 129**.

ACTIVITY 3-2 MINI LECTURE

Tell the participants that we will now look at biological susceptibility.

These are the biological factors (factors about the young body) which can decrease a young person's defences against HIV infection following exposure through sexual intercourse. In other words, this refers to the ease with which the HIV virus can enter the cells of the person following his/her exposure to the virus.

Show **Slide 3G.3-3** and use additional information from **Unit 3.**

Biological issues that increase the likelihood of HIV transmission in young people	SLIDE 3G.3-3
Upon exposure to HIV, young people are more likely to acquire HIV because of: • Immature genital tract in young girls. • Undeveloped genitalia more easily damaged during forced sex. • Presence of STI.	

Talking Points

1. In young girls, inadequate mucosal defence mechanisms and the immature lining of the cervix provide a poor barrier against infection. Once exposed to the virus, girls and young women are more susceptible than young men or adults due to the anatomy of the developing cervix and vagina. Also in young girls, the thin lining and relatively low acidity in the vagina facilitate transmission.

2. Non-consensual sex with undeveloped genitalia can lead to trauma and therefore increase the chance of transmission if exposed to HIV. In many settings, young girls are subjected to a high rate of coerced sex.

3. STIs among sexually active people increase the chance of contracting and transmitting HIV.

Ask if there are any questions on this slide and respond.

30min

Session 4: HIV PREVENTION STRATEGIES AMONG YOUNG PEOPLE

Aim of the session

- To explore HIV prevention strategies for young people at the service delivery point and in the community.

ACTIVITY 4-1 BUZZ GROUP

Ask participants to form groups of three members each and let them identify HIV prevention strategies for young people. Ask participants to write their responses on a flip charts or VIPP Cards and select one representative from each group to present in plenary session.

ACTIVITY 4-2 PLENARY FEEDBACK AND DISCUSSION

Allow the groups to present their discussion. Facilitator should add the following to summarise the discussion.

Display **Slide 3G.4-1**

HIV prevention strategies	SLIDE 3G.4-1
• Abstinence. • Delaying the first sexual encounter. • Being faithful to one faithful partner • Correct and Consistent condom use. • HIV Testing and Counselling • Behaviour change • Prompt and effective management of sexually transmitted infections	

Conclude the session by going through the following talking points below and using additional information from **Section 4 and 5 of Handout 3G page 133 and 135**.

Talking Points

1. Young people need more information and education on sexuality and HIV prevention to help them practice responsible sexual behaviour. Postponing the first sexual activity and reducing the number of sex partners can significantly protect the young person from HIV. The messages and the way they are given are very important for young people. They do not only want to hear what they cannot do, but also what they can do.
   In some settings, health service providers have held group counselling sessions for young people (PLHIV or others) to discuss difficult situations in

HIV prevention. This method can create a good interaction because the group looks for solutions to situations, taking the focus away from the individual.

2. Provider-initiated HIV testing and counselling need to be available in all health services and in the community. Client-initiated or voluntary counselling and testing (VCT) services are also needed.
3. The use of latex condoms to prevent the exchange of body fluids during sexual intercourse is an essential element of all HIV prevention. Safer sex depends on the correct and consistent use of condoms. Female condoms offer women an option that may give them more control. Female condoms require more counselling and assistance with respect to their proper use.
4. Some STIs greatly facilitate HIV transmission between sexual partners. Effective prevention and early, correct treatment of STIs and partner notification are essential parts of HIV prevention for young people.

40min

Session 5: HIV TESTING AND COUNSELLING (HTC) AMONG YOUNG PEOPLE

Aim of the session

- To emphasize the importance of provider-initiated HIV testing and counselling during all contacts with young people.
- To discuss special considerations in HIV testing and counselling with young people.

ACTIVITY 5-1 MINI LECTURE

Start the session by pointing out the following facts

- Recently the concept of testing and counselling has broadened from making testing and counselling available to those who ask for it (client-initiated, i.e. at Voluntary Counselling and Testing [VCT] sites), to provider-initiated HIV testing and counselling (i.e. the health service provider begins the discussion on HIV testing) during all contacts with clients in healthcare settings and even in the community. However, the client always has the right to refuse testing.
- HIV testing and counselling is an important entry point to prevention, care, treatment and support.
- HIV testing and counselling is a crucial prevention intervention and is an important opportunity both for people who test positive and for people who test negative.
- HIV testing must only be offered taking into consideration; Confidentiality, Consent and Counselling.

Refer participants to **Section 7 of Handout 3G page 138** for additional information. Also refer the participants to the National HIV Testing and Counselling guidelines.

HIV TESTING AND COUNSELLING FOR YOUNG PEOPLE

Ask the participants: *Why is HIV testing and counselling important?* Allow some time for discussion, then show **Slide 3G.5-1** and go through Talking Points. Use additional information from **Handout 3G, section 7 page 138.**

Knowing HIV status and receiving counselling and support	**SLIDE 3G.5-1**
Individuals to: • Initiate or maintain behaviours to prevent acquisition or further transmission • Gain early access to HIV prevention, care, treatment and support services. • Access services for prevention of HIV transmission from pregnant mothers to their infants (PMTCT). And can help communities to: • Reduce the denial, stigma and discrimination that surround HIV. • Mobilize support and appropriate responses. ***All people, including young people, have a right to know their HIV status.***	

ACTIVITY 5.2 BRAINSTORMING

Stop everyone and try to get the room to be still for a moment.
Then say to the participants: "I would like you to think about the very personal question I am now going to ask. I do not want you to answer, but just think about what you feel:

"How many of us here know our HIV status?
"How many of us have been for an HIV test?
"What are our feelings if someone suggests that we have an HIV test today?"

Wait for a few moments to give them time to think and then say: "HIV testing is a very personal issue and is accompanied by many feelings: feelings of fear and feelings of anxiety about stigmatization and confidentiality. We should be aware of these feelings when we encourage young people to know their HIV status."
We should also make sure that services are available so that the testing is an entry point for prevention, treatment care and support.

Ask the participants if they can think of any special considerations in HIV testing and counselling among young people. Summarise the session using the information provided in **Slide 3G.5-2**.

Special considerations in HIV testing and counselling among young people	**SLIDE 3G.5-2**
Important Elements: 1. Do not discount the potential for HIV in young people. 2. Understand the issues of consent and confidentiality for HIV testing and counselling of minors. 3. Your first session with a young person may be your only one. 4. Promote beneficial disclosure. 5. Take the opportunity given by a negative HIV test.	

ACTIVITY 5.3 **BRAINSTORMING**

Ask the participants to give examples of circumstances that make young people go for HIV testing. Put the responses on flip chart.

Put up slide 3G.5-4 and go through the slide with the participants

Circumstances in which young people may present for HIV testing and counselling

SLIDE 3G.5-3

Choice: young person makes decision to come for testing
Recommendation: other person advises, young person decides
***Mandatory*:** others make the decision to test young person

Before going through the Talking Points, ask the participants to give examples of situations for these circumstances. For example, "Can you give an example of a circumstance when a young person may [choose/ be recommended/ have others decide they need] to be tested for HIV?"
The examples can be based on their experience or from imagination. Remind them not to include any information that could identify individuals.

The following Talking Points give examples of situations in these three circumstances for testing. Go through any points that were not covered in the discussion and provide additional information.

Talking points

1. Choice

- The young person may have recently experienced a situation that makes them think they could have been at risk for acquiring HIV (e.g. rape, condom breakage, unprotected sex, first experience with injecting drugs).
- He or she may be a person who has a risk behaviour that is regular in their lives (e.g. injecting drugs, sex worker).
- He or she may be on the brink of something new in their lives (e.g. a new relationship, marriage).

2. Recommendation

- Provider-initiated HIV testing and counselling recommends that health workers offer HIV testing and counselling during all routine contacts with patients in healthcare settings. The health worker may be following the health centre policy. All people should be informed and give their consent and the patient always retains the right to refuse testing.
- The health workers may have some reason to suspect that a young person could be HIV-positive (e.g. presence of a marker disease, e.g. tuberculosis). Having an STI increases the risk of acquiring and transmitting HIV, so a young person who has an STI or TB should be advised to be tested for HIV.
- Young people who are vulnerable to HIV (e.g. sex workers) should be counselled to be tested for HIV.
- Peer counsellors, outreach workers or youth counsellors may recommend that the young person comes for HIV testing.

3. Mandatory

- Mandatory screening of donors is required prior to all procedures involving transfer of body fluids or body parts.
- There are different reasons in each country why a person may be obliged to be tested for HIV (refer back to the reasons already identified by participants or ask them for examples).
- Testing may be required to enable them to do something they wish to do, e.g. entering the military, before marriage, applying for a job, visa or scholarship, etc.
- Some people may not have a choice (e.g. people in prison).
- In some places, routine HIV testing in healthcare settings may be done without the patient knowing. This is not ethical and is not in the best interest of the patient.

TIP FOR YOU

THE WINDOW PERIOD

It is important to point out that in situations where possible exposure to HIV may have been only hours or days before, the health worker needs to be aware that the young person may be in the window period (i.e. when antibodies have not yet formed after exposure to HIV or are not detectable in the blood). The patient/client should be counselled and advised to practice abstinence or safer sex and return for testing 6 weeks after possible exposure to HIV.

However, if the young person is going to receive post exposure prophylaxis (PEP), they must begin treatment less than 72 hours after unprotected sex

Ask the participants: *Where could young people in your community go for HIV testing?*

They may suggest that young people go to

- HIV Testing and Counselling (HTC) Centres
- ANC settings as an entry point to MTCT prevention
- STI clinics, TB clinics, youth centres, private doctors
- Routine treatment settings as part of standard care e.g., health centres, clinics and hospitals.

Allow for some discussion and then ask: *Are there any reasons young people would not choose to go to any of these places for HIV testing?*

Allow 10 minutes for discussion.

Activity 5.4 PLENARY DISCUSSION

Feelings around HIV testing and counselling for young people

Tell participants that you will now discuss with them the thoughts and feelings that may be experienced by a young person who has come for HIV testing.
Refer them to the earlier discussion on circumstances for HIV testing.

Put up the Flipchart with the three circumstances for HIV testing.

What are the possible feelings and the thoughts behind the feelings of a young person who has come for HIV testing by:

1. **Choice**: John, the morning after condom breakage during sex
2. **Recommendation**: Anne, pregnant young woman attending antenatal clinic
3. **Mandatory**: Peter, application for a scholarship

John Anne Peter

FLIPCHART 3G-1

Explain the different circumstances by holding an open discussion with the participants.
Ask the participants about each young person cited in the box above in turns.
What may John/Anne/Peter be feeling? (Fear, anger, embarrassment.)

Why may he/she feel this? (He may be embarrassed to talk about sex, or having had sex with a sex worker or a man; or is angry with himself, the condom, sex partner, you, authorities.)

Write up the **key** "feelings" words under each name on the flipchart.
Ask the participants to focus on the feelings that are particular to young people, their level of maturity and experience.
Consider how the feelings may impact on the counselling situation.

TIP FOR YOU

Encourage the discussion with probing questions, e.g.

- Will John feel angry that you cannot test him now (window period)?
- Why doesn't Anne just refuse testing? Why can't Peter keep the test result to himself?
- Remind them to consider the thoughts and feelings of the young people in relation to how their family and friends could react to the test results
- If there is time, you can present other brief scenarios or ask the participants to suggest some, e.g. young woman has been practising safer sex and now wants to get pregnant, girl/boy after rape, young person with TB/STI

Summarize the feelings identified as follows:

Tell the participants that they have identified many of the feelings that need to be addressed in pre-test counselling. Pre-test counselling ensures that the young person is sufficiently informed about the testing process and consequences. By offering counselling, informed consent is possible and young people are not tested in a coercive (forced) manner.

Remind the participants that the thoughts and feelings of people coming to a testing centre will vary depending on their circumstances. Each situation raises different issues for the young person. It is important for health service providers to anticipate what the young persons may be thinking and to be sensitive to their feelings and needs.

Activity 5.5 DISCUSSION ON POST-EXPOSURE PROPHYLAXIS (PEP)

- Post-Exposure Prophylaxis (PEP) is short-term antiretroviral treatment that is given to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse.
- Within the health sector, PEP should be provided as part of a comprehensive universal precautions package that reduces staff exposure to infectious hazards at work.
- The risk of exposure from needle sticks and other means exists in many settings where protective supplies are limited and the rates of HIV infection in the patient population are high.
- The availability of PEP may reduce the occurrence of occupationally acquired HIV infection in healthcare workers. It is believed that the availability of PEP for health workers will serve to increase staff motivation to work with people infected with HIV, and may help to retain staff concerned about the risk of exposure to HIV in the workplace.
- Prevention of exposure remains the most effective measure to reduce the risk of HIV transmission to health workers. The priority must be to train health workers in prevention methods (universal precautions) and to provide them with the necessary materials and protective equipment (e.g. gloves, sterilizing equipment).
- There is significant debate on the need to use PEP after sexual exposure. PEP must be commenced less than 72 hours after unprotected sex. There are very strong ethical and societal issues for providing PEP following sexual exposure to HIV, especially following rape or condom breakage.

20min

Session 6: POSITIVE LIVING AMONG YOUNG PEOPLE

ACTIVITY 6-1 BRAINSTORMING

Ask participants to brainstorm on the meaning of positive living and the care and support required for young people living with HIV.

Put the responses on a flip chart or let participants put their definition on the VIPP Cards which will be stuck on the wall.

Once the responses have been exhausted ask the participants to group the responses by going through each individual VIPP card.

ACTIVITY 6.2 MINI LECTURE

Conclude the session by putting up **Slide 3G.6-1** and Refer participants to **Handout 3G, section 8 page 143, on *young people living with HIV and AIDS.***

POSITIVE LIVING	SLIDE 3G.6-1
Young people with HIV infection can delay onset of AIDS and prolong their lives by making positive choices to care for their mental and physical health. This includes: • Avoiding re-infection- through abstinence or correct &consistent use of condom • Seeking medical treatment early- visiting the nearest health facility for early attention to emerging health problems. • Maintaining good nutrition • Practising good personal hygiene • Practising risk reduction behaviours – avoiding smoking, drinking alcohol • Doing regular exercises • Take adequate rest/enjoy leisure • Avoid stress and worry – mix with friends • Maintain positive spiritual beliefs	

Talking points

1. **Live positively:** Positive living can help PLHIV to live a full and healthy life. Counselling and support can help them to stay healthy and improve one's self-esteem and confidence, with the aim of protecting one's own health and avoiding passing the infection to others.
2. **Support:** This is the emotional, psychosocial, spiritual and material support that will enable the PLHIV to live positively. It is often provided by peers, family and community as well as the health services. This support can only be given when HIV status is known and when the people who are able to give this support know that the person is HIV-positive, as such it is important where possible to disclose one's HIV status.
3. **Care:** PLHIV may need to take medication for a range of infections and illnesses. As HIV progresses they may require ART. Adherence to all treatments is important. Adherence to ART is important for the health of the individual and to

reduce the risk of drug resistance. However, many young PLHIV will remain asymptomatic for long periods after an HIV-positive test result. Young PLHIV may require care and treatment for opportunistic infections, STIs etc. over the years, but for many of them ART will only be required after many years of living with HIV, when the immune system has substantially deteriorated.

4. **Positive Prevention**: This includes all strategies that increase the self-esteem, confidence and preventive actions of PLHIV, with the aim of protecting their own health and not passing the infection to others. This includes safer and healthier sex, harm reduction, preventing mother-to-child transmission (PMTCT), and the management of sexually transmitted infection (STI). It can also include provision of safe drinking water, impregnated bed nets and chemoprophylaxis (e.g. co-trimoxazole and INH). Counselling is an integral part of all these services.

40min

SESSION 7: DEALING WITH DIFFICULT SITUATIONS AFFECTING YOUNG PEOPLE WITH HIV

Aim of the session

- To discuss special considerations in dealing with difficult situations with young people with HIV

ACTIVITY 7. 1 GROUP DISCUSSION

Tell participants that they will now identify difficult situations with young clients

Divide participants into two groups. Ask them to turn to **Annex 3G-1 in the Handout page 151: *Case Studies***: *Young PLHIV and the Health Service provider.* Assign each group a case study.

Tell the groups that they have each been assigned a case study in which a young person with HIV has approached them with a concern.

The task for each group is to discuss the case study and identify the concerns/difficult situations for the young client and the important information that the health service provider should communicate to this client in this situation.

Allow 20 minutes for participants to complete the task.

ACTIVITY 7.2 PLENARY FEEDBACK AND DISCUSSIONS

Bring participants to plenary to present their responses. Discussions should follow after each group has presented.

Ask each group presenter to summarize their case study and then, using the flipchart, outline the important factors that they have considered for each client.

After the two groups have presented, lead a discussion taking the factors listed below into consideration. Make sure the participants understand the options of the young person in each of the case studies and the importance of relaying this information to each patient.

Given below are important factors to consider in each Case Study.

Case Study 1: Sexuality

He needs to:

- Be told that he can still be sexually active so long as he practises safer sex.
- Know that a condom is advised for each act of penetrative sex.

- Consider the pros and cons of disclosure to his partner(s).
- Know that if people are not well informed about HIV, they may be afraid of being with him. He may experience discrimination.
- Be told that the man who transmitted the virus to the young client may not have known that he himself is HIV-positive.

Case Study 2: Fertility

She needs to:

- Know that she can still have a baby and that she, like all individuals, has the right to make her own reproductive choices. She should not feel pressured to consider an abortion.
- Be informed of prevention of mother-to-child transmission: how to avoid it, how it is never too late in a pregnancy to prevent transmission of HIV, and how to avoid transmission before, during and after birth.
- Be offered a broad range of contraceptive options to avoid unintended pregnancy.
- Choose a drug regimen carefully in order to preserve fertility.
- Understand that she may die prematurely and to plan for her children's future.
- Understand the importance of considering why and how she might disclose (or not) her status to her partner and family.
- Be encouraged to return as a couple for counselling.

Wrap Up

Tell the participants that this is the end of this session. A lot of important information given in this session can be reviewed in their Handout.

Acknowledge that it is a challenge for health workers to provide quality HIV services that require time, a deep understanding of the issues, strong communication skills, empathy and professionalism.

Remind the participants that health workers who are working with a chronic fatal condition such as HIV can suffer from “burnout”. They may need to seek or develop professional support networks to help them cope with HIV in their community.

Invite the participants to share any final questions or comments.

Facilitator guidelines for

Unit 4

Nutrition and Young people

UNIT 4: NUTRITION AND YOUNG PEOPLE

Sessions and activities	Page	Time	Materials &resources
Session 1: UNIT INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	161	5 min	Slide 4.1-1
Session 2: IMPORTANCE OF GOOD NUTRITION ACTIVITY 2.1 Mini lecture *Definition and importance of good nutrition* ACTIVITY 2.2 Plenary discussion	162	15 min	Slide 4.2-2, Slide 4.2-3
Session 3: GROUPS OF FOOD NECESSARY FOR GOOD NUTRTION ACTIVITY 3.1 Mini lecture *Malawi 6 groups of food necessary for good nutrition* ACTIVITY 3.2 Plenary discussion	164	30min	Slide 4.3-1
Session 4: LINKAGE OF NUTRITION TO HIV AND AIDS ACTIVITY 4.1 Mini lecture *Linkage of nutrition to HIV* ACTIVITY 4.2 Plenary discussions	167	30min	Slide 4.4-1
Session 5: CONSEQUENCES OF POOR NUTRITION ACTIVITY 5.1 Buzz groups *Consequences of poor nutrition* ACTIVITY 5.2 Mini lecture *Consequences of poor nutrition* ACTIVITY 5.3 *Plenary discussion*	169	15min	Slide 4.5-1
Session 6: PROMOTING NUTRITION AMONG YOUNG PEOPLE ACTIVITY 6.1 Brainstorming *Promoting nutrition among young people* ACTIVITY 6.2 Mini lecture ACTIVITY 6.3 Plenary discussion	171	15min	Slide 4.6-1, slide 4.6-2
Session 7: UNIT REVIEW ACTIVITY 7.1 Spot checks ACTIVITY 7.2 Wrap up with unit objectives	172	10min	Slide 4.1
		120min	

5 min

Session 1: **UNIT INTRODUCTION**

Aim of the session

- The aim of the session is to provide an overview of the unit including the objectives

ACTIVITY 1.1 UNIT OBJECTIVES

Welcome the participants to the session and inform them that the unit contains 5 sessions, which will explore different aspects of nutrition in young people.

Display the unit objectives **(Slide 4.1-1)** and read them out, in turn.

Unit objectives	SLIDE 4.1-1
• Explain the importance of good nutrition • Describe the 6 groups of food necessary for good nutrition • Explain the linkage between nutrition and HIV • Discuss the consequences of poor nutrition among adolescents and young people • Identify and discuss how you would promote good nutrition among young people	

Give the participants the spot checks in **handout 4, annex 4-1, page 161** to complete before you start the session.

15 min

Session 2: IMPORTANCE OF GOOD NUTRITION

Aim of the session

- To discuss the importance of eating nutritiously among adolescents and young people.

ACTIVITY 2-1 MINI LECTURE

Explain that you will define nutrition and then present the importance of good nutrition.

Show **Slide (4.2-1, 4.2-2)** showing importance good nutrition. Do not read it out aloud; instead go over the talking points presented below. Refer the participants again to **section 1, handout 4 on page 154.**

Definition of Nutrition • Nutrition is generally defined as how any living organism changes and uses food. Food is anything that a person eats or drinks. • It is from this food that we get nutrients. Nutrients are necessary for life and our health. • ***Good Nutrition*** means that the foods and drinks you are eating are providing you with the nutrients you need for life and health	SLIDE 4.2-1

Importance of Good Nutrition ***Maintaining good health*** • Healthy eating or good nutrition contributes to overall growth and development. • This includes healthy bones, skin, lowered risk of dental caries, eating disorders, constipation, malnutrition and also iron deficiency. • Good nutrition maintains energy levels, immunity, good development of body cells and keeps people in good shape.	SLIDE 4.2-2

Prevention from infections • Body immunity of most adolescents and young people is still fragile. • Good nutrition prevents us from infections and such keeps our immunity strong • The food we eat contains vitamins, proteins that help in building and keeping our immunity strong. • Poor nutrition facilitates risk to development of infections that will take advantage of the body being weak due to inadequate intake of certain foods.	SLIDE 4.2-3

Talking points

- Our bodies fight infections through our immune system.
- The immune system is made of antibodies that fight disease. For the body to fight infections properly and remain strong it needs food nutrients such as vitamins, proteins.

TIP FOR YOU
Encourage questions and comments. Do not feel obliged to respond to all of them yourself. Invite other participants to respond. This will help the participants to relax and feel comfortable about sharing any information they have and, more importantly, about voicing their thoughts and feelings.

ACTIVITY 2-2 PLENARY DISCUSSION

Ask participants to write on a flip chart and ask them to brainstorm what they think could be other importance of good nutrition. Encourage them to bring out anything they feel like could be the importance of good nutrition especially to adolescents who are growing up and young people. Also ask them to relate the importance of good nutrition to Young People Living with HIV (YPLHIV). Invite questions and comments and write key important elements.

30 min

Session 3: GROUPS OF FOOD NECESSARY FOR GOOD NUTRITION

Aim of the session

- To present the 6 groups of food necessary for good nutrition (The Malawi balanced diet).

ACTIVITY 3-1 MINI LECTURE

Start by giving a mini lecture on the 6 groups of food in Malawi. Display Slide **4.3-1.** After the session supplement further information by referring the participants to **handout 4, section 2 page 154.**

SLIDE 4.3-1

The 6 groups of food necessary for good nutrition (The Malawi balanced diet)

Group	Main Nutrient	Examples of foods	Their role in the body
Vegetables	**Vitamins and Minerals**	**Greens:** Bonongwe, Chisoso, luni **Fruits:** Pumpkin, Tomatoes, peppers **Roots:** onion, garlic **Mushrooms** **Flowers:** Pumpkin flowers	• **Fights infections**
Fruits	**Carbohydrates and Vitamins** (water and fiber)	Sweet or tangy fruits that are often eaten raw **Fruits:** (Except for ones in the fat group or the vegetable group) Papaya, Guava, Lemon, Tangerine, Banana, Mchisu, Grenadilla **Honey and Sugar Cane (These provide vitamins and carbohydrates)**	• **Aids in food digestion**
Legumes and Nuts	**Protein and Carbohydrates** *(Minerals, Vitamins, Fiber, Fat)*	Legumes are seeds in a pod: **Beans and Peas:** Hyacinth bean *(khungudzu),* groundbeans *(Nzama),* Soybeans, pigeon pea *(Nandolo),* Peas *(Nsawawa),* Mucuna *(kalongonda),* **Nuts:** Mtedza	• **Body maintenance** • **Muscle and tissue development**
From food animals	**Protein and Fat** *(Minerals and Vitamins)*	**Flesh, Blood:** Mice, Chicken, Pigeon, Pig, Goat, Fish, *Ngumbi (*termites), Caterpillars **Eggs** **Milk and Milk Products:** Milk, Chambiko, Cheese	• **Energy giving foods** • **Body maintenance**
Fats and Oils	**Fats** *(Minerals, Vitamins, Proteins)*	Foods that feel `fatty` in your mouth: **Oilseeds:** Pumpkin seed, sesame seed, Sunflower seeds, Cooking Oils **Fruits:** Avocado pear, Coconut flesh **Animal Fats:** Butter, Lard	• **Energy giving foods**
Staples	**Carbohydrates** *(Protein, Minerals, Vitamins)*	Seeds without a pod and starchy roots: **Grains:** Rice, Wheat, Sorghum, Millet, Maize **Starchy Roots:** Yams *(Chilazi, Viyao)* Sweet potatoes, Irish Potatoes, Cassava	• **Energy giving foods**

TALKING POINTS

1. It is very important that young people maintains a balanced a diet in their everyday dietary intake. A balanced diet is a main meal that is taken with all 6 groups of foods.
2. Each food group can be found locally and at reasonable prices. The foods can be accessed easily despite economic differences and hence it is possible to maintain a balanced diet.

30 min

Session 4: LINKAGE OF NUTRITION TO HIV AND AIDS

Aim of the Session

- To explain the relationship between nutrition and HIV and AIDS

ACTIVITY 4-1 MINI LECTURE

It will be good to start the session by pointing out the following facts about nutrition and HIV and AIDS that links the two. Show slide **(4.4-1).**

Linkage of nutrition to HIV	FLIPCHART 4.4-1
• There is a direct relationship between progression of HIV to AIDS and poor nutrition • Young people will progress fast to AIDS if there nutrition id very poor • Good nutrition will keep you physically strong that will help you to continue going to school, play, study, go to work and do household chores • However poor nutrition does not lead to one to contract HIV but it predisposes an individual to opportunistic infections that like tuberculosis, cancers that could make a person die fast.	

TALIKING POINTS

1. Research has shown that there is an important link between improved HIV and AIDS and nutrition. Adequate nutrition is necessary to maintain the immune system, manage opportunistic infections, optimize response to medical treatment, sustain health levels of physical activity, and support optimal quality of life for People Living with HIV (PLHIV) and Young people living with HIV (YPLHIV).
2. It is reported that good nutrition may contribute to slowing of the progression of the HIV disease.
3. With high poverty levels among young people in Malawi and with over 85% of them living in the rural areas, poor nutrition in YPLHIV is a major concern. YPLHIV are at a greater risk of food insecurity due to muscle weakness that makes them unable to work in their gardens. It is particularly important to emphasize the importance of good nutrition in adolescents and especially YPLHIV.
4. Postponing interventions until PLHIV or their families become malnourished or food insecure can be counterproductive and costly. Thus, maintaining adequate nutrition and food security can be instrumental in mitigating the impact of HIV and caring for PLHIVs, their affected households, and communities

TIP FOR YOU
Food insecurity and poverty may lead to high-risk sexual behaviors thus increasing the risk of acquiring HIV. Young people will have to look for food as they have to fend for their families and relatives. Since they are in desperate situations due to poverty, they risk sexual temptations that's often unprotected.

PLENARY DISCUSSIONS

Ask the participants to give their personal experiences on what they have observed in their places of work or communities when they were caring for people living with HIV. Did they observe any potential linkage between HIV and nutrition/ food security. Ask them to share the experiences to colleagues and someone should write on the flip chart.

WRAP UP
Summarize the experiences in the plenary and inform the participants on the need to include nutrition in their HIV and AIDS programming with adolescents and young people so that they mitigate the impact of HIV and AIDS to the individuals, families and communities.

15 min

Session 5: CONSEQUENCES OF POOR NUTRITION

Aim of the session

- To discuss effects and consequences that could arise among adolescents and young people if their food intake is of poor nutrition

ACTIVITIES 5.1 BUZZ GROUPS

Divide the participants into small groups of 3 around the table. Ask them to brainstorm in their respective groups and come up with what they think are consequences of poor nutrition. Give the participants time to brainstorm. Ask them to write on idea cards. Give them 15 minutes to complete this task.

Display **(slide 4.5-1),** to start the buzz group on the effects and consequences of poor nutrition.

What could be the effects and consequences of poor nutrition among adolescents and young people?	**SLIDE 4.5-1**

ACTIVITY 5.2 PLENARY FEEDBACK AND REVIEW

Ask each group to come in front and make their presentations. Advise the groups to pin their idea cards on the board and ask each group to make presentation one after the other. After they have finished the presentations, open the floor for discussions. Ask them to prioritise which ones are grave consequences that need immediate attention in their respective communities among adolescents and young people. Ask the participants to keep the consequences somewhere safe as we will come back to them when we will be discussing session 6. Refer again the participants to **section 4, handout 4, page 157.**

ACTIVITY 5.3 MINI LECTURE

Wrap up the session by giving this mini lecture:

Consequences of poor nutrition among adolescents and young people:

- Obesity
- Increased risk of diabetes
- High blood pressure
- Joint problems (kanyenya)
- Poor health status
- Underdevelopment (Malnutrition)
- High risk of progression of HIV to disease
- Poor wound healing
- Increased prone to infections
- Poor cognitive development
- Bone malformation
- Dental problems
- Skin problems

SLIDE 4.5-2

TALKING POINTS

1. Obesity refers to more than 20% above the height and weight standards. Some of the predisposing factors to obesity include high intake of fatty foods, unregulated intake of carbohydrates.

2. Diabetes Mellitus (DM) is a complex chronic disease involving disorders in carbohydrate, protein and fat metabolism and the development of macrovascular, micro vascular and neurologic complications. Common signs and symptoms of DM include dehydration, flushed face, nausea and vomiting, fruity breath odor, lethargy among others.

3. High blood pressure or hypertension can be defined as a consistent systolic blood pressure of more than 140mmHg and or a consistent diastolic blood pressure of more than 90mmHg.One of the risk factors in developing hypertension is high salt diet, obesity, alcohol intake and also emotional stress.

4. Gout is a metabolic disorder that causes extreme pain, swelling and erythema of the involved joints. Prolonged hyper uricaemia (elevated uric acid) caused by either in synthesizing purines or by poor renal excretion of uric acid. Unregulated intake of excess proteins is a risk factor.

TIP FOR YOU
Explain to participants on consequences that they are not sure of.

15 min

Session 6: PROMOTING NUTRITION AMONG ADOLESCENTS AND YOUNG PEOPLE

Aim of the session

- To identify and discuss how you would promote good nutrition among adolescents and young people

ACTIVITY 6.1 BRAINSTORMING

In starting this session, ask participants to recall what we have discussed in this unit on nutrition. Remind them also that the whole purpose of discussing this topic is to promote good nutrition among adolescents and young people.

How can we promote good nutrition among adolescents and young people?	FLIPCHART 4.6-1

What is the role of health workers in promoting nutrition?	FLIPCHART 4.6-2

Once the participants have finished, ask them to pin their discussions below each flip chart and then discuss the suggested responses.

10 min

Session 7: UNIT REVIEW

Aim of the session

- To review and discuss the answers to the spot checks completed during the first session
- To review the unit objectives and summarize what has been discussed

ACTIVITY 7.1 REVIEW OF SPOT CHECKS

Ask participants to go over the spot checks they completed at the beginning of the session.
Go over with them on each question and ask them to make any corrections if they so wish.

ACTIVITY 7.2 REVIEW OF OBJECTIVES

Display the unit objectives once more on the **(slides 4.1)** and go through them with the participants. Find out from them if they were met.

Unit objectives	SLIDE 4.1
• Explain the importance of good nutrition • Describe the 6 groups of food necessary for good nutrition • Explain the linkage between nutrition and HIV • Discuss the consequences of poor nutrition among adolescents and young people • Identify and discuss how you would promote good nutrition among young people	

TIP FOR YOU
This is a summary of the unit and do not start teaching again. At the end please refer them to handout 4 in the participants' handout.

Facilitator Guidelines for

Unit 5

Substance abuse and young people

UNIT 5: SUBSTANCE ABUSE AND YOUNG PEOPLE

Sessions and activities	Page	Time	Materials &resources
Session 1: UNIT INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	176	5min	Slide 3.1-1
Session 2: DEFINITION OF SUBSTANCE ABUSE ACTIVITY 2.1 Buzz groups *Definition of substance abuse* ACTIVITY 2.2 Plenary discussion	177	10min	Slide 5.2-1
Session 3: SCOPE OF SUBSTANCE ABUSE IN MALAWI ACTIVITY 3.1 Mini lecture *Scope of substance abuse in Malawi* ACTIVITY 3.2 Plenary discussion	178	10min	Slide 5.3-1, Slide 5.3-2
Session 4: MYTHS AND MISCONCEPTIONS ON SUBSTANCE ABUSE ACTIVITY 4.1 Case Scenarios *Myths and misconceptions on substance abuse* ACTIVITY 4.2 Brainstorming ACTIVITY 4.3 Mini Lecture ACTIVITY 4.4 Plenary session	179	20min	Slide 5.4-1
Session 5: MOST COMMONLY ABUSED SUBSTANCES AMONG YOUNG PEOPLE IN MALAWI ACTIVITY 5.1 Mini lecture *Most commonly abused substances in Malawi and their effects* ACTIVITY 5.2 Group Discussions ACTIVITY 5.3 Plenary discussions	182	30min	Slide 5.5-1
Session 6: CONSEQUENCES OF SUBSTANCE ABUSE ACTIVITY 6.1 Brainstorming ACTIVITY 6.2 Mini Lecture	185	30min	Flipchart 5.6-1, Slide 5.6-1
Session 7: PREVENTION OF SUBSTANCE ABUSE ACTIVITY 7.1 Mini lecture *Prevention of substance abuse* ACTIVITY 7.2 Group Discussions *What are workable strategies to be done to prevent substance abuse among young people*	187	40min	Flip chart 5.7-1 Slide 5.7-1

in our communities ACTIVITY 7.3 Plenary discussion			
Session 8: UNIT REVIEW ACTIVITY 8.1 Spot checks ACTIVITY 8.2 Wrap up with unit objectives	189	10min	Slide 5.1-1
		145min	

5 min

Session 1: UNIT INTRODUCTION

Aim of the session

- The aim of this session is to provide an overview of the unit including the objectives.

ACTIVITY 1.1 UNIT OBJECTIVES

Welcome the participants to the session and inform them that the unit contains 8 sessions, which will explore different aspects of nutrition in young people.

Display the unit objectives (Slide 5.1-1) and read them out, in turn.

Unit objectives	SLIDE 5.1-1
• Definition of substance abuse • Scope of substance abuse in Malawi among young people • Myths and misconceptions on substance abuse • Most commonly abused substances in Malawi • Consequences of substance abuse among young people • Prevention of substance	

10 min

Session 2: DEFINITION OF SUBSTANCE ABUSE

Aim of the session

- To explain what substance abuse mean.

ACTIVITY 2-1 MINI LECTURE

Explain that you will define what a drug is, what abuse is and also what substance abuse means.

Show **Slide 5.2-1** that defines substance abuse. Do not read it out aloud; instead go over the talking points presented below.

Definition of drug and substance abuse: 1. Drug- Substance used as medicine. Substance that stimulates the nervous system especially one that is addictive 2. Abuse- A maladaptive pattern of substance use leading to problems in psychosocial, biologic, cognitive/perceptual or spiritual/ belief dimensions of life. It is the excess use or wrong use of something. 3. Substance abuse- It is the excessive use of chemical substances to alter or modify behavior.	SLIDE 5.2-1

ACTIVITY 2-2 **PLENARY DISCUSSION**

Allow participants to comment on the definitions. Invite questions and comments and write key important elements. Refer participants to **handout 5, section 1 on page 164.**

10 min

Session 3: WHY YOUNG PEOPLE ABUSE SUBSTANCES IN MALAWI

Aim of the session

- To discuss reasons as to why young people abuse substances in Malawi.

ACTIVITY 3.1

Show slide 5.3-2 and discuss the reasons why young people abuse substances in Malawi.

Reasons why young people abuse drugs and substances: • Peer pressure • Easy to get • To seek peer approval • Rapid social changes • Stress and anxiety • To relieve pain • To help stay awake when studying • Emotionally deprived and lonely • Frustrations • Rejection by parents	SLIDE 5.3-2

TALKING POINTS

- Peer pressure is when young people do something just because their friends are doing it. They feel like they do not want to be left behind and that they want to seek approval from their friends.
- Most young people in Malawi abuse drugs because they live in child headed families or they lack support from their parents. As such they feel to get solace in using and abusing illicit drugs and substances.

ACTIVITY 3.2 PLENARY DISCUSSION

Ask participants to comment on the reasons as to why young people abuse substances in your communities. Find out if this is rampant in their communities. Ask one volunteer to write additional reasons. Importantly these reasons should be kept somewhere so they could be referred to during session 7 when we will discuss prevention of substance abuse.

TIP FOR YOU
Note the reasons as to why young people abuse drugs. These reasons will help in formulating prevention strategies in session 7. Peer pressure is very common among young people and needs to get workable strategies from the participants.

20 min

Session 4: MYTHS AND MISCONCEPTIONS ON SUBSTANCE ABUSE

Session Aim

- To discuss myths and misconceptions on substance abuse

ACTIVITY 4.1: CASE SCENARIO

- Distribute case 1 on myths and misconceptions on drugs. Give three minutes for participants to read through the case.

CASE 1

Achitabwino is a form three boy at Madzi a bango Secondary school. He has two friends, Mphatso and Chizaso. Both Chizaso and Mphatso have girlfriends while Achitabwino does not. However, there is a certain girl in his class whom he thinks could be his girl. Her name is Temwa. Achitabwino is afraid of approaching Temwa to make a proposal. He has told his dear friends who are suggesting that Achitabwino should come with them at Mai Kucheza's place next week just before the disco so that they could drink some beer and smoke some weed.

They claim this would help Achitabwino to be courageous and have a good strategy to propose love to Temwa. They also tell Achitabwino that Temwa is a good looking girl who has to be satisfied in bed. As such the only way Temwa could be made happy is that her boyfriend should be someone who smokes weed and takes alcohol. They claim that they are able to satisfy their girlfriends when they are high.

Mphatso continues to tell his friends that Achitabwino should not be afraid since his father also drinks beer and smokes cigarettes. They claim that alcohol taking and smoking are hereditary and it is just a matter of time before Achitabwino starts drinking and smoking. Besides that, Chizaso claims that smoking weed/cigarettes and taking alcohol is not something that one should be ashamed of since it is what every modern guy is doing. They claim that this is also what is attracting good looking girls like Temwa to accept them as their boyfriends.

ACTIVITY 4.2: PLENARY SESSION

Ask participants to brainstorm on the case study. Let them point out what are the myths and misconceptions in the story. Let them also point out some myths and misconceptions on drugs that are prevalent in their area. Keep them so that they should be cross checked with the myths and misconceptions that you are going to present in the next activity.

ACTIVITY 4.3: MINI LECTURE

Talk on the slide on myths and misconceptions on drugs and substance abuse. Compare the myths on your slide and the ones presented by participants in activity 4.2. Show **(slide 5.4-1).** Refer the participants to **handout 5, section 4 on page 168** for more information in the session.

SLIDE 5.4-1

Item	Myth	Fact
1	Alcoholism is a disease that is difficult to cure	Alcoholism is a disease that responds to treatment, which includes eliminating all alcohol consumption and psychosocial counseling
2	Alcohol and chamba are the only drugs used by young people	Alcohol and chamba are not the only abused drugs in Malawi. Other drugs include tobacco, mandrax, glue, cocaine, heroin, petrol
3	Alcohol is not a drug. It is just an addictive substance	Alcohol is both a drug and an addictive substance. It affects the mind and body
4	Drinking alcohol among young people, is hereditary	Most young people are initiated into drug and alcohol use by their peers
5	Driving after using chamba is as dangerous as driving after drinking alcohol	Like alcohol, Chamba affects motor coordination, slows reflexes, and affects perception (the way we see and interpret events around us). All of these changes increase the likelihood of an accident while driving.
6	It is rare for a teenager to be alcoholic	Many youth abuse alcohol and many of them are addicted
7	Cigarette smoking is fashionable and not addictive	Cigarettes contain nicotine which is addictive. Cigarette smoking is harmful to your health. It has been found that smoking is associated with lung cancer. It is especially more dangerous for pregnant women to smoke because it affects the lungs and breathing of the fetus as well as the development of the brain.
8	Alcohol and drugs help young people handle their problems better	Alcohol and drugs make young people temporarily forget about their problem. Their problems do not however go away
9	Substances like glue (inhalants) are basically harmless even though adults make a big deal about them	Substances like glue or petrol can be extremely dangerous. Unlike most drugs, inhalants can cause permanent damage to organs like the liver or brain.
10	A cup of coffee and a cold shower will sober a drunk person	Drinking coffee and a cold shower will not sober a drunk person. One becomes sober with passage of time. It takes 1 hour for the liver to process one gram (1g) of pure alcohol
11	Alcohol is a sexual stimulant	Alcohol like cocaine and other drugs, can actually depress a persons sexual response. The drug may lessen inhibition with a sexual partner but it causes problems such as inability to have erection, loss of sexual feeling or inability to have an orgasm.
12	When people stop smoking cigarettes, they can not reverse some of the damage to the body.	If there is no permanent heart or lung damage, the body begins to heal itself when a person stops smoking.
13	Cigarette smoking every now and then is not harmful i.e once a week	As soon as people start smoking, they experience yellow staining of teeth, bad breath, and a shortness of breath that may affect their physical performance. Addiction to nicotine is very quick. People who smoke for any period of time have got a greater risk of cancer and other lung diseases, cancer of tongue and throat and heart diseases.
14	Chamba is not harmful it helps adolescents and young people to study, to remove shyness, to be strong/powerful and become intelligent	Chamba has long term effects such as decrease in motivation, memory loss, damage in coordination, impaired judgment, damage to the reproductive system and throat and lung irritation.

30 min

Session 5: MOST COMMONLY ABUSED SUBSTANCES AMONG YOUNG PEOPLE IN MALAWI

Session Aim

- To discuss most commonly abused substances in Malawi among young people

ACTIVITY 5.1: MINI LECTURE

Tell participants that you are now going to look at the most commonly abused substances amongst young people in Malawi and their effects.

SLIDE 5.5-1

Drug and substance	Explanatory notes	Effects
Alcohol	• Alcohol is a depressant drug with the potential to destroy health if taken in excess • Commonly abused substance among adolescents and young people in Malawi	• Euphoria (exaggerated feeling of wellbeing) • Intoxication • Ataxia (staggering gait) • Over consumption causes death, beat ups in homes, unplanned sexual encounters • Causes inflammation of the liver (liver cirrhosis) • It drains more money from the individual and family • Speech is slurred • The mind tends to be clouded i.e ones ability to perform tasks is reduced • Could lead to head trauma • Nutritional deficiency
Cigarettes	• Mostly used by young people • Tobacco contains nicotine, a drug that is more addictive. Nicotine is a tranquilizer and is found in cigarettes	• If used over a long period of time it causes lung cancer and heart attacks
Chamba (Marijuana, fodya wamkulu, Malawi Gold, Ganja, Jah, fodya wamkulu, Nanzi, Weed).	• It is a dried plant material from a plant called cannabis sativa. • It is known with different names among young people in various parts of the country. • It is popularly known as	• Irritation of throat • Dryness of the mouth • Blood shot eyes • Increased appetite for food • Drowsiness • Disruption of thought and speech • Addictions • Untidiness • Knee jerk reflex
Sedatives (sleeping drugs)	• Commonly referred to as sleeping tablets that are manufactured for medical use • Meant to reduce tension and anxiety and induce sleep • Mostly sold at the black market	• Ability to trigger suicidal thoughts • Increase in dosage would result in overdependence

TALKING POINTS

- Alcohol is the commonly abused substance amongst young people in Malawi
- Euphoria is an exaggerated feeling of wellbeing that comes after one has been intoxicated
- Alcohol also drains money from the individual and the family
- Tobacco contains an addictive drug called Nicotine. It can cause lung cancer if used for a long time
- Chamba, a dried plant material from a plant called Cannabis sativa is known with different names in Malawi.
- Chamba increases appetite for food and disruption of thought and speech.
- Sedatives commonly referred to as sleeping tablets are meant to reduce tension and anxiety and induce sleep. Increase in dosage would result in overdependence.

ACTIVITY 5.2: PLENARY DISCUSSION

After the presentations allow the participants to make comments. Lead your participants to give their personal experiences and what is happening in their communities. Find out during the plenary what are the most common abused substances among young people in your area and what names do they call them. Use a flip chart and write them on the board.

30min

Session 6: CONSEQUENCES OF SUBSTANCE ABUSE

Aim of Session

The aim of this session is to discuss the consequences of substance abuse among young people.

ACTIVITY 6.1 BRAINSTORMING

Ask the participants to brainstorm what they think are the consequences of substance abuse.

Ask them to write the consequences on the flip chart.

As they write allow them to discuss the consequences as they will feed into the mini lecture summarizing the consequences.

What are consequences of substance abuse among young people?	**Flipchart 5.6-1**

ACTIVITY 6.2 MINI LECTURE

Summarize the consequences with a mini lecture from slide 5.6-1

• Leads to casual sex and rape which will lead to contracting STI`s, HIV, and getting unplanned pregnancy • Mental illness • Drop out of school • Loss of memory • Loss of motivation • Leads to poverty • Youth become less productive • Makes one live a world of fantasy	**SLIDE 5.6-1**

TALKING POINTS

- Substance abuse is one of the leading causes of mental illness and disorders among young people
- When young people get intoxicated with drugs i.e alcohol which is a depressant, thinking capacity of a person is affected such that they do things without thinking properly and as a result they would have sex with someone without protection and regret that when they sober up

- Alcohol addiction is very easy. Because of this, many young people would want to be taking the drug now and again. As such it depletes their financial resources making them less productive and live in poverty.

40min

Session 7: PREVENTION OF SUBSTANCE ABUSE

Aim of the Session

- To discuss prevention strategies of substance abuse among young people

ACTIVITY 7.1 INDIVIDUAL WORK

Ask each participant to write 3 strategies that has worked very well in preventing substance abuse among young people.

Give them idea cards so that they can write their strategies on the idea cards

Allow for 15 minutes for this activity. After this activity, ask two participants and do the role play **in handout 6, annex 5-2, page 174.**

What are the workable strategies you have used/ know in prevention of substance abuse among young people?	FLIPCHART 5.7-1

After the exercise ask the participants to pin their ideas on the boards and go through them one by one.

ACTIVITY 7-2 MINI LECTURE

In consolidating the discussion above, tell participants that we are going to look at some of the strategies that have worked in preventing substance abuse among young people. Show slide 5.7-1. Refer participants to **handout 5, section page 170.**

Strategies in prevention of substance abuse • Engagement and role of young people • Engagement of guardians and parents • Information, Education and Communication • Life skills • Community mobilisation • Guidance and Counselling • Policy advocacy, and strengthening of ban on young people in purchasing drugs i.e Chamba, alcohol, cigarettes	SLIDE 5.7-1

TALIKING POINTS

- It is very important that young people realizes that they need to take a leading role in discussing use of harmful substances with their peers as it directly affects their wellbeing. Parents and guardians are one of the preferred sources of information and hence need to take advantage of this comparative advantage to provide counselling and information to young people.
- Young people need to understand the dangers of the substances they are abusing if they are to make decisions to change their behaviours. This is why correct IEC materials on substance abuse need to be readily available.
- The community is also supposed to report to relevant authorities i.e police, of people that are promoting use of harmful substances among young people. Providing correct information on the available harmful substances in each community, their consequences if they are abused by young people, will ensure that the community takes a leading role in safeguarding and preventing young people to use these harmful substances.
- Life skills will strengthen capacity of adolescents and young people in learning how best to stand peer pressure, be assertive, make informed choices so that they are not easily coerced to in using harmful substances
- Guidance and Counselling of young people is one of the lacking strategies that needs to be strengthened to help young people who are using drugs realise the far reaching consequences.
- Policy strengthening needs to be advocating in banning young people access drugs i.e by banning under aged buy alcohol, cigarettes and also enter clubs and bars.

TIP FOR YOU
It is very important to emphasize that these strategies can not work in isolation and there is need to use these strategies together. Other strategies that have also worked somewhere but do not appear here should be included in programming of prevention of substance abuse.

10 min

Session 8: UNIT REVIEW

ACTIVITY 8.1 SPOT CHECKS

Go through the spot checks that the participants wrote at the beginning of the session and check with them what they wrote. Ask them to make corrections and additions to their texts.

ACTIVITY 8.2 WRAP UP WITH UNIT OBJECTIVES

Go through the slide of unit objectives at the end of the session so that you ascertain that participants got all the objectives. Don not start teaching again.

Unit objectives	SLIDE 5.1-1
• Definition of substance abuse • Scope of substance abuse in Malawi among young people • Myths and misconceptions on substance abuse • Most commonly abused substances in Malawi • Consequences of substance abuse among young people • Prevention of substance	

Facilitators guide for

Unit 6

Mental health and young people

Unit 6: MENTAL HEALTH AND YOUNG PEOPLE

Sessions and activities	Page	Time	Materials &resources
Session 1: UNIT INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	192	5min	Slide 6.1-1
Session 2: DEFINITION OF MENTAL HEALTH ACTIVITY 2.1 Mini lecture *Definition of mental health* ACTIVITY 2.2 Plenary discussion	193	10min	Slide 6.2-1
Session 3: WHY IS MENTAL HEALTH OF PARTICULAR IMPORTANCE AMONG YOUNG PEOPLE ACTIVITY 3.1 Brainstorming *Why is mental health of particular importance among young people* ACTIVITY 3.2 Plenary discussion	194	35min	Flipcharts 6.3-1
Session 4: CONSEQUENCES OF POOR MENTAL HEALTH ACTIVITY 4.1 Mini lecture *Consequences of poor mental health* ACTIVITY 4.2 Group Discussions ACTIVITY 4.3 Plenary discussions	196	40min	Slide 6.4-1
Session 5: PROMOTING MENTAL HEALTH AMONG YOUNG PEOPLE ACTIVITY 5.1 Group Discussions *What workable strategies can we use in our communities to promote mental health among young people* ACTIVITY 5.2 Plenary discussion ACTIVITY 5.3: Mini Lecture	198	55min	Slide 6.6-1
Session 6: UNIT REVIEW ACTIVITY 6.1 Spot checks ACTIVITY 6.2 Wrap up with unit objectives	202	10min	Slide 6.1-1
		155min	

5 min

Session 1: UNIT INTRODUCTION

Aim of the session

- The aim of this session is to provide an overview of the unit including the objectives

ACTIVITY 1.1 UNIT OBJECTIVES

Welcome the participants to the session and highlight the unit objectives on the topic mental health and young people using slide 6.1-1.

Unit objectives	SLIDE 6.1-1
• Definition of mental health • Why mental health is of particular importance among young people • Consequences of poor mental health • What mental health services are available for young people • Promoting mental health among young people	

10 min

Session 2: DEFINITION OF MENTAL HEALTH

Aim of the session

- To explain the definition of mental health

ACTIVITY 2-1 MINI LECTURE

Start by telling participants that all of us to be here is because we are mentally healthy. WHO says that `**THERE IS NO HEALTH WITHOUT MENTAL HEALTH`.**

If one is mentally unwell it means that there is nothing they can do that could make sense among their colleagues.

Mental health is very vital for our survival as we use our brains everyday to think abstractly.

In defining mental health show slide 6.2-1

Definition of mental health	SLIDE 6.2-1
• Mental health is an essential dimension in the definition of health according to WHO • Mental health can be conceptualized as a state of well being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work fruitfully and is able to make a contribution to his or her community. • It also relates to a persons ability to manage and cope with feelings that may arise as a result of their understanding or experience of social, physical or psychological events.	

ACTIVITY 2-2 **PLENARY DISCUSSION**

Allow participants to comment on the definitions. Invite questions and comments and write key important elements on flip chart.

20 min

Session 3: WHY IS MENTAL HEALTH OF PARTICULAR IMPORTANCE AMONG YOUNG PEOPLE

Aim of the session

- To brainstorm the importance of mental health among young people.

ACTIVITIES 3-1 BUZZ GROUPS

Divide the participants into groups of 3 and ask them to brainstorm the topic on flip chart 6.3-1. Refer the participants after the discussion to **handout 6, section 2, page 177.**

Give the participants at least 10 minutes.

Ask them to use idea cards and make presentations.

Why is mental health of particular importance among young people?	**FLIPCHART 6.3-1**

ACIVITY 3-2 PLENARY DISCUSSION

Ask the participants to share their discussions during plenary. As the groups are presenting, ask one participant or yourself to take down important points. As the groups are presenting ask them to provide explanations for their points so that others understands. If questions are raised and the participants do not have an answer, make sure you provide a response to their questions and comments. Consolidate the session by looking at factors that influence mental health.

Wrap up the session by referring the participants to the handout and highlighting key points that came up during the discussions.

FACTORS THAT INFLUENCE MENTAL HEALTH

BRAINSTORMING

Allow what are the influencing factors to mental health. Use flipchart 6.3-2.

TALKING POINTS

Physical factors
There are some physical conditions that can affect a persons physical capacity to manage everyday life. These conditions would lead to a young person being unable to act as normal persons. The conditions include brain injury or trauma, accident, birth injury or developmental disorders.

Psychological factors
Young people in their lifetime will experience difficult life events that leaves them less resilient and psychologically defeated. The events are so traumatic that they feel they are incapable of handling the events and they become compromised. As such the consequences of these events causes a negative thought pattern that leaves them with distressing thoughts and feelings leading to mental ill health.

Social factors
Social problems especially those that cause stress, are recognized as a cause of mental ill health. Poverty, failure in schools, abuse, unemployment, violence, high incidence of HIV, substance abuse are among some social problems that can negatively affect peoples emotional well-being.

20 min

Session 4: CONSEQUENCES OF POOR MENTAL HEALTH

ACTIVITY 4.1 MINI LECTURE

Start by explaining that poor mental health will likely lead to mental illness and disorder among young people. However we need to know what consequences will probably arise if we do not comprehensively address mental health needs of young people in our communities. Start with slide 6.4-1.

• ***Anxiety and Stress*** • ***Depression*** • ***Deliberate self harm*** • ***Eating disorders*** • ***Obsessive Compulsive Behaviours*** • ***Psychosis***	**SLIDE 6.4-1**

TALKING POINTS

- Young people experience ***anxiety and stress*** due to challenges they meet everyday. Signs of anxiety and stress includes, feeling of sad and low, loss of appetite, difficult in sleeping, being fearful, tense or panicky. Others will experience frequent urination.

- ***Depression*** is characterised by a feeling of low mood, loss of interest or pleasure, feeling sad or empty, experiencing a marked decrease or increase in appetite, difficulty in sleeping or oversleeping, loss of energy or tiredness, feelings of worthlessness or guilt, difficulties in concentrating or thinking and recurrent thoughts of death.

- ***Deliberate self harm*** among young people will result when they feel completely lost and see no any meaning of life or to live. They fail to imagine how best they can move out of the negative or unpleasant situation they are.

- ***Eating disorders*** will result due to depression, stress, anxiety and other mental disorders. However Anorexia Nervosa and Bulimia Nervosa are the most common eating disorders.

- ***Obsessive Compulsive Behaviors*** is when people have thoughts and ideas that keep coming into their mind which can either feel silly or scary. This is said to be obsession. However a person with obsessive thoughts who responds to these with the ritual of carrying out specific compulsive acts could be suffering from an Obssesive Compulsive Behiviour.

- ***Psychosis*** is best described with symptoms. The clarity with which you can hear that person's voice is exactly what people with psychosis can often experience, except no one is actually talking to them - the voices are in their head. Such a symptom is known as an 'auditory hallucination'. Psychosis can cause other symptoms, such as 'visual' hallucinations. This can result in people 'seeing' things that are not really there. These hallucinations can lead to a person responding to the voices they hear or visual images they see.

Ask the participants to read through **handout 6, section 3 page 179** for further information on the consequences of poor mental health.

40 min

Session 6: PROMOTING MENTAL HEALTH AMONG YOUNG PEOPLE

Aim of Session

- To discuss strategies on how we can promote mental health among young people

ACTIVITY 6.1 GROUP DISCUSSIONS

Divide the participants into groups of 5 and let them discuss the topic on slide 6.6-1.

Allocate 10 min for participants to discuss this.

Ask them to write their responses on a flip chart. Supplement this information by referring the participants to **handout 6, section 4 page 181.**

What are the strategies that are being used in your area to promote mental health among adolescents and young people?	**SLIDE 6.6-1**

ACTIVITY 6.2 PLENARY DISCUSSION

After the group discussions allow the participants to make presentations. Allocate 3 minutes to each presentation. Note comments and questions coming from the participants. You may not want to comment much on this discussion as you will be wrapping up the session with a mini lecture.

ACTIVITY 6.3 MINI LECTURE

Now that we have discussed and participants have given out their strategies on promoting mental health among young people, you need to wrap up the session with the lecture. Use slide 6.3

Low cost, high impact evidence-based interventions to promote mental health include:

- Early childhood interventions (e.g. home visiting for pregnant women, pre-school psycho-social interventions, combined nutritional and psycho-social interventions in disadvantaged populations).
- ***Support to children (e.g. skills building programmes, child and youth development programmes)***
- Socio-economic empowerment of women (e.g. improving access to education, microcredit schemes)
- Social support to old age populations (e.g. befriending initiatives, community and day centres for the aged);
- Programmes targeted at vulnerable groups, including minorities, indigenous people, migrants and people affected by conflicts and disasters (e.g. psycho-social interventions after disasters);
- ***Mental health promotion activities in schools (e.g. programs supporting ecological changes in schools, child-friendly schools***)
- ***Mental health interventions at work (e.g. stress prevention programmes)***
- Housing policies (e.g. housing improvement)
- ***Violence prevention programmes (e.g. community policing initiatives); and***
- Community development programmes (e.g. 'Communities That Care' initiatives, integrated rural development)

Adapted from WHO

SLIDE 6.3-2

TALKING POINTS

- The low cost, high impact evidence- based interventions are not very clear strategies used in Malawi. Most of the interventions are done haphazardly and not systematic and such this pose a challenge in promotion of mental health.
- Early childhood interventions need to start in early childhood i.e in primary schools. This could also be through women of child bearing age. Home visiting efforts to pregnant women should go a long way in challenging mental illness among adolescents.
- Mental health programs in schools can be easily implemented. Availability of sporting facilities for example is a good strategy in a school being child friendly. Training teachers in counseling and guidance while reducing risk of sexual relationships with between teacher- pupil would help in promoting mental health among the pupils.
- The violence prevention programs (community policing) that Malawi has at the moment is receiving good support. However such programs needs to be owned by the community and strengthened.

8 critical elements in promoting mental health among adolescents and young people	SLIDE 6.3-3
1. Power of communication 2. Holding boundaries 3. Asking boundaries 4. Emotional literacy 5. Exploring options vs giving advice 6. Challenging 7. Knowing your limitations 8. Giving constructive criticisms	

TALKING POINTS

- Communication is a very powerful tool in maintain health and promoting good mental health among adolescents and young people. Young people are very sensitive on how we communicate with them and if they notice that our tone is not supportive, it's very easy for them to deviate and look for support elsewhere.

- Parents, peers, professionals can help to promote positive mental health in young people simply by communicating the limits, consequences of breaking them and communicating risks that could follow hence holding boundaries.

- Asking questions is an art and it needs to be done with utmost care. How people, parents and other professionals ask questions can make young people feel threatened or secure.

- Parents in Malawi need to improve their communication with their children so that they help them appreciate who they are hence they could be able to manage their emotions.

- Giving advice and exploring options together with the young person are critical elements in empowering young people to make their own decisions. Often parents, guardians feel that they need to give advice so that they can help the young person to make a decision.

- Positively challenging young people on their views or beliefs, using empathy and open questions will enable them to have a clearer picture of a particular situation and think life positively.

- Communicating to young people the limitation of the support they can give them, encourages them to take their own responsibility. The realization that its not their parents, guardians, who have to make decision for them all the times, helps them to be on the guard.

- Positive criticisms are very important as they put people and even young people on guard on what they say to others. Positive criticisms makes young people grow and will take the criticisms positively if they are meant on good purpose.

10 min

Session 7: UNIT REVIEW

Aim of Session

- To review the session on mental health and young people

ACTIVITY 7.1 SPOT CHECKS

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Refer to **handout 6, spot checks**, **annex 6-1, page 186** you gave to participants at the beginning of this unit. Go through the handout and ask participants to look at what they wrote. Ask them to compare their responses with what they wrote. Allow them to make changes and discuss some of the concerns they came up with.

ACTIVITY 7.2 WRAP UP

Display unit objectives and refer to the unit slide 6.1-1 objective and go through them and make sure that the objectives were met. If there are no questions, ask participants to clap hands for themselves and close the unit.

Unit objectives	SLIDE 6.1-1
• Definition of mental health • Why mental health is of particular importance among young people • Consequences of poor mental health • What mental health services are available for young people • Promoting mental health among young people	

Facilitator guidelines for

Unit 7

Providing young people with the health services they need

UNIT 7: PROVIDING THE YOUTH WITH THE HEALTH SERVICES THEY NEED

Session and activities	Page	Time	Materials and resources
Session 1: UNIT INTRODUCTION ACTIVITY 1.1 Mini lecture *Unit objectives*	206	5min	Handout for unit 7 Slides 7.1
Session 2: DIFFERENT PERSPECTIVES ON MAKING IT EASIER FOR YOUNG PEOPLE TO GET THE HEALTH SERVICES THEY NEED ACTIVITY 2.1 Group work *Different perspectives on making health services available to young people* ACTIVITY 2.2 Plenary feedback and discussion	208	30 min	Flipchart 7.1, 7-2, 7-3, 7-.4
Session 3: BARRIERS TO THE PROVISION AND UTILISATION OF HEALTH SERVICES ACTIVITY 3.1 Brainstorming *Barriers to providing health services to young people* ACTIVITY 3.2 Plenary discussion ACTIVITY 3.3 Group work *Case study on barriers*	210	45 min	Flipchart 7-5
Session 4: MEANING OF YOUTH FRIENDLY HEALTH SERVICES ACTIVITY 4.1 Buzz group *Meaning of YFHS* ACTIVITY 4.2 Mini Lecturer ACTIVITY 4.3 Group work *Role plays* ACTIVITY 4.4 Plenary feedback and discussion ACTIVITY 4.5 MINI LECTURE "*How are services best delivered to young people?* ACTIVITY 4.6 GROUP WORK *Making health services youth friendly.*	212	45 min	
Session 5: THE MALAWI YOUTH FRIENDLY HEALTH STANDARDS ACTIVITY 5.1 Mini lecture *Malawi YFHS* ACTIVITY 5.2 Group work *Discussion of YFHS standards* ACTIVITY 5.3 Plenary feedback and discussion ACTIVITY 5.4 Mini lecture *Minimum standards for YFHS*	215	50 min	MYFHS standards Slide 7.5-1 to 7.5-5

Session 6: SERVICE DELIVERY POINTS FOR YOUTH FRIENDLY HEALTH SERVICES ACTIVITY 6.1 Brain storming *Service delivery points for YFHS* ACTIVITY 6.2 Plenary feedback and discussions *Advantages and disadvantages of each SDP*	219	20 min	Flipchart 7-6, 7-7
Session 7: HOW SERVICES CAN BEST BE DELIVERED TO YOUNG PEOPLE ACTIVITY 7.1 Buzz group *Different approaches to making services available to young people* ACTIVITY 7.2 Mini lecture *Approaches to making YFHS accessible* ACTIVITY 7.3 Group discussion *Advantages and disadvantages of each approach* ACTIVITY 7.4 Plenary feedback and discussion	221	30	Slide 7.7-1
Session 8 : INITIATION OF YFHS ACTIVITY 8-1 Individual exercise *Personal plans on intended changes to own work* ACTIVITY8-2 Plenary discussion *Proposed changes to own work* ACTIVITY 8.3 Individual exercise *Anticipated problems in implementing changes* ACTIVITY 8.4 Plenary discussion	223	60 min	Slides 7.8-1, 7.8-2, 7.8-3, 7.8-4
Reminders and closures		10 min	
		350	

5min

Session 1: Unit Introduction

Purpose of the unit

The purpose of this unit is to help service providers to examine what makes it difficult for young people to access the health services they need and to consider what needs to be done to provide young people with the health services they need

ACTIVITY 1 UNIT OBJECTIVES

Begin by welcoming participants to this unit

Display the unit purpose and objectives and take the participants through each objective in turn (**Slide 7.1-1**)

Unit objectives	SLIDE 7.1-1
• To describe how young people typically view health service providers and health services • To describe perspectives of adult gate keepers on efforts to make it easier for young people to get the health services they need. • To discuss YFHS and its characteristics • To discuss the minimum package of YFHS • To describe various service delivery points for provision of YFHS • To identify the barriers to provision and utilization of health services by young people and how they can be overcome • To discuss approaches to make good quality health services widely available and accessible to the young people • To describe the process of initiating a YFHS • To develop an action plan for implementation of YFHS	

Talking points

In the Training Programme, the term ***health services*** refers to a clinical service, which often includes some information provision and advice, and is aimed at preventing health problems, and detecting and treating them if and when they arise. The term ***health facility*** refers to a recognized institution that provides health services, ranging from small clinics providing a limited range of primary level services, to large hospital complexes providing a range of tertiary-level health and social services.

The term ***gatekeepers*** includes both those who interface with young people on a regular basis, such as their parents, teachers and youth leaders, and those who do not, such as policy-makers and administrators. Identifying and working with these ***gatekeepers*** is an essential part of any public health initiative, especially those that address young people.

The purpose of this unit is to help you to examine what makes it difficult for young people to get the health services they need, and then to consider what actions you could take to make the existing health facilities in your community more youth-friendly than they currently are. Obviously, some people are in a greater position of authority than others, but every one of us can do something meaningful.

30 min

Session 2: DIFFERENT PERSPECTIVES ON HEALTH SERVICES AND HOW TO MAKE IT EASIER FOR YOUNG PEOPLE TO GET THEM.

Aim of the session

- To explore the perspectives of the following stakeholders on the provision of health services to young people: young people themselves, service providers and other adult gatekeepers

ACTIVITY 2-1 GROUP WORK

Assign participants into three groups putting young people into one group and dividing the rest of the group into two groups. Pin up **Flipcharts 7-1 to 7-3**. Assign question on flip chart 7-1 to the group of young people.

Tell the participants that they have 15 minutes to discuss the question and that each group will have three minutes to present their responses to the question in plenary.

Ask participants to put their response on VIPP cards or flip charts

What do young people typically seek from health care providers or facilities in order to stay well and when they are ill	FLIPCHART 7-1

How do young people typically view health service providers and health facilities	FLIPCHART 7.2

What are the perspectives of some key gate keepers on young people accessing health services and how to make it easier for young people to access the services?	**FLIPCHART 7-3**

TIP FOR YOU
If using VIPP cards, assign different colours to each question. Help group three to select appropriate gatekeepers like parents, teachers, youth group leaders, religious leaders and local Government leaders

ACTIVITY 2-2 PLENARY FEEDBACK AND DISCUSSION

Invite each group to present its findings and encourage all the participants to respond to any questions or issues raised by the other groups.

Summarise key issues arising from the discussion

Bring out the following two issues – if they have not been raised spontaneously – and encourage some reflection and discussion:

- Are the view points of parents (and other gatekeepers) different in regard to male and female young people (and if so how and why)
- As health service providers, we have an important role to play in ensuring the health and development of young people; in addition, those of us who are parents (of young people) have an important role to play in their health and development. How do these roles relate to each other and how does this affect the way we deal with young clients?

45 min

Session 3: BARRIERS TO PROVISION AND UTILIZATION OF HEALTH SERVICES BY YOUNG PEOPLE

Aim of the session

- To identify the important barriers to provision and utilization of health services by young people

ACTIVITY 3–1 BRAINSTORMING

Put up the following questions on a **Flip chart 7-4** and read the question on it.

What are the barriers to: • *The provision of health services to young people?* • *The utilisation of health services by young people?*	FLIPCHART 7.4

Explain to the participants that you want them to identify what they believe are important factors that act as barriers to health service provision and utilization by young people.

Ask participants to write down their responses on VIPP cards (Suggest three ideas from each person with one idea per card).

Give them five minutes for individual reflection and then go round the room asking for the cards and put them on the flip chart or board.

ACTIVITY 3–2 **PLENARY DISCUSSIONS**

Once all the suggested barriers are put up it will be apparent that they can be categorized in certain ways. You can use four categories of barriers

- Personal/Youth
- Interpersonal/service provider
- Institutional/service delivery point
- Others

Use the categories listed above and then work with them to decide to which category each barrier belongs.

Bring up the following issues – if they have not been raised spontaneously – and encourage some reflection and discussion on them:

- Do laws and policies restrict the provision of certain health services to individuals (based on considerations of age or marital status)?
- Do concerns about confidentiality hinder young people to utilize health services?
- Does the tension between the rights of parents to know about the health problems of their adolescents, and the rights of adolescents to privacy, hinder the ability of adolescents to utilize health services?
- Are the barriers that have been identified the same for all adolescents, or are they different for some categories of adolescents (based, for instance, on gender or socioeconomic status)?

ACTIVITY 3-3 GROUP WORK

Distribute case studies 1, in Annex 7-2 on page 210.

Ask the participants to read the case studies and identify barriers from the case study and list the responses on flip charts.

Point out to the participants that not all barriers are present at every service delivery point. Different SDPs have different barriers and it is crucial that service providers have the skills and knowledge on how to overcome these barriers.

Summarize the session using information from the **Handout 7, Section 4, page 195** ***entitled 'Do existing health services meet the needs of adolescents?'***

45min

Session 4: MEANING OF YOUTH FRIENDLY HEALTH SERVICES

Aim of the session

- To present the characteristics of youth –friendly health services
- To describe noteworthy approaches to making health services more youth friendly

ACTIVITIES 4.1 BUZZ SESSION

Ask participants to brainstorm what they understand by the term youth friendly health services. Summarise by putting up this a flip chart displaying the following definition of Youth Friendly Health Service:

CHARACTERISTICS OF YOUTH FRIENDLY HEALTH SERVICES	FLIPCHART 7-4
Youth Friendly Health Services are high quality services that are relevant, accessible, attractive, affordable, appropriate and acceptable to the young people. ***The services are provided in line with the minimum health package and aims to increase acceptability and use of health services by young people***	

ACTIVITY 4.2 MINI LECTURE

Explain that that you will give a lecture on "*what makes health services youth friendly?*" Using the information in the **Handout 7, Section 5 page 198**.

Present a summary of the characteristics to the participants as listed below

CHARACTERISTICS OF YOUTH FRIENDLY HEALTH SERVICES	FLIPCHART 7-5
• Youth friendly policies • Youth friendly procedures • Youth friendly health service providers • Youth friendly support staff • Youth friendly health facilities • Youth involvement • Community involvement and dialogue • Community based, outreach and peer-to-peer services to increase coverage and accessibility • Appropriate and comprehensive services • Effective health services for adolescents • Efficient services	

ACTIVITY 4.3 GROUP WORK

Divide the participants into groups.

Ask the groups to go over the list and consider which of the characteristics they believe are relevant to their settings/context and which ones are not. Ask them to also give their reasons for this. Allow 15 minutes for this activity.

ACTIVITY 4.4 PLENARY FEEDBACK AND DISCUSSION

After 15 minutes bring the groups together in plenary. Taking one category of characteristics at a time, ask one of the groups to share their collective decision on its relevance/appropriateness. Ask other groups not to repeat points that have already been made in their contributions. For the next category, give another group a chance to go first and so on.

ACTIVITY 4.5 MINI LECTURE

Once all the categories of characteristics have been covered, explain to the participants that you will give a lecture on "*How are services best delivered to young people?*". Use the information in the **Handout 7** from **Section 6 page 203,** and summarize using the information from **Flip chart 7-6** below.

MODELS FOR THE PROVISION OF YOUTH FRIENDLY HEALTH SERVICES	FLIPCHART 7-6
• Services at health centers and hospitals • Services located at other kinds of centers • Outreach services • Health services linked to schools and workplaces.	

Summarize the activity by opening up a discussion. Encourage them to share information on local initiatives which they are aware of and any information that the facilitator has gathered.

ACTIVITY 4.6 GROUP WORK

Ask participants to read the case scenarios and then ask for volunteers to role play **Case studies 2 and 3 in annex 7-2 of Handout 7 page 210.**

Allow participants 10 minutes to prepare for the role play. Ask participants to report back in plenary to role play for 20 minutes.

Facilitate the discussion on role plays and summarise the session. Direct the discussion to ensure that participants identify some of the characteristics that were friendly or unfriendly to the young people basing on the list that was provided in handout earlier.

To conclude the session stress that there is no single or simple solution to making health services youth friendly.

50 min

Session 5: THE MALAWI YOUTH FRIENDLY HEALTH STANDARDS

Aim of the session

To provide the rationale and application of the Malawi Youth Friendly Health standards

Activity 5.1 MINI LECTURE

TIP FOR YOU
This could be given by a guest presenter if available.

Explain that you will now briefly explain the rationale of the Malawi Youth Friendly Health Service Standards focusing on the following areas using slide 7.5-1 and 7.5-2 :.

- Why the standards were developed
- What are the standards
- Who are the standards meant for
- How the standards will be applied

Briefly read aloud the rationale for the MYFHS. Then go over each of the standards in the next slide. Inform participants that they will now go into group work where each of the standards will be discussed in detail.

RATIONALE OF THE MYFHS	SLIDE 7.5-1
The guiding principles of the Standards are based on the "***Young People's Health Strategy and Implementation Framework***" developed by the Ministry of Health. Key principles include: • Active participation of young people in the planning, implementation and monitoring of health services according to their level of capacity • Provision of services based on the development and health needs of young people • Community participation in activities and services availed • Provision of YFHS by trained health worker and community volunteers • Certification of all facilities providing YFHS	

THE STANDARDS FOR EFFECTIVE YFHS	SLIDE 7.6-2

- Health services are provided to young people according to existing policies, procedures and guidelines at all service delivery points
- Young people are able to obtain health services that include preventive, promotive, curative and rehabilitative health services appropriate to their needs.
- All young people are able to obtain health information (including SRH and HIV) relevant to their needs, circumstances and stage of development
- Service providers in all delivery points have the required knowledge, skills and positive attitudes to effectively provide YFHS
- Health information related to YP is collected, analysed and utilised in decision making at all levels

ACTIVITY 5.2 GROUP WORK

Divide the participants into five groups. Assign one standard to each group and ask them to look up section 7 of handout 7 on page 206 where the standards are described in detail. Ask each group to read and discuss the standard paying attention to the following questions.

- What is the standard
- Why the standards were developed
- Who are the standards meant for
- How the standard will be applied

Inform them that they will come back and present in plenary. Offer them different approaches for the plenary discussion and review. Explain that they could give a mini lecture or conduct a plenary discussion

ACTIVITY 5.3 PLENARY FEEDBACK AND DISCUSSIONS

After 15 minutes bring the groups together in plenary. Taking one standard at a time, ask one of the groups to share their discussion with the whole group. Ask the other participants to give comments and ask questions. Repeat the process until all the standards are covered.

Once all the standards have been discussed, remind the participants to read the standards in detail. Provide a copy of the YFHS standards to the participants.

Activity 5.4 MINI LECTURE

Explain that you will now have a discussion on the Minimum Package of YFHS. Take participants through the following slides (Put up **Slides 7.5-3 to 7.5-6**)

CLINICAL SERVICE DELIVERY PACKAGE AT COMMUNITY LEVEL	SLIDE 7.6-3
• Contraceptive services including condoms • HIV testing and counselling • Referral to health facility or other service delivery points	

CLINICAL SERVICE DELIVERY PACKAGE AT HC LEVEL	SLIDE 7.6-4
• Contraceptive services including condoms • Prevention, Diagnosis and Management of Sexually Transmitted Infections • Ante-natal, delivery and post natal care services • Prevention of Mother to Child Transmission of HIV (PMTCT) • HIV testing and counselling • Treatment of sexual abuse victims • Referral to hospitals other service delivery points.	

CLINICAL SERVICE DELIVERY PACKAGE AT HOSPITAL LEVEL	SLIDE 7.6-5
• Post Abortion Care • Contraceptive services including condoms • Prevention, Diagnosis and Management of Sexually Transmitted Infections • Ante-natal, delivery and post natal care services • Prevention of Mother to Child Transmission of HIV (PMTCT) • HIV testing and counselling • Treatment of sexual abuse victims. • Referral to other service delivery points	

HEALTH PROMOTION AND COUNSELLING DURING SERVICE DELIVERY AT ALL LEVELS	SLIDE 7.5-6
• Sexually transmitted infections (STIs) • Family planning • Psychosocial support • Substance abuse • Mental health • Nutrition • HIV and AIDS • Sexual Abuse • Maternal health care • Adolescent growth and development.	

Conclude the session by stressing the fact that each service delivery point to be youth friendly needs to offer the minimum package as indicated above.

Facilitator concludes by pointing out that the minimum package for YFHS is the combination of clinical services and health promotion interventions provided for addressing the health needs of young people. There are 3 areas of emphasis in the minimum package for Malawi:

- Health promotion
- Delivery of Health Services
- Referral and follow up

20 min

Session 6: SERVICE DELIVERY POINTS FOR YFHS

Aim of the session

- To describe various service delivery points for provision of YFHS
- To discuss advantages and disadvantages of each service delivery point (SDP)

ACTIVITY 6 – 1 BRAINSTORMING

Ask participants to brain storm on various SDPs where young people can access and utilize health services. Do this by posing the question on flipchart 4-6

Ask the participants to put the responses on VIPP cards. Ask the participants to put their ideas on colored cards or on a flipchart. If using flipcharts ask one volunteer to record the responses on a flipchart.

SERVICE DELIVERY POINTS FOR YOUTH FRIENDLY HEALTH SERVICES	FLIPCHART 7-6
• What are the available service delivery points for YFHS in your area? • What are the advantages and disadvantages of each of the service delivery points?	

ACTIVITY 6-2 PLENARY FEEDBACK AND DICUSSIONS

Once the suggestions have been given, go over each of the suggested service delivery point and discuss the advantages and disadvantages of the SDP.

Allow 15 minutes for the discussion then summarize by highlighting the key points from the discussion as indicated in the following flipchart.

Services at health centres or hospitals

- Hospital or clinic based services can become more youth -friendly;

Services located at other kinds of centre

- Community settings include services provided at community or youth centres, in shopping centres

Outreach services

- Outreach services are needed in cities to contact young people who do not attend clinics and those, like street children, who are marginalized
- Outreach services in rural areas can be devised to reach young people living in isolated communities

Health services linked to schools

- Schools offer a critical entry point to bring services to young people who are in school

Health services linked to workplaces

- Young workers, including adolescents, can be reached with health education or screening services targeted on the workplace;

Services can be located anywhere where young people go – no single setting should become the only model.

FLIPCHART 7-7

30 min

Session 7: HOW SERVICES CAN BEST BE DELIVERED TO YOUNG PEOPLE

Aim of the session

- To describe approaches to make good quality health services more widely available and accessible to the young people
- To identify advantages and disadvantages of each approach

ACTIVITIES 7.1 BUZZ GROUP

Ask participants to be in buzz groups of three and let them brainstorm on different approaches that make health services widely available and accessible to young people. Put the responses on a VIPP card or flip chart.

Let each group report their responses in a brief plenary discussion. Ask one participant to record the responses on a flipchart.

ACTIVITY 7.2 MINI LECTURE

Display **Slide 4.7-1** on service delivery approaches.

Approaches to making services accessible to young people • Setting a special day • Setting special times • Special room for young people or a youth corner • Outreach clinic	SLIDE 7.7-1

Talking points

1. Setting a special day

A special day can be set at a facility for young people to come and access particular services they require. Young people should know the day and the community at large should also know the day to ensure that they access the services. The day should be convenient to young people

2. Setting special times

The SDP can set aside special time for young people to access services. Usually afternoon hours are recommended to allow those young people who go to school have the opportunity to access required services

3. Special room for young people or a youth corner

Where infrastructure allows, a special room should be set aside for young people. The room services as an entry point for young people to access various services. The room is usually managed by their fellow young person who acts as al ink between the young people and the service providers. Some services can be obtained from the room which include condoms, IEC materials, Contraceptives and sometimes, whenever the services providers are free, they can offer some clinical services in the room.

4. Outreach clinic

Services can be taken to where young people are through outreach clinics. These places could be their youth clubs, youth gatherings and within the community.

ACTIVITY 7.3 GROUP DISCUSSION

Divide participants into 4 groups. Ask them to discuss the advantages and disadvantages of each approach. Allow 10 minutes for this activity.

ACTIVITY 7.4 PLENARY FEEDBACK AND DISCUSSION

Bring participants to plenary and ask each group to present their responses. Discussions should follow after each presentation.

Conclude the session by emphasizing that there is no one best approaches to making services widely available and accessible to young people. The approach depends on what young people in a particular location prefer; availability of staff; and infrastructure.

60min

Session 8: INITIATING YOUTH FRIENDLY HEALTH SERVICES

Aim of the session

- To consider what changes participants propose to make in their work for and with young people

ACTIVITY 8.1 INDIVIDUAL WORK

Ask the participants to pull out the activity sheet and explain the five columns (**Annex 7-3 from Handout 7 page 213**).

Column 1

Changes you personally plan to make in your everyday work while working with young people

- Each change could relate to anything learned during any of the units you have gone through

SLIDE 7.8-1

- **Column 2**
  - Why do you believe this change is important?
  - What or who will benefit and in what way
- **Column 3:**
  - How will you know whether or not you are successful?
  - As it is likely that you will see the effects of the change only after some months, how will you know how effective you are?

SLIDE 7.8-2

Column 4

- What personal or professional challenges and problems do you anticipate in carrying out the changes?

Column 5

- What help are you likely to need?
- Who could provide you with this help?

SLIDE 7.8-3

TALKING POINTS

COLUMN 1

Changes you personally plan to make in your everyday work with or for young people. Stress that each change could relate to something they learned during any of

the units they have worked through. Each of the remaining columns raises particular questions about each change. Explain each remaining column in turn.

COLUMN 2

Why you believe this change is important: who or what will benefit and in what way?

COLUMN 3

How you will know whether or not you are being successful?

COLUMN 4

Are there any personal or professional challenges and problems you anticipate in carrying out the changes?

COLUMN 5

What help are you likely to need and who could provide you with this help?
Explain that the first task is to concentrate on the first two columns only.

Ask the participants to identify at least five possible changes. Ask them to state why the proposed changes are important. Allow them, working individually, 10-15 minutes to fill in columns 1 to 3.

TIP FOR YOU
If participants are coming from the same duty station-allow them to work together.

ACTIVITY 8.2 PLENARY DISCUSSION

Move around the room encouraging the participants to be as precise as they can, and answering any questions they might have.

Ask the participants, in plenary, to share the changes they propose to make (using short sentences), provided that it has not previously been mentioned by someone else.

Ask a volunteer to write on a flipchart the changes the participants propose to make, with an explanation if any of these should not be clear. Ask why the suggested change is important and how they would know if it is successful. As the discussion evolves, highlight noteworthy issues that arise and open the floor to discuss them.

Cluster the suggested changes with the participants' help.

Lead a brief discussion on the third column, *"How will I know whether or not I have been successful and when will I know this?"* asking the participants to suggest how they could measure their success. Ask a volunteer to record the ideas on a flipchart. This should be helpful to those who are unsure how to assess the changes they hope and expect to make in their work.

To conclude the session, highlight some noteworthy issues made by the participants in their feedback and in the discussion.

ACTIVITY 4.3 INDIVIDUAL WORK

Ask the participants to return to their activity sheets and take them through columns 4 and 5 below.

Column 4 Are there any personal or professional challenges and problems you anticipate in carrying out the changes?

Column 5 What help you are you likely to need and who could provide you with this help?

Remind the participants to complete columns 4 and 5, addressing each change they plan to make in column 1.

Allow them 10 minutes to complete this task.

ACTIVITY 4-4 PLENARY DISCUSSION

Encourage the participants to share the problems they anticipate and base the ensuing discussion on questions such as these (**Slide 7.8-4**)

Point out that if anyone believes that the challenges facing them are impossible / difficult to overcome, suggest that they consider altering their proposed improvement to make it more "do-able".

Ask a volunteer to record on a flipchart useful ways to solve often-anticipated problems.

Addressing challenges

- Who else believes this is a problem or challenge?
- What can you do to solve this problem or challenge?
- Who could support or help you?

SLIDE 7.8-4

ACTIVITY 8.2 THE IMPROVEMENTS YOU PROPOSE TO MAKE IN YOUR WORK FOR AND WITH ADOLESCENTS

Purpose

The purpose of this exercise is to help you prepare the outline of a personal plan to improve your work for and with adolescents. In this plan you will identify the changes you intend making in the way you will work. The plan includes the following elements:

- The proposed changes you intend to make;
- The importance of the proposed changes;
- How you will assess whether or not you are successful in making these changes;
- The personal and professional challenges and problems you may face in making these changes;
- The ways in which you are likely to address these challenges and problems, and the support you will need.

General instructions

- Please use the tables entitled "*Individual implementation plan*", which appear on the following pages, to record five changes you intend making in the way you work with or for adolescents.
- Please review the example on the following page
- Please designate one sheet for each change you intend to make. This way you will have extra writing space.
- For each change you propose in column 1, complete columns 2, 3, 4 and 5.
- In monitoring your own changes and application of this plan, it would be useful to set yourself target dates to review your progress and reassess your plans.

We wish you all success in your endeavors to improve your work with and for young people.