REPRODUCTIVE HEALTH MANUAL

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REPRODUCTIVE HEALTH MANUAL

Releasing children from poverty
Compassion®
in Jesus' name

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PREFACE

Adolescence is a time of wonderful opportunity and change filled with new feelings, physical and emotional changes, excitement, questions, and difficult decisions. It is also a period of heightened vulnerabilities, such as early age of first intercourse and high levels of premarital sexual activity. It also comes with unwanted pregnancies, unsafe abortions, multiple sexual partners which makes adolescents susceptible to contracting HIV/AIDS and other risky sexual behaviors.

During this period, young people need information about their own sexuality and skills to help them plan and make major decisions that will impact their future. During this period adolescents might start different kinds of relationships with their peers, family members and adults at large. It is therefore important for them to acquire good communication and relationship skills to help ensure that these relationships are satisfying and mutually respectful.

At this stage, adolescents must learn to manage and control the heightened feelings about sexuality in order to make responsible decisions on their reproductive health and rights. "The True Love Waits" concept adopted by Compassion International Ghana is an international Christian campaign designed to challenge teenagers and single adults to remain sexually pure until marriage. This campaign seeks to raise a new generation of young Christian youth that will take a bold stand to abstain from sex and use their

personal lifestyle to challenge others to remaining sexually pure till marriage. This manual is first of its kind in that it addresses the issues of adolescent sexual and reproductive health in the light of Biblical principles. This manual seeks to teach the youth about the Bible stance on relationship, love and sex, and therefore emphasises the need for Christian youth to remain pure till marriage in order to avoid emotional attachments that may negatively affect future relationships and marriage.

This manual is designed to help the youth interact with their peers on issues related to adolescent reproductive health. It is designed to delay sexual debut and promote sexual and reproductive health by addressing gender, reproductive health and preventive behaviours. Other issues the manual is expected to address include sexually transmitted infections, HIV and AIDS, abstinence, gender violence, and decision-making, communication, and other important life skills.

Overall, this manual hopes to Increase adolescents' knowledge on reproductive health. It also hopes to reinforce and promote attitudes and behaviours that promote quality of life for adolescents. Besides, it will instill skills among adolescents to enable them to overcome the challenges of growing up and become responsible adults; including communication skills, decision-making, assertiveness, setting goals, and resisting peer pressure. The purpose of this manual is to serve as a guide for adolescent boys and girls between the ages of 10 years and 19years.

It is difficult and impractical to cover all adolescent reproduction in the curriculum in one year for one age group. As the years progress, in-depth information will be provided for same students as they mature. Much of the material can be repeated year after year with greater emphasis in certain areas and more time committed to others. The final decision on how to present the material is at the discretion of the facilitator.

ACKNOWLEDGEMENT

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This document was developed from a number of Reproductive health publications. We are grateful to these authors who paved way for access to such vital information. The publications include Sexual and Reproductive Health Training Manual for Young People, Volunteer Manual and Training Curriculum for Adolescent Sexual and Reproductive Health Counselling/Education, Sexual and Reproductive Health Facilitators' Training Manual, Adolescents in Ghana, Sexual and Reproductive Health and Profile of Reproductive Health Situation in Ghana.

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BACKGROUND OF TRUE LOVE WAITS PROJECT

In April 1993, the Southern Baptist Convention created an international Christian group that promotes sexual abstinence outside of marriage for teenagers and college students which is 'True Love Waits' (TLW).

True Love Waits is a youth-based international campaign that utilizes biblical principles and positive peer pressure to encourage those who make a commitment to refrain from premarital sex and to challenge their peers to do same.

The concept of TLW is based on conservative Christian views of human sexuality that requires one to be faithful to one's husband or wife. The group's main purpose is to promote sexual purity which is not limited to abstaining from sexual intercourse before marriage only, but also from sexual thoughts, sexual touching, pornography, and all actions that might lead to sexual arousal.

The campaign have been promoted through youth rallies during Christian music concerts and also

made use of occasions such as Valentine's Day to gain attention. By the year 2004, hundreds of TLW groups had emerged and were strongly supporting 'abstinence'. As a form of showing commitment to the purpose, every youth that joined the group signed unto the TLW pledge card which states that:

"Believing that true love waits, I make a commitment to God, myself, my family, my friends, my future mate and my future children to be sexually abstinent from this day until the day I enter a biblical marriage relationship".

This pledge card was signed by over 210,000 teens during the first national celebration of True Love Waits in July 1994 and it was taken up by other church groups including the Roman Catholic Church and Assemblies of God. Such pledge cards from youth throughout the world have been displayed at several events including the 2004 Olympics in Athens. Currently, millions of youth not only in the US have signed unto this pledge of abstinence and are promoting the concept of True Love Waits. Countries like Uganda and Philippines are making progress with the concept. For instance a progressive reduction of the HIV prevalence rate in Uganda was partly associated with the introduction of the TLW concept.

True Love Waits have Five Commitments which are:

- **To God** - Love the Lord your God with all your heart and with all your soul and with all your mind (Matthew 22:37)

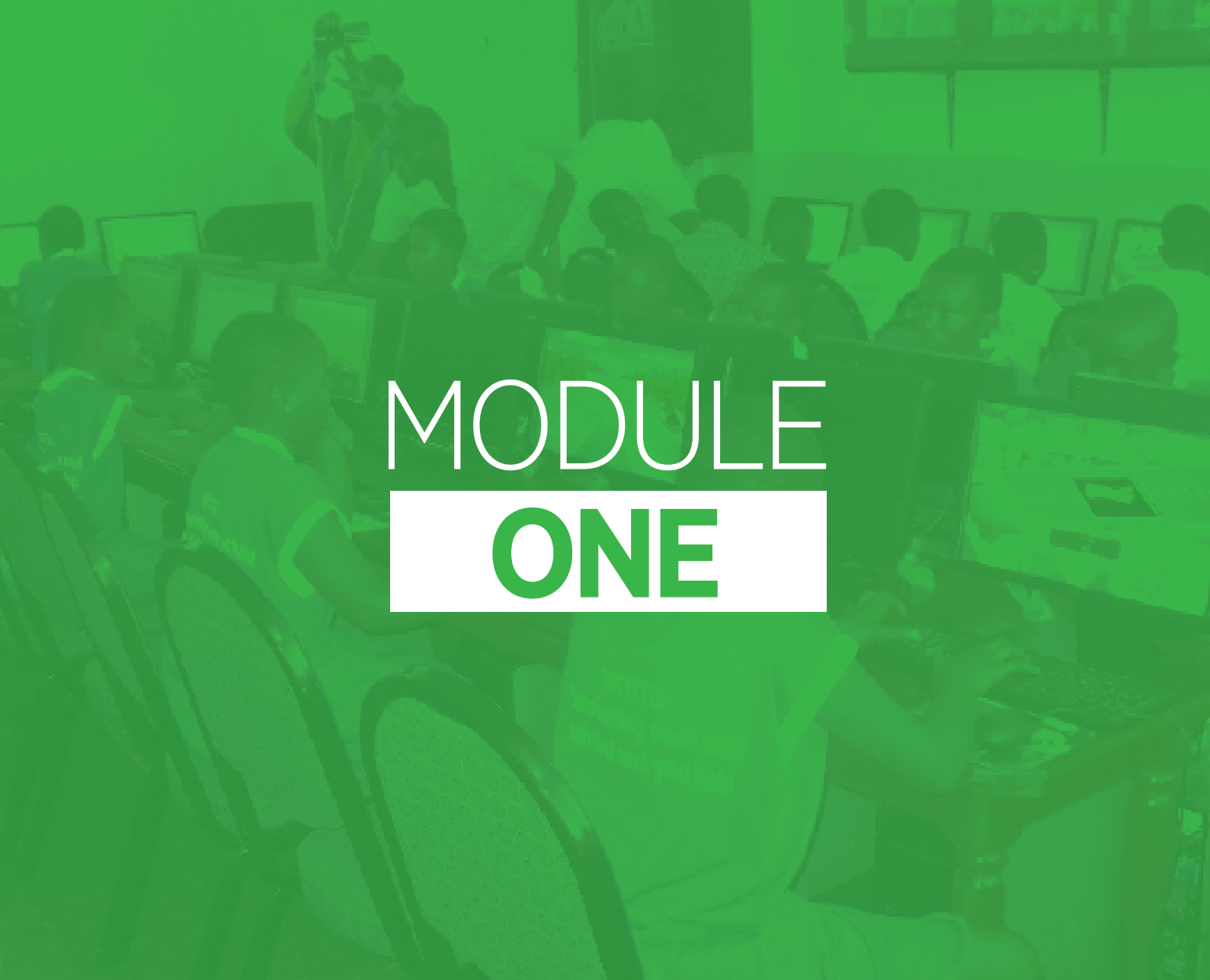
- **To Yourself -** Love your neighbour as yourself (Matthew 22:39)

- **To Family** - Let your gentleness be evident to all. The Lord is near (Philippians 4:5)

- **To Friends -** Greater love has no one than this, that he lay down his life for his friends (John 15:13)

- **To Future Mate and Children -** Flee the evil desires of youth, and pursue righteousness, faith, love and peace, along with those who call on the Lord out of a pure heart (2 Timothy 2:22).

Co-founder Jimmy Hester once said "Students need ongoing education and encouragement if we hope to continue to make progress in our culture. Although times and culture change, God's plan for sexual purity remains the same. True love Waits continue to be an important tool to guide students in living of biblical purity".



MODULE ONE

1.1
TRAINING CURRICULUM

PARTICIPANTS

Before the start of any formal training, it is ideal to identify and know the type of participants who are to benefit from the training. Knowing your participants helps you select the best methodology or approach to training. It informs you of the language to use, the activities to engage in and the style of facilitation to adopt. It is important to keep to a number you can manage easily. Stick to a number that is capable of; working within the time limit, avoiding major conflicts, easily making consensus decisions and participating effectively in all activities. Participants per class should not exceed thirty for effective facilitation and learning. Each group should consist of both males and females unless a particular activity request only one-sex groupings only. For the purpose of this training, 36 selected adolescents will be trained as Peer Educators who will further educate their peers through a structured action plan.

OBJECTIVES

In the planning stage of training, the objectives the training seeks to achieve need to be well outlined. The objectives serve as a guide to the whole training process. Most importantly, it helps in choosing the right modules, tools, activities, time lines and facilitators to engage in order to meet the training goal.

This training generally seeks to improve the health of adolescent beneficiaries by providing them with knowledge and access to appropriate sexual and reproductive health information and materials to enable them make informed choices towards healthy sexual living. At the end of the training, participants should have:

a. In-depth knowledge on Adolescent Sexual and Reproductive Health & Rights (ASRHR) in order to prevent and minimize issues of teenage pregnancies, STIs and possible sexual abuses among others.
b. In-depth understanding of the Bible's perspective on sexuality and its related issues.
c. Confidence in making healthy decisions regarding their reproductive and sexual life.
d. Access to reproductive and sexual health centers in their communities.
e. Good facilitation techniques and skills to further train their peers on topics discussed.

METHODOLOGY

The training should adopt the most effective methods of teaching, facilitating and learning in order to achieve the training objectives. To keep participants attentive and involved, interactive/ participatory methods of learning should be employed. Interactive methods make learning more fun and enjoyable. Likewise, it is important to employ instructor-led method as an efficient method for presenting a large body of material to large or small groups, and ensure that everyone

gets the same information at the same time. This training consists of both facilitator-led and interactive training methods like:

a. **PowerPoint Presentation:** Training materials/ information are prepared and displayed on a large screen for all participants to see, this is led by the facilitator. This is a lecture method and requires all participants to pay attention to the presenter. It is usually combined with other interactive methods like questions and answers, and discussions.

b. **Story-telling:** Participants/facilitators share either real life experiences or stories they have heard and allow individuals to identify morals of the story. Stories can be used as examples of right and wrong ways to perform skills with the outcome of each way described.

c. **Small group discussions and presentations:** Participants are broken down into small groups and each group chooses a leader. The groups are given case studies to discuss or solve and their leaders present a summary of their solutions to the larger class. This encourages the sharing and exchange of ideas among participants.

d. **Quiz:** Periodically, a long presentation session is interrupted with a brief quiz on information presented to enable participants stay engaged through the session. This also gives a quick feedback to the facilitator on the understanding of participants on the topic. A session can begin with a pre-quiz and end with a follow-up quiz to assess the output of the lessons on participants.

e. **Case studies:** Participants analyze real-life situations which will help them learn how to handle similar situations.

f. **Role-plays:** Participants assume roles and act out situations that might occur in their schools

or communities. This method enhances understanding of related issues as participants learn how to handle various situations before they face them.

g. **Q & A sessions:** Informal question-and-answer sessions are most effective with small groups. This usually helps in updating knowledge and skills rather than teaching new ones. Most a time, this session is followed by discussions among participants.

h. **Demonstrations:** Facilitators bring tools or equipment that are part of the training topic and demonstrate the steps being taught or the processes being adopted.

LANGUAGE

To effectively communicate with all participants, a common language that is understood by all should be used. Facilitators should use plain language which is easy to read and understand. In this training workshop, both the local dialect and the official language 'English' will be used in engaging participants through all activities.

FACILITATORS

Facilitators are those who manage the entire training process. In this training workshop, the instructors are also facilitators because they assist participants through the learning process and help participants understand every topic discussed. Facilitators must ensure active participation by all participants. Facilitators also ensure that the training objectives are met. The training workshop addresses the major aspects of sexual/reproductive health and it has onboard reproductive health experts from accredited organizations as facilitators.

EVALUATION

Evaluation includes getting ongoing feedback from facilitators and participants to improve the quality of the training and identify if the participants achieved the objectives of the training. The training employs pre and post-test questionnaires to assess changes in levels of knowledge and skills of participants. Participants' general knowledge and skills on sexual/reproductive health is assessed before the start of the workshop to know their current level of knowledge. This informs facilitators on how to engage participants on the various topics and activities through the training.

Another important exercise is the daily evaluation after every module. Assessing the knowledge of participants after every module discussed is very crucial. Such daily evaluation will include information on example: 'One new thing I learnt today', 'one thing I did not understand', and feedback on facilitation. This helps the facilitator to know if participants are on the same level with him/her as they journey through the manual. It informs the facilitator if participants have a clear understanding of the module and are ready to move to the next module. After the training workshop, participants' knowledge and skills level is assessed again to know the effects of the training workshop on them. This final evaluation seeks participants' views on items such as the meals, venue, facilitation, content and duration.

WORKSHOP CONTENT/SCHEDULE

The table below details the course content and workshop training schedule. The workshop covers a 5-day period.

	6:30am – 7:30am	7:35am – 7:55am	8:00 am – 10:00 am	10:00am – 10:20 am	10:20 – 1:00 pm	1:00pm – 2:00 pm	2:00pm – 5:00 pm	5:10pm – 6:10pm	7:30pm – 8:30pm
Day 1	BREAKFAST	DEVOTION	• Welcome • Introduction • Participants expectations • Workshop objectives • Logistics • Ground Rules • Overview of the project • Pre-test	BREAK	• Concept of True Love Wait • The Concept of Peer Education • Building Confidence • Beliefs and Values Clarification	LUNCH	• Gender and Sex • Sexual and Gender based Violence • Drugs and Substance Abuse	SUPPER	ANANSEKROM
Day 2			Recap of Previous Day • Basic Human Anatomy –Sex Organs		• Adolescent Sexual Health –Puberty &Adolescence • Changes in Life Span(Physical, Emotional , Cognitive) • Menstrual Cycle and Hygiene		• Pregnancy and related Issues • Teenage Pregnancy		
Day 3			Recap of Previous Day • STI's		• HIV and AIDS (Overview) • Testing and Counseling for HIV • HIV related Stigma		• Building Healthy Relationships		
Day 4			• Abstinence		• Decision making • Counselling/ Communication Skills		• Facilitation Skills • Role play		
Day 5			Recap of Previous Day • Reporting Tools		• Youth Peer Educators Referral and Support Networks		• Post Test/Evaluation • Closing		

A typical training agenda

- Check in
- Warm-up
- Recap of previous day's sessions and review of the schedule for the day
- Introduction of the topic for the session
- Presentation, Large group, small group learning/activities
- Snack break
- Presentation, large group, small group learning/activities
- Lunch break
- Recap and introduction of the topic for the session
- Large group, small group learning/activities
- Snack break
- Presentation, large group, small group learning/activities
- Closing session (review and evaluation of the workshop)

INTRODUCTION AND WELCOME

The first minutes of a training are the most important because it is at this time when the entire training process as well as the success of the training is laid. The introductory part of a training sets a good tone for the training process to thrive. This is because the facilitators and participants get to know themselves, outlay their expectations, understand the purpose of the training and agree on training rules. For a good start and a successful

completion, facilitators should plan and prepare ahead.

Exercise:

Introducing participants

Objectives:

1. To get familiar with each other and establish rapport between facilitators and participants.
2. To set a perfect tone for a participatory approach to learning.
3. To share with participants the purpose of the training and its objectives.

Activity:

Self introduction or pair wise introduction

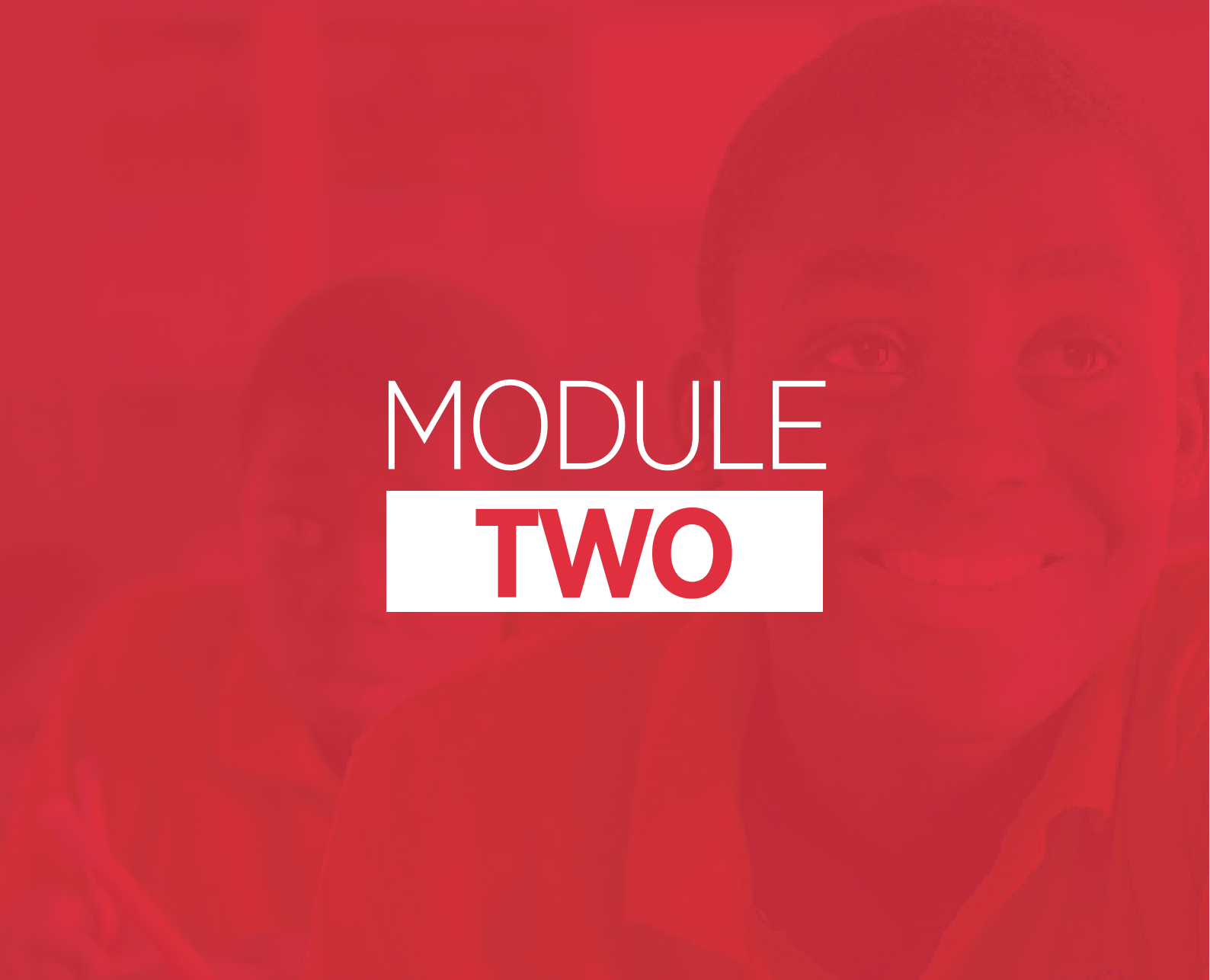
Materials needed:

Pieces of papers and markers

Duration: 40 minutes

Steps to follow:

1. Introducing participants
2. Opening ceremony
3. Expectations of participants
4. Objectives of training
5. Agreeing on time table
6. Climate setting
7. Training norms



MODULE TWO

2.1 BUILDING CONFIDENCE

INTRODUCTION

Young people need to build confidence by learning about their own strengths and weaknesses, by developing communication skills for respectful and assertive interaction with others.When people are often told that they are bad or not good enough, they may begin to believe that they are worthless and incapable of accomplishing anything. Even if they pretend to feel good about themselves they may retreat into themselves later.

When people are praised and encouraged to learn from their mistakes, they can develop a healthy image of themselves and their abilities. They see themselves as they really are and recognize their short comings without being overcritical. They are able to form healthy relationships with other people. Who you are today is a function of your mind. Your personality is the expression of the contents and working of your mind.

The Bible says ‘as a man thinks in his heart so is

he' (Proverbs 23:7). Your life and the totality of your personality are the expression of your mind. God's greatest desire is for us to live victorious lives continually enjoy his blessings. God shaped our minds as a tool for transformation (Romans 12:2). It is important though, that one has a healthy view of oneself. Jesus said that we should love our neighbor as ourselves (Matthew 22:39). That implies a sound concept of self-confidence. Sadly, many appear to harbor meager appreciation of themselves so much that it hinders their effective service to God, and torments their lives with much unhappiness. We believe the Scriptures address this problem and offer hope to those who are depressed due to the trouble of poor self-esteem.

Exercise:

Helping participants understand and build confidence

Objectives:

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

- Explain self confidence
- Explain self-esteem (What is it? Are we born with it? How can self-esteem be developed?)
- Discuss ways by which young people can develop their self confidence

Activity: Lecture

Materials Needed:

Flip chart, Marker, Projector and Manila cards

Duration: 45 minutes

Steps to Follow:

- Introduce the topic
- Explain self-confidence
- Discuss ways by which people can develop their self-confidence

DEFINITION OF CONFIDENCE

Confidence is the belief in one's own capability to accomplish a task and select an effective approach to solve a problem. It includes confidence in one's ability as expressed in increasingly challenging circumstances and confidence in one's decisions or opinions.

People with High Self Confidence

- Trust their opinion even in the face of opposition
- Are decisive
- Take risks and try new things
- Have a presence

People with Low Self Confidence

- Avoid confrontation with people
- Do not trust their judgment
- Hesitate to try new things
- Avoid challenges
- Unable to stand up for their rights

DEFINITION OF SELF ESTEEM

It is basically how you see yourself, how you feel about yourself and how others perceive you to be. Self-esteem is the way we assess ourselves and feel about ourselves. It includes feelings, about appearance, abilities, behaviours, past experience and our beliefs about the way others see us. When people are often told that they are bad or not good enough, they may begin to believe they are worthless and incapable of accomplishing anything. Even if they pretend to feel good about themselves, they may retreat into themselves later. In contrast, when people are praised and encouraged to learn from their mistakes, they can develop a healthy image of themselves and their abilities. They see themselves as they really are and recognize their short comings without being overcritical. They are able to form healthy

relationships with other people.

Types of Self Esteem

- Low/negative self esteem
- High/positive self esteem

What is Low Self Esteem?

Low self-esteem results from a poor self-image. Your image is based on how you see yourself. Low self-esteem feeds your negative thinking and makes you believe negative comments others make. This can cause you to lose confidence so it is vital to end negative thoughts if you want to build your self-esteem.

Low Self Esteem

A person with low self-esteem are usually shy, quiet, afraid of changes and challenges, do not lead, sees the self as good for nothing, looks down upon the self, shy away from taking decisions, always keeping up appearance.

High Self Esteem

A high self-esteem person is the opposite of the low self-esteem person. However, confidence and outgoing is a typical nature of a high self-esteem person.

The Importance of Self Confidence

Self-Confidence is crucial and is a cornerstone of a positive attitude towards living. It is very important because it affects how you think, act and even how you relate to other people. It affects your potential to be successful. Low self-esteem means poor confidence and that also causes negative thoughts which mean that you are likely to give up easily rather than face challenges. In addition, it has a direct bearing on your happiness and wellbeing.

Developing Self-Confidence

Self-Confidence is developed when significant people in a person's life affirm and commend that person. When other people value you, it helps

you to begin to consider yourself as worthwhile. However, even if such praise and encourage from others is not forthcoming, you can learn to improve your confidence.

Some of the ways you can develop self-confidence are:

- Accepting yourself physically, intellectually and emotionally
- Not comparing yourself with others
- Keep reminding yourself of your worth
- You are unique, be proud of your uniqueness
- Develop the 'I can do' attitude
- List all your weaknesses, acknowledge them and start working on them.
- Feed the mind with positive things.
- Don't always think about what others will say or do.
- Keep trying and when you fail the 1st time, try again the 2nd and the 3rd still try again

CONCLUSION

Self-Confidence and self-esteem are essential attitude and behavior which enhance personal development of young people in the area of sexual and reproductive.

2.2 THE CONCEPT OF PEER EDUCATION

INTRODUCTION

The rationale behind peer education is that peers can be a trusted and credible source of information. They share similar experiences and social norms and are therefore better placed to provide relevant, meaningful, explicit and honest information. Young people are trained to offer information and services on issues of sexual and reproductive health based on the premise that most young people feel more comfortable receiving information from people of the same age group rather than from adults. Through a participatory process, peer education creates an environment where young people feel safe and able to share information, skills and values. Peer education is one of the most effective ways of inspiring behavior change and conducting sex education. Peer education is based on the idea that individuals are most likely to change their behavior if people they know and trust persuade them to do so. It helps to break down barriers

by allowing people to discuss sensitive matters without fear.

'Be not deceived: evil communications corrupt good manners' (I Corinthians 15:33).

'Give instruction to a wise man and he will be still wiser, teach a righteous man and he will increase his learning' (Proverbs 9:9).

'A wise man will hear and increase in learning, and a man of understanding will acquire wise counsel' (Proverbs 1:5).

He who walks with wise men will be wise, but the companion of fools will suffer harm (Proverb 13:20).

Exercise: Explaining the concept of Peer Education and who a Peer Educator is

Objectives:

By the end of the session, participant must be able to:

1. Understand and explain the concept of Peer Education
2. Describe who a peer educator is
3. Describe the qualities of a peer educator and
4. Describe the duties and responsibilities of a peer educator

Activities: Group work and brainstorming

Materials needed:

Flipchart, markers, photos and films, laptop, LCD projector and projector screen.

Duration: 90 minutes

Steps to Follow:

- Ask participants to form 3 groups.
- Ask each group to brainstorm on the following:

Group 1: What is Peer Education and who is a Peer Educator?

Group 2: What are the qualities and roles of a peer educator?

Group 3: What are the qualifications required for an individual to be a good peer educator.

- Ask each group to record their responses on a board/flip chart.
- Relate the responsibilities of the peer educators to the overall success of the programme/ intervention.

WHAT IS PEER EDUCATION?

It is a term widely used to describe a range of strategies where people from a similar age group, background, culture and/or social status educate and inform each other about a wide variety of issues. Peer education increases young people's access to sexual and reproductive health education–subjects which are often not fully addressed by parents and schools. It extends to vulnerable/ marginalized young people who may not be educated. By means of appropriate training and support, the young people become active players in the educational process rather than passive recipients or messengers.

Peer education is sometimes seen as an easy and inexpensive solution to addressing the sexual and reproductive health of a large number of young people. However, successful peer education programmes require intensive planning, coordination, supervision and resources. For peer education programmes to work the peer educators must be motivated and made to feel valued. This instills a feeling of ownership which shows in their work and they later pass on to their peers. Peer education can take place in any setting where young people feel comfortable. This can include street corners, social clubs, school

grounds, churches, bus stations, work places, homes, and farms. Peer Education meetings can also be formal or informal.

WHO IS A PEER EDUCATOR?

A trained person who educates and shares information to others who may share similar social backgrounds or life experiences. Young people tend to talk with their peers about most subjects including sensitive issues on Sexual and Reproductive Health. Peer educators influence and benefit positively from their peers and vice-versa.

Qualities of a Peer Educator

A Peer Educator should:

1. Have the ability to communicate clearly and persuasively.
2. Have good interpersonal skills, including listening skills.
3. Have a socio-cultural background similar to that of the target audience (age, sex, class etc.)
4. Be accepted and respected by the target group.
5. Be non-judgmental
6. Be strongly motivated to work towards risk reduction.
7. Be self-confident and show leadership potentials.
8. Have the time and energy to devote to work.
9. Be able to get to the location of the target audience.
10. Use proper protocol.
11. Be open and approachable
12. Be patient
13. Be eager to learn
14. React positively to all contributions and encourage more participation
15. Be trustworthy
16. Be Confidential

Tasks and Responsibilities of Peer Educators

1. Educate peers on Sexual Reproductive Health (SRH) issues
2. Take record of activities and report accordingly
3. Make referrals
4. Provide basic counseling
5. Attend meetings
6. Look for more creative avenues to educate peers through informal small group or one-on-one discussion with peers.
7. Distribute educational materials.
8. Put up posters at relevant places.
9. Assist in organizing durbar, drama or any educational programmes in the community.
10. Assist with any other responsibility that would help make the programme successful.

Strategies of Peer Educators

- One on one/individual discussion - Group discussion
- Film shows - Drama
- Debate - Quiz
- Picture presentation - Talk show

KEY FACTS FOR PARTICIPANT

Peer education works very well for young people. Sharing a Conversation on SRH with people of the same age or social group makes for a relaxed learning environment. Young people feel free to ask questions on taboo subjects and are able to discuss without the fear of being judged and labeled. They can discuss issues that are difficult to discuss with an adult and gain insights through mutual sharing of experiences, knowledge and information.

The Peer educator is the best person to

disseminate new information and knowledge to the group members and can become a role model to others by "practicing what s/he preaches". Since the Peer educator is from the same group, s/he can empathize and understand the emotions, thoughts, feelings, language of the participants and relates better. The Peer educator is better able to inspire and encourage his/her peers to adopt health-seeking behaviours because he/she is able to share common weaknesses, strengths and experiences.

CONCLUSION

In most societies, young people often find it difficult to obtain clear and correct information on issues that concern them such as sex, sexuality, substance use, STIs, HIV and AIDS. This happens for many reasons: socio-cultural norms and taboos, economic deprivation or lack of access to information. Many a time, information is available but it may be given in a manner that is authoritarian, judgmental, or non-adapted to the young people's values, viewpoints and lifestyle. One effective way of dealing with these issues is peer education, because it is a dialogue between equals. It involves members of a particular group educating others of the same group. For example, young people share information with each other, some acting as facilitators of discussions. It usually takes the form of an informal gathering of people who, with the help of the peer educator, discuss and learn about a particular topic together.

Peer Education works well because it is participatory and involves the young people in discussion and activities. People learn more by doing than just getting information. It empowers young people to take action. Examples of participatory activities used in peer education are games, art competitions and role-plays. All of these can help people to see things from a new perspective without "being told" what to think or do.

2.3
BELIEFS AND VALUES

INTRODUCTION

Values refer to a set of ideas that guide an individual on how to evaluate right versus wrong, whereas beliefs refer to a set of doctrines, statements or experiences a person holds as true, usually with evidence or proof. Both are deeply intertwined because beliefs influence how an individual develops values. Development of personal values starts as early as childhood and is shaped by the beliefs and values of parents. A person's behavior towards circumstances is heavily influenced by personal values and beliefs. They affect decision making and how people react to different situations. Personal beliefs and values share the idea of individual's choice, meaning a person can make his own choices and form his own beliefs.

Beliefs

Beliefs are derived from what a person experiences, hears, sees and think, and they

change as new evidences or experiences challenge what was previously held. Beliefs are judgments about ourselves and the world around us. They are usually generalizations. A typical belief maybe 'rape is bad'. The belief includes not only an action or thing ("rape", but a judgment about the action or thing "is bad"). Conversely, beliefs guide members of society on how individuals are treated regardless of status, age, race or education. Beliefs can influence our behaviours, even our thoughts in very powerful ways. Peer interaction and society, in general, play an important role in the formation of personal beliefs.

Values

Values are things we cherish most, support or are against. Values are also things you have chosen on your own with no outside pressure that is, no one forced you to choose your values although family, friends, teachers, the media, traditional and religious leaders have certainly influenced you. Values are things you believe in and are willing to stand up for in front of people. They are also things that you use to make choices and that guide your behavior. Values are used by a person to justify decisions, intentions and actions. An individual with high moral values typically displays characteristics of integrity, courage, respect, fairness, honesty and compassion. "He who walks with wise men will be wise, but the companion of fools will suffer harm" (Proverbs 27:23).

Exercise:

Introducing and defining the concept of values and beliefs.

Objectives:

- Explain what values and beliefs are.
- Identify personal, family, community and national values and beliefs.
- Explore where values come from
- Discover which values are most important to them

- Understand how personal values can affect one's behavior
- Learn how to make decisions that go along with their personal values
- Practice communicating their values to others
- Practice accepting and respecting values of others

Activity 1: Value voting

Materials needed:

Flip chart, Marker, Note pads and Pens.

Duration: 90 minutes

Steps to follow:

1. Prepare the following values statements beforehand.
2. Cut the list of statements below into separate statements and place them in a basket on the table and let participants choose and read.
3. Prepare three signs mark; Agree, Disagree and Unsure.
4. Place these on the wall at three different places-a fair distance from each other to allow easy movement.

Value statements:

a. Having a child while you are still in school is okay.
b. A man has a higher sex drive (need for sex) than a woman.
c. Boys should always pay for a girl when they go out together.
d. Raising a child on your own is better than marrying a man that you don't love just because he will help with the baby.
e. Having a job you love to do is more important than making a lot of money.
f. People with HIV or AIDS should not tell their sexual partners they are infected
g. A husband cannot rape his wife.
h. A man who cries is like a woman.
i. You should have sex only with someone you

truly love.

j. Waiting to have sexual intercourse until you are married is a good idea.

k. In a family, making money should be the man's job.

l. Women should understand that it is natural for a man to need more than one woman at a time for sexual relationships.

m. Boys and girls are treated equally in schools.

n. A girl who dresses in sexy, revealing clothing is asking to be raped.

o. A man should be able to have more than one wife if he can afford to take care of his family.

p. A child needs to be raised (brought up) in a home where the mother and father are living together.

q. A family with many children is better than a family with fewer children.

r. A man is always the head of the household and he should always have the last word when it comes to making decisions.

s. Most women secretly enjoy being raped.

t. Any sexually active girl, no matter how young she is should be able to get birth control if she needs it.

u. Girls often pretend that they do not want to have sex when they really want to, so that they won't look too easy.

v. It is ok for a girl to trick their boyfriend into getting her pregnant so he will have to marry her.

w. Having a son is better than having a daughter.

x. It is acceptable today for girls to have sex before marriage as it is acceptable for boys.

Facilitator's note:

Make a note of how many participants stand under each sign and make corrections where necessary in cases where participants have misconceptions. Repeat some of these values statements at the end of the session and monitor if there has been significant shift in opinion as a result of the training.

Activity 2: Value stating

- List two things that you can feel, see and touch in this world which means so much to you and state the reason(s) why they are important to you.

- List two non-physical things which mean so much to you and again state why they are important to you.

TYPES OF VALUES AND BELIEFS

There are different types of values but the main ones are: Personal, Family, Community and National values and beliefs (state an example of each value type).

Personal values and beliefs: These are values that you have taken upon yourself without any outside pressure but simply because you also believe in them, though they may be some influences. Example: truthfulness, hygiene, faithfulness or abstinence. A person's values are influenced by the range of things such as religious teachings, culture, friends and the media. Family is however one of the most important and powerful sources of messages about values. These values play an important role in shaping our lives as they influence the choices and decisions we make as we grow and develop.

Family values and beliefs: These are things that are cherished by our families. They are the values which can easily be traced into the family. An attribute or behaviour which is associated with the family. They are things that we believe in as a family and what our families defend or speak against. Families do not communicate their values directly. Quite often many of these are expected to be picked up through observing the behavior of family members. Values that deal with sexuality are mostly communicated this way as parents

are often shy to discuss this with their children or lack clarity on ways to approach values on this topic. Example: education, fighting, alcoholism or discipline. Note that, not all members of the family may support that value.

Community values and beliefs: Units of families make a community and likewise communities have values. They are things that are approved or disapproved of by the community. This type of value is usually predominant in the community and the community is easily noted for that. Again not all community members will subscribe to that value. Example: fraud, communal labour, teenage pregnancy and a quiet environment.

National values and beliefs: What a country as a whole is noted for especially in the eyes of foreigners. Ghana as a country values peace and hospitality. What will you say are other Ghanaian values?

CONCLUSION

Our values influence the way we feel and behave although we are not always aware of this. Many young people behave differently from their values because of peer pressure. Our values help us understand right from wrong and can help us make the right decisions and choices. It is also important to note that values change over time. There is the need for tolerance of other people's values because values are subjective.

MODULE THREE

3.1 ADOLESCENT SEXUAL HEALTH

INTRODUCTION

The onset of adolescence brings not only changes to the bodies of boys and girls but also new vulnerabilities in the area of sexuality and human right abuses. Usually, adolescent girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions contributing to high maternal mortality, sexually transmitted infections (STI's) including HIV. Adolescent boys are also pressured into substance abuse and early sex. Many young people do not have easy access to reproductive health information and care. Even those able to find accurate information about their health and rights may be unable to access the services needed to protect their health.

Adolescents today face many challenges as they strive to become young men and women. For those who are believers in Christ and strive to live godly lives, the task remains formidable. As

they struggle to form their identity, they do so in a culture that has become increasingly hostile towards God and His standards.

Exercise:

Defining Adolescence, Sexual Health and Puberty

Objective:

Explore the definition of Adolescence Sexual Health and Puberty

Activity: Large group and Brainstorming

Materials needed:

Flipchart and stand, projector, projector screen, markers, note pads, clear bags and pens.

Steps to follow:

1. Participants should form 3 groups.
2. Each group should brainstorm on the following:
   - **Group 1:** Define adolescence and who an adolescent is.
   - **Group 2:** Define puberty and pubertal changes in adolescents.
   - **Group 3:** The challenges experienced during adolescence.
3. Ask the groups to present their responses to the entire class.
4. Ask participants for feedback on the challenges experienced during adolescence.

ADOLESCENCE

The World Health Organisation identifies Adolescence as the period in human growth and development that occurs after childhood and before adulthood. In other words, it is a transitional stage of physical and mental development that occurs between childhood and adulthood. Thus adolescents as those between 10–19 years of age. It represents one of the major transitions in human life and it's characterized by a remarkable pace in

growth. Biological changes dominate this period of development, with the onset of puberty marking the passage from childhood to adolescence. The biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary across time, culture, and socioeconomic situation.

Adolescence is a challenging time in the lives of most boys and girls. Almost every adolescent faces some degree of adolescent insecurity. Adolescents are cautious of how others view them and this can be a critical factor in determining his/her self-image. If adolescents believe they are valued by those closest to them, they most likely will have a positive self-image. On the other hand, if adolescents are criticized frequently by the significant people in their lives, they may have poor self-image

Adolescents from Christian homes are as much at risk to rebellion, delinquency, teenage pregnancy, depression, and suicidal behaviours as other children from non-Christian homes. Broken homes, single parent, and step-families all contribute to the problems that adolescents must overcome to be adequate functioning adults. Ideally the parental-child relationship should model God's unconditional love and acceptance for His children, as well as His discipline and justice.

"Train up a child in the way he should go, and when he is old he will not depart from it" (Proverbs 22:2). But realistically, worldly influences and sin on both sides of the relationship distort many of these. When this primary relationship is distorted by dysfunctional parents, the children in that family are sometimes left with a gaping void of love in their lives, which they will inevitably attempt to fill with other secondary relationships. The cycle often repeats itself when dysfunctional adolescents become dysfunctional adults. (Rev. Kimberly Hartfield, B.S. 2011).

SEXUALITY

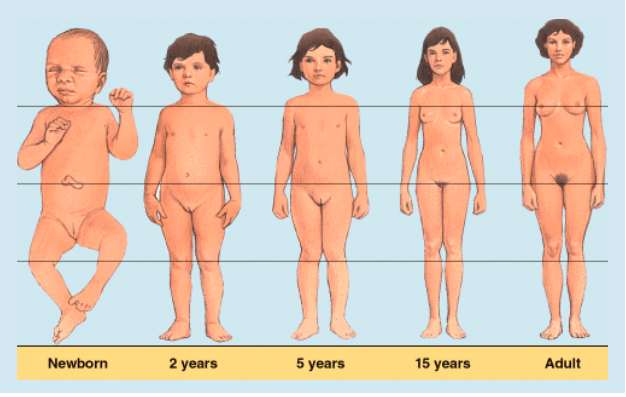
It is the way we behave as a result of being male or female and how we relate to each other based on our self-image, gender identity, sexual orientation and relationships. How people express their sexuality is influenced by their families, culture, society, faith, values and beliefs. Sexuality is not synonymous to sex, rather it is a part of a person's entire life from birth to death. It does not only entail genital and reproductive processes but includes gender roles, social roles, self esteem, feelings and relationships.

PUBERTY

Growing boys or girls undergo the process of sexual maturation and this is called puberty. Puberty is the development of secondary sex characteristics, the physical features associated with adult males and females (such as the growth of pubic hair). It involves a series of physical and biological transformations that lead to the achievement of fertility. This process also has an effect on the psychosocial and emotional development of the adolescent.

When does puberty occur?

The onset of puberty varies among individuals. Puberty usually occurs in girls between the ages of 10 and 14, while in boys it generally occurs later, between the ages of 12 and 16. Nutritional and other environmental influences may be responsible for this change.



During puberty, adolescents begin to get attracted to the opposite sex and experience sexual feelings which is normal at this stage. Christians believe that sex before marriage is wrong. “For this is the will of God, your sanctification: that you should abstain from sexual immortality” (1Thessalonians 4:3). “Flee from sexual immorality, every other sin a person commits is outside the body, but the sexually immoral person sins against his body (1Corinthians 6:18). God’s word teaches that sex is reserved for marital unions only.

If one chooses not to follow the biblical principles of abstinence, they are likely to suffer needlessly the emotional and physical consequences of their decision such as teenage pregnancy, abortion, contraction of STIs etc. Sex doesn’t equal love therefore demanding sex as proof of one’s love should never happen and neither should one be forced to have sex.

Changes in Life Span (Physical, Emotional and Cognitive)

Human development is a process from birth and extending to death. Physical changes largely drive this process. Our cognitive abilities advance in response to the brain’s growth in childhood and declines in old age. Psychosocial development is also significantly influenced by physical growth, as our changing body and brain, together with our environment, shape our identity and our relationships with other people.

Exercise:

Exploring the physical changes in Adolescents.

Objective:

Enable participant understand the changes in lifespan

Activity: Large group

Materials needed: Flip chart and markers

Duration: 20 minutes

Steps to follow:

1. Divide participants into boys only and girls only.
2. Ask the boys to discuss the physical changes in girls.
3. Ask the girls to discuss the physical changes in boys.
4. Let each group present their findings.
5. Allow inputs from the other group.

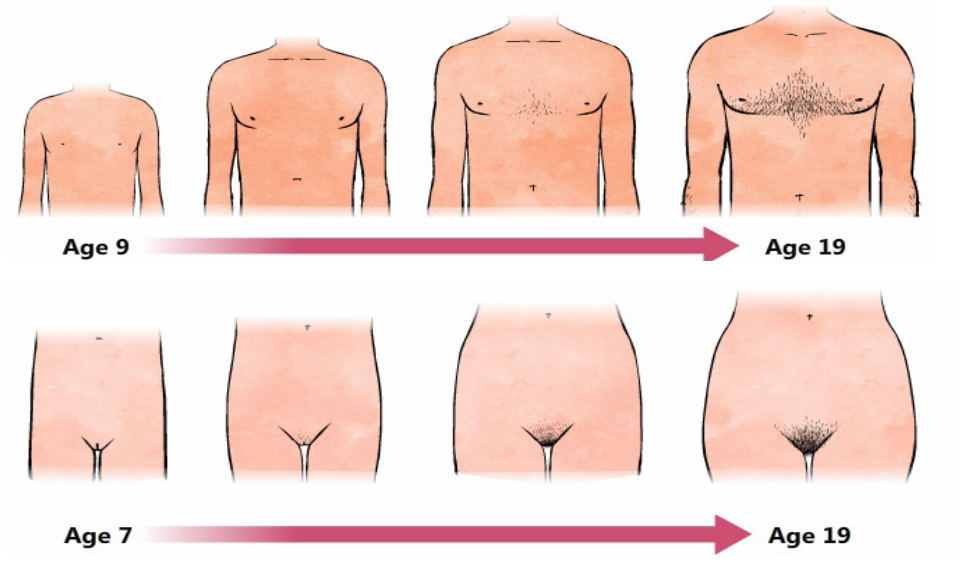
Facilitator's note:

Guide the discussion, summarize and make corrections where necessary.

PHYSICAL CHANGES

Physical development is generally broken down into eight stages that include infancy; early, mid and late childhood; adolescence; early adulthood; middle age and old age. At each stage, specific physical changes occur that affect the individual's

GIRLS	BOYS
• Height increases and body shape changes to become more defined (develops hips and smaller waist) • Growth of pubic and body hair • Pimples appear • Girls begin to ovulate and menstruate • Girls have vaginal secretions and can have erect clitoris	• Changes in body shape (becomes more muscular) and height increases • Growth of pubic, body and facial hair • Pimples appear • Voice breaks • Boys begin to produce sperm and have wet dreams • Growth of the penis and testes (testicles) • Erections with ejaculation



cognitive and psychosocial development. Physical changes in adolescents may include:

Cognitive Changes

Adolescent is a time for rapid cognitive (mental) development. This allows an individual to think and reason within a wider scope. This stage of development is marked by progress from the ability to think and reason from concrete visible events to an ability to think abstractly and entertain what-if possibilities about the world. Adolescents use trial and error to solve problems and the ability to solve problems logically and methodically emerges.

Emotional Changes

i. Feeling overly sensitive: During puberty your body undergoes many changes and therefore it is common to feel uncomfortable and overly sensitive about your physical appearance.

ii. Looking for an identity: In the process of becoming an adult, one may feel inclined to find out what makes him/her unique as a person. Therefore he/she becomes adventurous and explores more.

iii. Feeling uncertain: During puberty, one is not completely an adult and neither a child, this can lead to uncertain times. For example, you might want to be more independent and at the same time, might also look for support from your parents. One may also begin to wonder and think about new aspects of life such as career, livelihood and marriage.

iv. Peer pressure: With the onset of puberty, association with friends increases making it easy for friends to influence you. The media also plays a role in exposing one to foreign cultures of other adolescents thereby increasing peer pressure.

v. Mood swings: One may experience frequent and sometimes extreme changes in mood. For example, one's mood changes from feeling confident and happy to being irritated and depressed within a short span of time. These frequent changes in how one feels is called 'mood swings'.

vi. Self-consciousness: The onset of puberty varies from one person to the other. Therefore the way you grow may be different from the way your friends grow. This can make you conscious about yourself, especially when your friends are developing faster or slower than you.

vii. Experiencing sexual feelings: Puberty is also characterized by sexual urges. Within this phase one becomes curious about sex and also about bodies of people they are attracted to.

Exercise:

Exploring emotional development

Objective:

To assist participants in identifying emotional and cognitive development among adolescents.

Activity: Small group discussion

Materials needed: Flip chart and markers

Duration: 40 minutes

Steps to follow:

i. Divide participant into 4 separate groups
ii. Ask two groups to discuss and list the Emotional changes associated with

adolescence. The other 2 groups should also discuss and list the Cognitive changes.

iii. Each group should present their findings to the entire class.

iv. After the presentations the class should mention the benefits and challenges associated with the emotional and cognitive changes. (The facilitator should list them on the flip chart).

v. Each participant should then be asked what they have learnt from the class.

Sexual Health

Sexual Health is a state of physical, emotional, mental and social well-being. It is not only the absence of disease, dysfunction or infirmity. Sexual health requires a positive approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experience, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected and fulfilled (WHO, 2006a).

Sexual Health can also be defined as ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health. Being sexually healthy means:

- Understanding that sexuality is a natural part of life and involves more than sexual behaviour.
- Recognizing and respecting the sexual right we all share.
- Having access to sexual health information, education, and care.
- Making an effort to avoid unintended pregnancies and STD's and seek care and treatment when needed.
- Being able to communicate about sexual health with others including spouses and healthcare providers (Asha, 2016, understanding sexual health).

Adolescents' sexual and reproductive health must be supported. This means providing access to

comprehensive sexuality education; services to prevent, diagnose and treat STIs; and counseling on family planning. It also means empowering young people to know and exercise their rights-including the right to delay marriages and the right to refuse unwanted sexual advances (UNFPA November, 2014).

REPRODUCTIVE ANATOMY AND PHYSIOLOGY

The reproductive anatomy is the study of the structure of reproductive organs visible to the eye whiles reproductive physiology is the study of the function of reproductive systems and organs.

The sexual organs of boys and girls arise from the same structures and fulfil similar functions. Each person has a pair of gonads: ovaries are female gonads; testes are the male gonads. The gonads produce germ cells and sex hormones. The female germ cells are ova (egg) and the male germ cells are sperm. Ova and sperm are the basic units of reproduction; their union can lead to the creation of a new life.

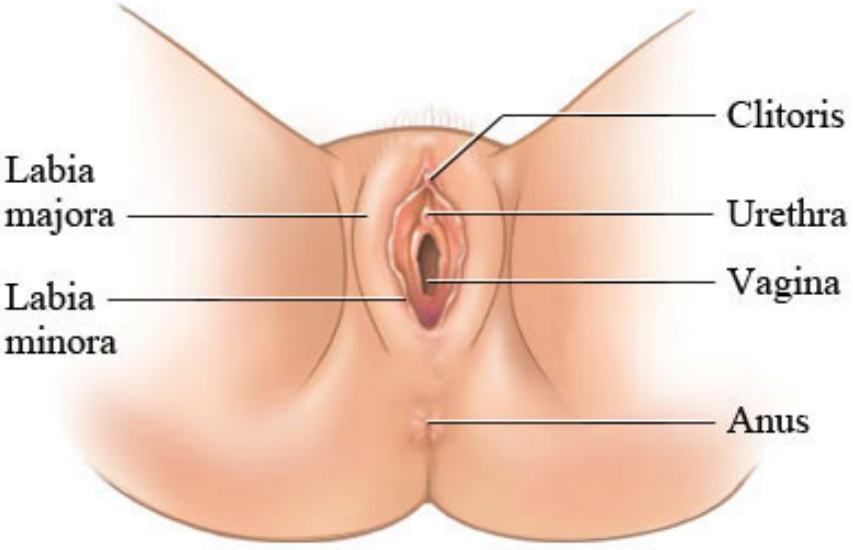
Female Reproductive Organs

The female reproductive organs are parts of the body that are directly involved in sexual activity, pregnancy, and childbearing. This consist of external parts, internal parts and the breasts. The female reproductive system includes the ovaries, fallopian tubes, uterus, vagina, vulva, mammary glands and breasts. These organs are involved in the production and transportation of germ cells and the production of sex hormones. The female reproductive system also facilitates the fertilization of ova by sperm and supports the development of offspring during pregnancy and infancy.

External reproductive organs (vulva)

The area surrounding the opening of the vagina which can be seen from the outside is called

the vulva. They consist of the clitoris, urethral opening, vagina opening, labia majora and labia minora.

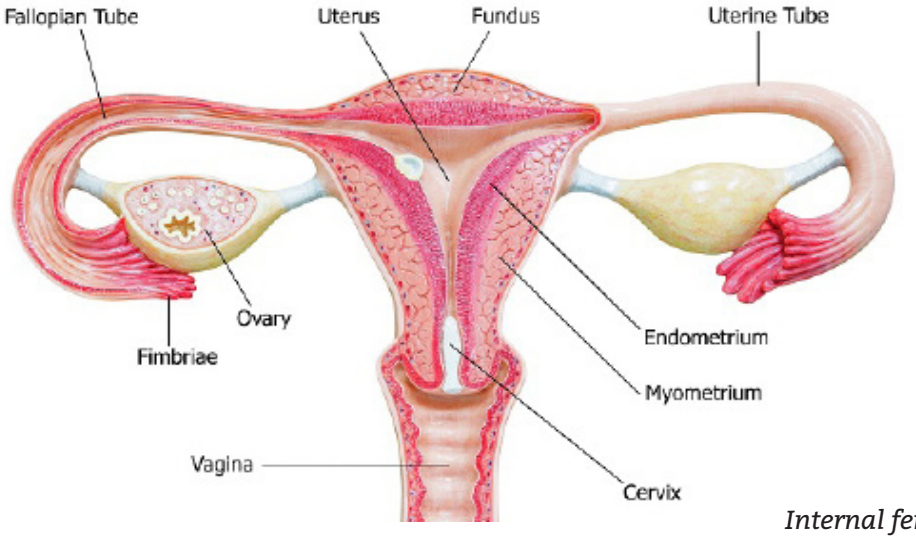


External female sex organ

EXTERNAL FEMALE REPRODUCTIVE ORGANS	DESCRIPTION/FUNCTION
Vulva	It is the collective name for the external female genitalia, including the labia, clitoris, urethral opening and vaginal openings. These organs work together to support urination and sexual reproduction.
Labia majora	The larger outer folds of the vulva covered with hair that protects labia minora and internal structures.
Labia minora	The two inner folds covering and protecting the vaginal opening.
Clitoris	It is a small, sensitive, erectile organ above the vagina that responds to stimulation during sexual intercourse.
Vagina opening	It is the entrance to the vagina. Inside the vaginal opening is a pair of glands that produces a thin fluid, which moistens the vagina, especially during sexual intercourse.
Urethral opening	It is the external opening of the urethra and it's situated between a woman's clitoris and vagina opening. It allows the urine to discharge from the urinary bladder.

Internal Female Reproductive Organ

These are organs located inside the lower part of the abdomen within the pelvic region. They consist of two ovaries, two fallopian tubes, uterus (womb) and the vagina.



Internal female sex organ

INTERNAL FEMALE REPRODUCTIVE ORGAN	DESCRIPTION/FUNCTION
Fallopian tubes	The Fallopian tubes (uterine tubes) are a pair of 4 inch (10cm) long narrow tubes connecting the ovaries to the uterus. Ova are carried to the uterus through the fallopian tubes following ovulation. The ova may also be fertilized in the fallopian tubes if sperm is present following sexual intercourse.
Vagina	The vagina is an elastic, muscular tube that connects the cervix of the uterus to the external genitals. The vagina receives penis during sexual intercourse and carries sperm to the uterus and fallopian tubes. It also serves as a passage for menstrual flow. During childbirth the baby passes through the vagina. The hymen is a thin membrane of tissue that partially covers the vaginal opening.
Uterus	The uterus (womb) is a hollow muscular organ of the female reproductive system. A fertilized ovum travels through the fallopian tubes and it is implanted in the uterus for the development of the embryo and fetus during pregnancy. The uterus holds the growing baby until delivery. The inner lining of the uterus sheds blood once every month during menstruation and comes out as blood.

Cervix	It is the neck of the uterus, which is the lower end of the womb connecting with the upper part of the vagina.
Ovaries	The ovaries, a pair of tiny glands in the female pelvic cavity, are the most important organs of the female reproductive system. They produce both the female sex hormones such as estrogen and progesterone that control reproduction and the female eggs/ova (female gametes) that are fertilized to form embryos. Ova are produced from oocyte cells that slowly develop as the female grows and reaches maturity after puberty. Each month during ovulation, a mature ovum is released and travels from the ovary to the fallopian tube, where it may be fertilized before reaching the uterus.
Urethra	It is a narrow tube for passage of urine from the bladder to the outside of the body.

The breast

It is a milk producing gland located at the front of the chest. It is made up of fibrous tissues and fats that provide support and contains nerves, blood vessels and lymphatic vessels. The darker pigment around the nipple is called the areola, and the nipples themselves become erect because of cold, breastfeeding or sexual activity. The primary function of the breast is to nourish a baby but also gives pleasure during sexual intercourse. A hormone called estrogen causes the tissues and glands in the breasts to grow so that during pregnancy, a woman is able to produce and store milk. Usually, both breasts swell slightly during

the menstrual period. In many women, one breast is larger than the other.

Hormones and their functions

There are many hormones involved in the physical development and the normal reproductive and sexual functioning of a girl or woman. The major ones are oestrogen, progesterone, follicle-stimulating hormone and luteinizing hormone During the reproductive years the pituitary gland in the brain generates hormones, follicle-stimulating hormone (FSH) that cause a new egg to mature and be released from its ovarian follicle each month. As the follicle develops it produces the sex hormones estrogen and progesterone which thicken the lining of the uterus. The luteinizing hormone (LH) that is produced from the pituitary gland makes the immature eggs grow faster of which only one matures ready for fertilization. It is then released into the fallopian tube.

The female sex hormones, estrogen and progesterone, are most well-known because of their influence on a woman's reproductive health, from menstruation to pregnancy to menopause and more. Both estrogen and progesterone are primarily produces in the ovaries. Adrenal glands also make some estrogen which is why men have some estrogen in small amounts.

Estrogen is the hormone that causes a girl to develop into an adult during puberty. It creates the changes that cause growth of the breast, hair in the pubic area and under the arms and the beginning of menstruation. It stimulates growth of the uterine lining (endometrium) causing it to thicken during the pre-ovulatory phase of the cycle. In the middle of the menstrual cycle estrogen level is highest and lowest during menstrual period. Because menstruation ceases in menopause, estrogen levels also drops at this time. Estrogen also makes cervical mucus thin, clear and stretchy to assist entry and nourishment of the sperm.

Progesterone is the hormone that helps prepare a woman's body for conception and pregnancy and regulates the monthly menstrual cycle. It also plays a role in sexual desire. It causes the endometrium to secrete special proteins during the second half of the menstrual cycle, preparing it to receive and nourish an implanted fertilised egg. If implantation does not occur estrogen and progesterone levels drop, the endometrium breaks down and menstruation occurs.

If pregnancy occurs, progesterone is produced in the placenta and level remain high throughout pregnancy to maintain it. Progesterone also encourages the growth of milk producing glands in the breast during pregnancy. Progesterone enables the cervical mucus to become thicker and stickier, preventing germs from entering the uterus and blocking the passage of sperm.

Hygiene of the Female Genitals

The inside of the vagina is self-cleansing which does not require cleaning with soap. It has a natural balance of substances that can be disturbed by washing, causing any bacteria that enter to have the potential of developing into an infection. However, the outer part of the vagina, the labia would need cleaning with mild soup and water. Over cleaning of the vagina can be harmful. Washing should be done from the front to the back to avoid bacteria around the anus from entering the vagina or urethra (the external opening to the bladder). The anus should be the last part to be cleaned so the bath water or flannel does not become contaminated with bacteria that would be spread to other parts of the body.

Perfumes and deodorants should not be directly applied to the genital region. Many young women douche to keep their genitals smelling good and this can be harmful. Douching is a method to wash out the vagina, usually with a mixture of

water and vinegar. This can seriously disturb your vaginal balance and cause itching, irritation and infections. Douches that are sold in drugstores and supermarkets contain antiseptics and fragrances. A douche comes in a bottle or bag and is sprayed through a tube upward into the vagina. Once you have an infection, more douching can push the bacteria that is causing it into and up your vagina. That can lead to problems with your uterus, ovaries or fallopian tubes.

Wash cloths and towels should be individual and washed after use and not left in the laundry basket. Particular attention should be paid in the incidence of thrush and cystitis.

The use of cotton underwear instead of nylon reduces the likelihood of perspiration and bacterial infections from the anal region to the genital area.

Exercise:

Exploring own experience

Objective:

To enable participants learn better about the functions of the human body from their experiences of being a boy or a girl.

Activity: Small group brainstorming

Materials needed:

Flip charts, large pieces of papers, markers

Duration: 40 minutes

Steps to follow:

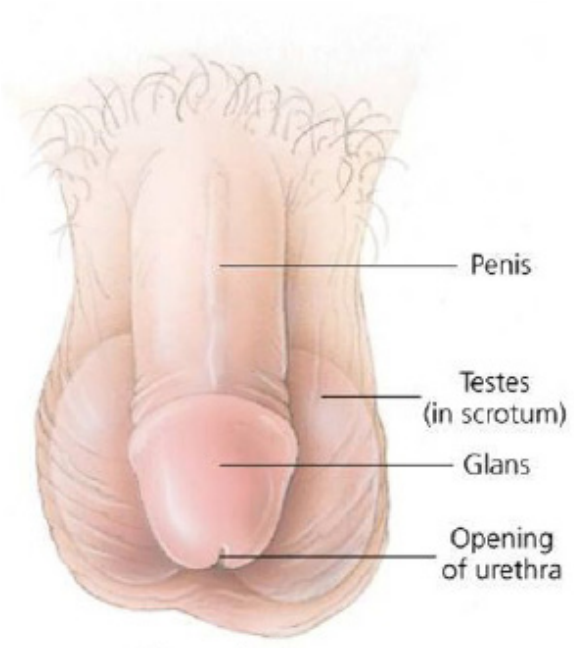
1. Divide the participants into small groups of 4–6. Encourage everyone in the group to be involved in sharing their views.
2. Ask them to draw the female reproductive parts (both external and internal organs), write the names and identify the functions.

3. Ask the leader of each group to present and explain their drawings to the entire class.
4. The facilitator should summarize the main points learnt and ask for feedback from participants.

The Male Reproductive System

The male reproductive organ produces, maintains and transports sperm and protective fluid. It discharges sperm within the female reproductive tract during sex. The male reproductive organ also produces and secretes hormones responsible for maintaining the organ. Unlike the female reproductive system, most of the male reproductive system is located outside of the body.
The External Male Reproductive Organs

These are the male organs that are on the outside and can be seen or felt. These external structures include the penis, scrotum and testicles.



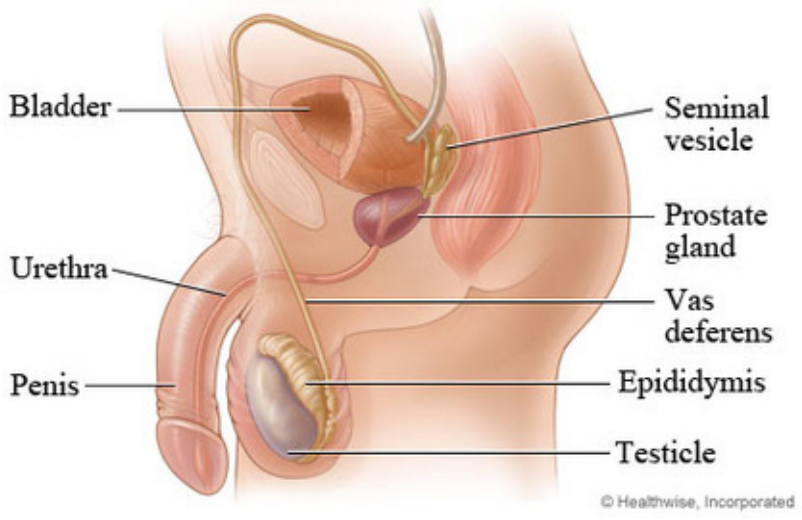
External male sex organ

THE MALE REPRODUCTIVE ORGAN	DESCRIPTION/FUNCTION
Penis	This is the male organ, reaching its full size during puberty. In addition to its sexual function, the penis acts as a passage for urine to leave the body. It carries the semen with the sperm into the vagina. The body of the penis is cylindrical in shape and consists of three circular shaped chambers It has three parts: the root, which attaches to the wall of the abdomen, the body (shaft) and the glans. These chambers are made up of special, sponge-like tissue. This tissue contains thousands of large spaces that fill with blood when the man is sexually aroused. As the penis fills with blood, it becomes rigid and erect, which allows for penetration during sexual intercourse. The skin of the penis is loose and elastic to accommodate changes in penis size during an erection. Semen, which contains sperm (reproductive cells), is expelled (ejaculated) through the end of the penis when the man reaches sexual climax (orgasm). When the penis is erect, the flow of urine is blocked from the urethra, allowing only semen to be ejaculated at orgasm. The glans, also called the head or tip of the penis is the cone-shaped part at the end of the penis and it is covered with a loose layer of skin called foreskin.

	This skin is sometimes removed in a procedure called circumcision. The glans of the penis also contains a number of sensitive nerve endings. The opening of the urethra is here. This is where pre-cum and semen (cum) come out of and it is where you urinate from. For most people it is the most sensitive part of the penis.
Scrotum	This is the loose pouch-like sac of skin that hangs behind and below the penis. It contains the testicles (also called testes), as well as many nerves and blood vessels. The scrotum also keeps the testicle at the right temperature. If it's too cold the scrotum pulls your testicles closer to your body and if it's too warm your testicles hang away from your body. For normal sperm development, the testes must be at a temperature slightly cooler than body temperature.
Testicles (testes)	They are two ball-like glands inside your scrotum, They make sperms and hormones like testosterone; the primary male sex hormone. Within the testes are coiled masses of tubes called seminiferous tubules. These tubes are responsible for producing sperm cells.

The Internal Male Reproductive Organ

These are organs that lie within the lower part of the abdomen called the pelvic region. They consist of the epididymis, vas deferens, seminal vesicles, prostate, urethra and the cowper's gland.



Internal male sex organ

EXTERNAL MALE REPRODUCTIVE ORGANS	DESCRIPTION/FUNCTION
Epididymis	It is a sperm storage area. It is made up of several feet of long thin tubules that are tightly coiled into a small mass. Sperm produced in the testes moves into the epididymis to mature. It connects each testicle to each vas deferens and it holds the sperm before ejaculation.
Vas deferens	It is the long narrow tube that carries sperm from the epididymis to the seminal vesicles when ejaculation occurs. There are two of them-one connected to each epididymis.
Seminal vesicles	They are two small organs that produce semen; the fluid that sperm moves in. They are located below your bladder.
Prostate gland	The prostate gland is a walnut-sized structure that is located below the urinary bladder in front of the rectum. It makes fluid that helps your sperm move. Prostate fluids also help to nourish the sperm. The urethra, which carries the ejaculate to be expelled during orgasm, runs through the centre of the prostate gland
Cowper's glands	It produces a fluid called pre-ejaculate (pre-cum). This fluid prepares your urethra for ejaculation. It reduces friction so the semen can move more easily. The Cowper's glands are under the prostate and attached to the urethra.
Urethra	The urethra is the tube that carries urine from the bladder to outside of the body. In males, it has the additional function of ejaculating semen when the man reaches orgasm. When the penis is erect during sex, the flow of urine is blocked from the urethra, allowing only semen to be ejaculated at orgasm

Hormones and their functions

Testosterone is the major male hormone that is produced in the testes in men. It initiates the internal and external development of a male fetus including the reproductive organs. It plays an important role during male puberty sparking growth spurts, hair growth and genital changes. It can also cause aggressive and sexual behaviour in men. It is also produced in the ovaries in women and the adrenalin glands in both sexes.

Exercise:

Exploring the male reproductive organs

Objective:

Enhance knowledge on the male reproductive organs

Activity: Card game

Materials needed:

Pieces of manila card, markers, thump pins or cello tape.

Duration: 40 minutes

Steps to follow:

1. Distribute cards or a slip of paper with names of the male reproductive organs and other cards with descriptions of these names.
2. Ask each participant to read the card he/she has in hand.
3. Ask for the corresponding card owned by one of the participants to be read aloud and pasted on the wall accordingly.
4. Ask participants to explain the part and the functions; encourage others to ask questions.
5. Facilitator should summarize the main points learnt on the male reproductive organs and ask for feedback.

Hygiene of the Male Genitals

The penis, scrotal area and anus need cleaning at least once a day and no attempt should be made

to clean the inside of the urethra; this can cause serious damage. Special care should be taken by uncircumcised men to make sure the head of the penis is cleaned. This can be done by allowing warm water to act as a lubricant and the foreskin should be gently pulled back. Failure to clean this area properly will result in the collection of smegma (the white stuff that collects under the foreskin), causing bad odours and an increased risk of infection. It is important to remember to return the foreskin to its natural position after cleansing and drying. This practice is not to be performed on boys whose foreskin is not able to be retracted. Trying to force it back can result in serious damage. The penis should be cleaned on the outside only.

Wearing loose fitting cotton underwear can reduce the chance of perspiration build up and prevent odour. Aftershaves and deodorants should not be applied to the genital area. Hand washing should be a part of genital hygiene as hands should be washed after using the toilet, and should be taught to children to become part of everyday routine.

Every vagina and every penis has a certain smell that is natural and normal. There are sweat glands around the genitals that cause that smell. They are similar to the ones found in the armpits. But, if you start smelling 'fishy' or unpleasantly different, go see a doctor. It could be a sign of infection.

THE MENSTRUAL CYCLE

The term 'menstrual cycle' refers to the changes that occur naturally in a woman's body to prepare it for pregnancy. The menstrual cycle has four distinct phases: menstruation, the follicular phase, ovulation, and the luteal phase. Although menstruation is considered to be the first phase of the cycle, in order to properly understand menstruation, it is necessary to first explain the other phases.

Follicular Phase: In this phase, the pituitary gland releases follicle-stimulating hormone (FSH), which causes between 10 and 20 follicles (cells that contain immature eggs, known as ova) to begin developing in the ovary. They produce the hormone oestrogen, which causes the lining of the uterus (endometrium) to become thick in preparation for the possible embedding of a fertilised egg. Usually only one follicle develops into a mature egg, this follicle moves towards the surface of the ovary, while the others break down and are reabsorbed by the body. The follicular phase begins on the first day of menstruation and ends with ovulation. It can vary considerably in length, depending on the time of ovulation.

Ovulation: This refers to the release of a mature egg from the ovary. During the follicular phase, the rise in a woman's oestrogen levels causes gonadotropin-releasing hormone (GnRH) to be released from her brain. This in turn causes the pituitary gland to produce increased levels of luteinising hormone (LH). The rise in LH triggers ovulation. Following ovulation, the egg is swept into the fallopian tube and moved along towards the uterus. If fertilisation does not occur, the egg disintegrates within 6-24 hours.

It is believed that ovulation occurs mid-cycle but it actually occurs 12-16 days before the next period starts. Although a woman with a 28-day cycle may ovulate mid-cycle (between day 12 and day 16), a woman with a 36-day cycle will ovulate between day 20 and day 24.

The Luteal Phase: During this phase, the remains of the follicle that released the egg (now called the corpus luteum) release large amounts of the hormone progesterone as well as some oestrogen. These hormones contribute to the further thickening and maintenance of the uterine lining. If fertilisation does not occur, the corpus luteum breaks down and progesterone levels decline, leading to the breakdown of the uterus lining.

During the luteal phase, women may experience physical and emotional changes including tender or lumpy breasts, fluid retention, bloating, mood swings, tiredness or anxiety (Premenstrual syndrome).

Menstruation: Menstruation occurs when the broken-down lining of the uterus flows out through the vagina. This generally lasts from three to seven days. However, the number of days can differ from one woman to the other and can also change from one cycle to the next. The length of the cycle may be affected by many things, including diet, stress, hormonal imbalance, illness, travel, exercise and fertility medication. In addition to blood, menstrual fluid is made up of several components including endometrial cells, cervical mucus and vaginal secretions. The amount of menstrual fluid lost varies between women and from one cycle to the next, but a woman generally loses about 50-100ml of fluid each time she has a period. At the beginning of menstruation, the flow may be heaviest or lightest or may change throughout. The colour can range between black, brown, dark red, bright red and pink. Menstrual fluid only tends to have an unpleasant odour after it has been in contact with air for a period of time.

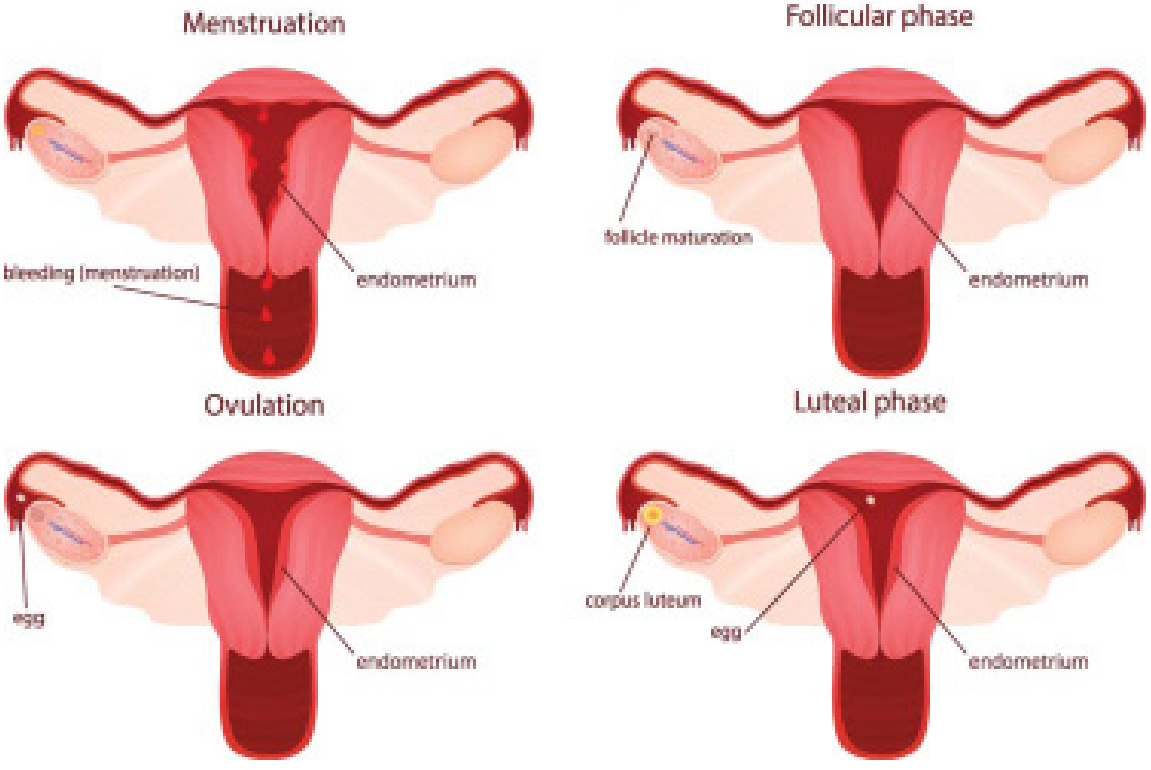
Menarche (the onset of menstruation) occurs most often in girls aged from 11 to 14 but can start earlier or years later. Menarche usually occurs a year or two following the appearance of other puberty related changes, such as breast development and pubic/underarm hair growth. The start of menarche can be influenced by genetic factors and social influences such as size and weight. Girls with a higher body mass index (BMI) are likely to begin getting periods earlier than those with lower BMI scores. Girls who are highly physically active (such as athletes) tend to have slightly delayed menarche.

If a young woman has not had her period by age 16, it is advisable she consults a doctor to ensure

that she does not have a medical condition that is preventing menstruation from occurring. When young women first start menstruating, they are often anovulatory (not ovulating) and, therefore, not fertile. However, it is important for sexually active young women to remember that as soon as they start menstruating, pregnancy can occur. Menstruation without ovulation can also occur at other life stages, such as before menopause. Menopause is the ending of menstrual flow which typically occurs in women who are in their late 40s or early 50s. Prior to menopause, the menstrual cycle and/or flow may change, becoming lighter, heavier or longer.

Hygiene during menstruation:

1. Choose a cotton-based sanitary pad.
2. Change sanitary pads regularly to prevent irritation on the inner thighs.
3. Take a warm water bath twice a day during your menses to stay fresh and healthy and to avoid odour.
4. Wear clean cotton underwear.
5. Wash your hands before and after changing a sanitary pad.
6. Change panties immediately when stained.
7. Eat lots of fruits and vegetables.
8. Drink at least 8-10 glasses of water to prevent dehydration.
9. When disposing off sanitary pads wrap in a newspaper and throw in the dustbin.
10. It is very important to maintain a high level of hygiene during your periods to avoid vaginal and urinary tract infections.



Menstrual cycle

Exercise:
Discussing menstrual related problems

Objective:
To enable participants understand challenges experienced within the menstrual cycle

Activity: Large group discussion

Materials needed: Flip chart and markers

Duration: 30 minutes

Steps to follow:

1. Ask the entire class to mention some menstrual-related problems they know, experience or have heard about.
2. Write down the points on the flip chart.
3. Explain each point further with examples.
4. Highlight the two common problems; dysmenorrhea (painful menstruation) and premenstrual tensions (including mood swings).

How Pregnancy Occurs

Pregnancy is the state of carrying a developing embryo or foetus within the female body Pregnancy lasts for about 9 months, measured from the date of the woman's last menstrual period (LMP). It is conventionally divided into three trimesters, each roughly three months long. Exercise: Exploring knowledge on how pregnancy occurs

Objective:
To test the level of knowledge of participants on how pregnancy occurs

Activity: Small group brainstorming

Materials needed:
Flip charts and markers

Duration: 45 minutes

Steps to follow:

1. Ask participants to form groups of six.
2. Ask each group to share what they know about how pregnancy occurs and also highlight on the beliefs and misconceptions of pregnancy.
3. Ask presenters of each group to share their experiences.
5. Record the main points on a flip chart or large pieces of paper.
6. Add missing facts, using the hand out and clarify misconceptions.
7. Summarize the main points learned.

How Pregnancy Occurs (Ovulation, Fertilization and Implantation)

Pregnancy is the period from conception to birth. It is a state in which a woman carries a fertilized egg inside her body. After the egg is fertilized by a sperm and then implanted in the lining of the uterus, it develops into the placenta and embryo, and later into a fetus. Pregnancy usually lasts 40 weeks, beginning from the firstday of the woman's last menstrual period, and is divided into three trimesters, each lasting three months. Understanding how pregnancy happens is important. If you want to avoid pregnancy, it helps to know when a woman is most likely to get pregnant, and when she is not. In order for a woman to become pregnant, she must release an egg from her ovary (ovulation). Next, the egg and sperm must meet and form a single cell (fertilization). Then pregnancy begins when and if the fertilized egg attaches to a woman's uterus and begins to grow (implantation).

Ovulation

Each month inside the ovaries, a group of eggs grow in small, fluid-filled sacs called follicles. Eventually, one of the eggs erupts from the follicle (ovulation). It usually happens about 2 weeks before the next period.

Fertilization

After vaginal intercourse millions of sperms travel up through the uterus and into the fallopian tubes. An egg in one of the tubes may be fused by a matured sperm. The millions of other sperm seep out of the vagina or are absorbed by the woman's body. The joining of egg and sperm is called fertilization. It is most likely to occur from sexual intercourse that happens during the five days before the egg is released or on the day of ovulation.

Implantation

The fertilized egg moves down the fallopian tube and divides into more and more cells, forming a ball. The ball of cells reaches the uterus about 3–4 days after fertilization. The ball floats in the uterus for another 2–3 days. Pregnancy begins if the ball of cells attaches to the lining of the uterus, this is called implantation. It usually starts about six days after fertilization and takes about 3–4 days to be complete. The embryo will develop from cells on the inside of the ball. The placenta will develop from the cells on the outside of the ball. Up to half of all fertilized eggs never implant. They pass out of women's bodies during menstruation.

Teenage Pregnancy and Related Issues

Teenage pregnancy is defined as unintended pregnancy during adolescence (before age 20). A female teenager can be impregnated as early as age 12 or 13. Teenage pregnancy and motherhood is a major social and health issue. Teenage pregnancy remains a major contributor to maternal and child mortality, and to the cycle of ill-health and poverty. An early start to child bearing greatly reduces women's educational and employment opportunities and is associated with higher level of fertility.

The 2014 World Health Statistics indicate that the average global birth rate among 15 to 19 year olds is 49 per 1000 girls. Country rates range from 1 to

299 births per 1000 girls, with the highest rates in sub-Saharan Africa. According to the 2014 Demographic Health Survey in Ghana, 14 per cent of women aged 15-19 had begun childbearing. The increasing numbers of pregnant adolescents indicate the importance of addressing adolescent sexual reproductive health.

Major causes of Teenage Pregnancy

Parental neglect: Many parents of today ignore the responsibility of nurturing their children and giving them sex education, leaving it to their teachers. The majority of parents today concentrate on the financial needs of their children more than the emotional and psycho-social needs. These young girls and boys are barely monitored at home, and are exposed to all kinds of programmes from the media which are not suitable for them.

Poverty: Most teens who become pregnant often come from poor families. These teens often grow up having low educational goals and successes due to the lack of involvement from parents. Teens who are predisposed to a negative environment begin making friends with other teens that are going through similar situations. It is these groups of teens who begin to experiment with drugs, alcohol and sex and do not perform well in school.

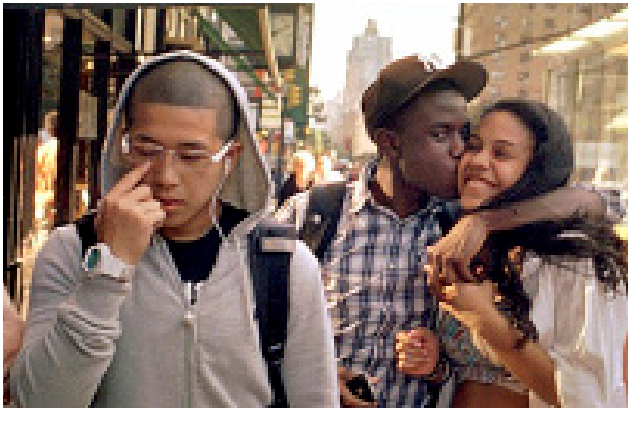
Lack of reproductive health and sex education: Sex education and teenage pregnancies are concepts linked with each other. Sex education decreases the incidence of teenage pregnancy. Implementing the concept of sex education in schools or colleges helps to control the occurrence of teenage pregnancy and lowers the cases of sexually transmitted diseases among teenagers.

Peer pressure: Some teenagers decide to have sexual relationships because their friends think it is cool. Others feel pressured by the person they are dating, some also find it easier to give in

and have sex than try to explain why not. Some teenagers get caught up in the romantic feeling and believe sex is the best way they can prove their love.

Drugs and Alcohol: During adolescence, teenagers may drink and experiment with drugs frequently with their friends at social gatherings and parties.

Teens, however, do not realize the impacts alcohol and drugs have on the functioning of their brain, especially the effects of binge drinking (consuming large amounts of alcohol during one sitting). Drinking excessively as well as experimenting drugs may lead to unwanted and unintentional pregnancy. These substances greatly affect a teen's ability to think logically and carry out general thinking processes, increasing the chances of engaging in unprotected and unsafe sexual activity



EEFFECTS OF TEENAGE PREGNANCY ON THE MOTHER	EFFECTS OF TEENAGE PREGNANCY ON THE CHILD
• Complications during pregnancy and childbirth are the second cause of death for 15-19 year-old girls globally (High maternal death) • Tendency for an abortion and its effects • School dropout • Serious health risk • Poor medical problems-poor weight gain, pregnancy-induced hypertension, anaemia, STDs, etc • Single parenting and its stress	• High rates of low birth weights-raises probability of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness and cerebral palsy and prone to be diagnosed of other disabilities later in life. • Insufficient health care • Inadequate parenting • Victim to abuse and neglect • Low

Ways to avoid or reduce Teenage Pregnancy

- Parents should be more responsible in playing their parental role in providing food, clothing, shelter including education and training.
- Parents should discuss issues of life, its joys and problems with their adolescent children especially the girl child so that they have a good view of what they should expect in adult life.
- Religious and social groups should provide guidance and counseling services to adolescents, young adults and parents on reproductive health that are consistent with their teachings and national policies.
- Adolescents and teenagers should live responsible lives and take advantage of opportunities available to them for

personal, socio-economic development and advancement.

The menace of teenage and adolescent pregnancy requires continuous and consented efforts by all stakeholders to help bring this phenomenon to the barest minimum before it gets out of hand.

Exercise 1:

Identifying causes and consequences of teenage pregnancy

Objective:

Help participants to feel free to discuss issues of teenage pregnancy

Activity: Story-telling

Materials needed: Flip chart and markers

Duration: 30 minutes

Steps to follow:

Participants may not have personal experience about teenage pregnancy, but they might know of other boys and girls who are confronted with it or they might have heard and read about it. They should not mention names of persons known.

1. Ask 2 participants to share brief stories related to teenage pregnancy they have heard or read about. They should not mention names.
2. After each story, ask participants to identify the causes and effects of teenage pregnancy.
3. Summarize and correct wrong perceptions of teenage pregnancy.

CONTRACEPTION

Contraception is a deliberate means of preventing pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. The major forms of artificial contraception are: barrier methods, of which the commonest is the condom or sheath; the contraceptive pill, which

contains synthetic sex hormones which prevent ovulation in the female; intrauterine devices, such as the coil, which prevent the fertilized ovum from implanting in the uterus; and male or female sterilization. Unfortunately, there is no perfect form of birth control. Only abstinence (not having sexual intercourse) protects against unwanted pregnancy with 100 per cent reliability. The failure rates, or the rates at which pregnancy occurs, for most forms of birth control are quite low. However, some forms of birth control are more difficult or inconvenient to use than others. In actual practice, the birth control methods that are more difficult or inconvenient have much higher failure rates, because they are not used faithfully.

Although there are many different types of birth control, they can be divided into a few groups based on how they work. These groups include:

Hormonal methods: These use medications (hormones) to prevent ovulation. Hormonal methods include birth control pills (oral contraceptives), Depo Provera injections, and Norplant.

Barrier methods: These methods work by preventing the sperm from getting to and fertilizing the egg. Barrier methods include male condom and female condom, diaphragm, and cervical cap. The condom is the only form of birth control that also protects against sexually transmitted diseases , including human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome (AIDS).

Spermicides: These medications kill sperm on contact. Most spermicides contain nonoxynyl-9. Spermicides come in many different forms such as jelly, foam, tablets, and even a transparent film. All are placed in the vagina. Spermicides work best when they are used at the same time as a barrier method.

Intrauterine devices (IUDs): These devices are inserted into the uterus, where they stay from one to ten years. An IUD prevents the fertilized egg from implanting in the lining of the uterus and may have other effects as well.

Tubal ligation: This medical procedure is a permanent form of contraception for women. Each fallopian tube is either tied or burned closed. The sperm cannot reach the egg, and the egg cannot travel to the uterus.

Vasectomy: This medical procedure is the male form of sterilization and should be considered permanent. In vasectomy, the vas deferens, the tiny tubes that carry the sperm into the semen, are cut and tied off.

There are many different ways to use birth control. They can be divided into several groups:

By mouth (oral): Birth control pills must be taken by mouth every day.

Injected: Depo Provera is a hormonal medication that is given by injection every three months.

Implanted: Norplant is a long-acting hormonal form of birth control that is implanted under the skin of the upper arm.

Vaginal: Spermicides and barrier methods work in the vagina.

Intra-uterine: The IUD is inserted into the uterus. Surgical: Tubal sterilization is a form of surgery. A doctor must perform the procedure in a hospital or surgical clinic. Many women need general anesthesia.

The methods of birth control differ from each other regarding when they are used. Some methods of birth control must be used specifically at the time of sexual intercourse (condoms,

diaphragm, cervical cap, spermicides). All other methods of birth control must be working all the time to provide protection (hormonal methods, IUDs, tubal sterilization).

Precautions

There are risks associated with some forms of birth control. Some of the risks of each method are:

Birth control pills: The hormone (estrogen) in birth control pills can increase the risk of heart attack in women over forty who smoke.

IUD: This device can increase the risk of serious pelvic infection. The IUD can also injure the uterus by poking into or through the uterine wall. Surgery might be needed to fix this injury. Various types of contraception, including birth control pills, condoms, and diaphram.

Tubal sterilization: "Tying the tubes" is a surgical procedure and has all the risks of any other surgery, including the risks of anesthesia, infection, and bleeding.

Condom: The most common problems associated with condoms are breakage during use and improper technique in using condoms. These can lead to pregnancy.

Building a Healthy Relationship

During adolescence, young people learn how to form relationships with friends, parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles during this time, and relationships contribute to their development.

Peers play a big role in identity formation, but relationships with caring adults including parents, mentors or coaches are also important for adolescent development. Often, the parent-adolescent relationship is one relationship that

informs how a young person handles other relationships. Unfortunately, adolescents sometimes develop unhealthy relationships, and experience or exhibit bullying or violence in their relationships.

Relationships play a major role in our lives, especially during the teen years. However, not all relationships are healthy. Sometimes we associate with people who may not have our best interest in mind. It is vital that you learn to recognize a healthy relationship from a harmful one. "Walk with the wise and become wise, for a companion of fools suffers harm" (Proverbs 13:20).

In order to make informed decisions, adolescents need to make conscious choices about relationships, understand what they expect from other people, and have open communication with partners about intimate issues. They need to be clear on the healthy and unhealthy components of their relationships. When you think of the word "relationship," what people or situations come to mind? As we get older, we learn that there are a variety of relationships we can have with other people.

Four basic types of relationships

I. Family relationship
II. Friendship
III. Casual relationship
IV. Romantic relationship

Family relationship: Children thrive on feelings of belonging and affection that come from having caring and supportive families. Family is defined as a domestic group of people with some degree of kinship whether through blood, marriage, or adoption. Family includes your siblings and parents, as well as relatives who you may not interact with you every day, such as your cousins, aunts, uncles, grandparents, and step-parents. Whether families have one parent or two, whether they include step-parents, grandparents or other

carers, they can build strong, positive family relationships that promote family wellbeing and support children's mental health. When children are nurtured and respected, they grow up to care for others and develop strong and healthy relationships. Having healthy relationships with your family members is important yet sometimes difficult.

Friendship: Everyone needs friends, and you probably have always had at least one. A friend is defined as a person you know well and regard with affection, trust, and respect. Some friendships between teens and their friends are so important they end up lasting a lifetime. Friendships can have a huge effect on the choices teens make and the people they grow up to be. The better the quality of our friendships, the more successful we will be. Friendships between teens and their friends are not always positive. When a teen gets involved with the wrong crowd, he or she is typically easily influenced.

Making and keeping friends can be particularly tough if you are shy or unsure of yourself. The best way to make new friends is to be involved in activities at school and in the community where there are other people your age, being friendly and helpful. Express yourself with your friends. You have the freedom to say "no" if you disagree. If you are scared of losing a friendship by standing up for what you believe is right, then you are in an unstable friendship.

True friends listen and respect each other's opinion. Standing up for yourself may cause tension in a friendship, but it is OK as long as you have the skills to handle the situation. The key is to form positive friendships with people of whom your parents approve. These friendships tend to last longer than others.

Tips for keeping friends.

- Be supportive
- Be encouraging

- Do not tease or belittle
- Cooperate
- Compromise
- Be considerate
- Talk openly about disagreements
- Apologize when you hurt them

Casual Relationship: Casual relationships are formed with people you encounter every day- anyone who is not a friend neither a romantic partner nor family member. For example; a boy or girl you don't know yet but greet every day. Most relationships start from the casual level.

Romantic Relationship: An intimate relationship is one in which you can truly be yourself with someone you respect and are respected by. It is an emotional connection that can also become physical. An intimate relationship can be with anyone who you are really close to and can completely be open and honest with. Romantic relationships are not always intimate. In healthy romantic relationships, both partners respect each other and have their own identity. Each partner is a unique individual, not simply part of a couple. Just as peer pressure can negatively impact a friendship, partners can overly influence each other and create instability in their romantic relationship. As Adolescents, new kinds of relationships emerge. Friends may find themselves attracted to each other in ways they were not before, and they may become closer, or grow apart. Either way, relationships are bound to change during the adolescence, especially in the area of romance.

Characteristics of a Healthy Relationship

In a healthy relationship, each person is allowed to express their individuality in the relationship. Both people are allowed to grow independently of each other and as a couple, this kind of healthy relationship involves freedom, encouragement, and support of each other's efforts. It also

involves boundaries, cooperation, compromise, and being considerate. The basic keys to a healthy relationship are; communication, trust, and respect.

Qualities of a Healthy Relationship

- Fairness
- Affection (like/love/care)
- Respect
- Support
- No violence/abuse
- Good communication
- Trust
- Honesty
- Sense of humour
- Friendship
- Freedom
- Encouragement

Exercise 1:

Building a Healthy Relationship

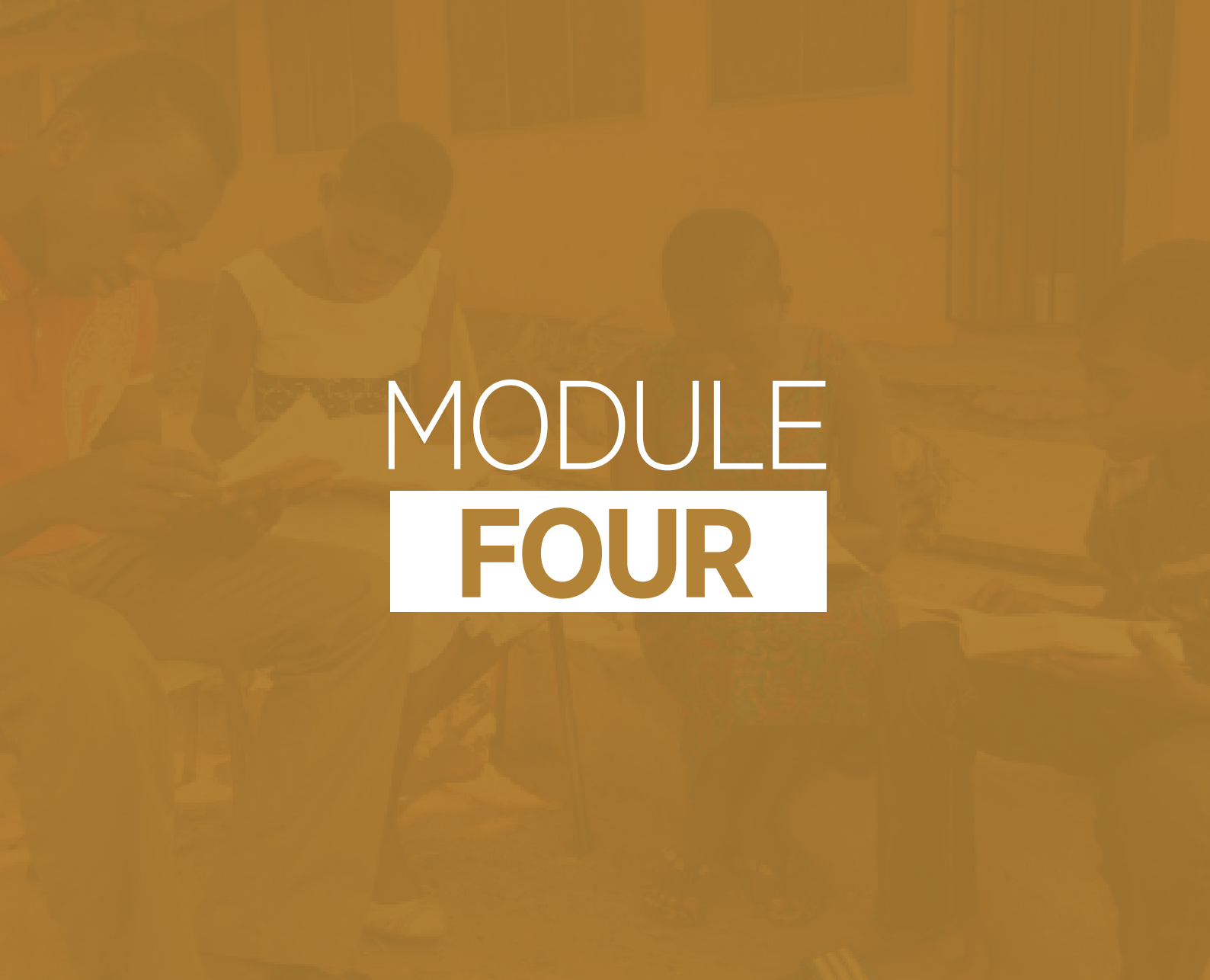
Objective:

Understanding how to build and maintain a healthy relationship

Activity: Questions and answers, story-telling

Steps to follow:

1. Ask participants questions on the sub-topics under Healthy Relationships.
2. Listen and correct wrong answers.
3. Allow participants to share personal stories on the topic.



MODULE FOUR

4.1 GENDER AND SEX

INTRODUCTION

Gender and sex related issues include matters about sex, sexual orientation and adolescent sexual challenges. Over the years these issues have been addressed wrongly or partially in many societies due to unclear or wrong perspectives. In this module we shall discuss these issues and know the mind of God concerning them.

DIFFERENCE BETWEEN SEX AND GENDER

Sex is a biological term referring to whether a person is male or female. Sex is biologically determined; it is inborn and cannot change. A female has a vagina and menstruates and can become pregnant. Men have penises and can impregnate women.

Gender refers to the socially constructed roles,

behaviours, activities and attributes that a given society considers appropriate for boys and girls. It is determined by society through socialization agent such as our families, peers, school etc. From childhood, a girl learns her gender role, usually from her mother. For example, in some countries, household chores like cooking, fetching water, grinding grain, serving food etc. are considered to be "women's work". Remember, gender relations are socially constructed and therefore, can be changed. A boy also learns his gender role, usually from his father. He is the one who leaves the house to go to work, owns property, goes to war, and tells his wife what to do. He is expected to be bold and assertive and be superior to a girl.

Facilitator Note:

Allow participants to discuss each case study and share their views.

GENDER ROLE CASE STUDIES

1. Maa Esi gives a doll as a present to her son Kuuku. She believes that dolls will help teach little boys about taking care of someone and how to love. Her husband thinks it is a bad idea and will only teach their son to be a weakling.

2. Esther and David, the older children, are both attending school when a family crisis occurs. Their parents must leave home for several days and need one of the older children to take time off from school to take care of the younger two children and to tend to the household chores. Esther thinks David should be selected because she has exams the following week in school. David thinks Esther should be selected because taking care of children and cleaning the house is a female's work and that she would be better at it.

3. Edem and Aisha have been friends for a year. Their relationship is good—and even their parents approve but lately Edem has been putting pressure on Aisha to become more sexually involved than she wants. She believes she should be able to say "no" and not harm the relationship, but he thinks it is her place as a woman to please him.

COMMONLY HELD MISCONCEPTIONS AND MYTHS ABOUT GENDER

Gender myths and misconceptions are commonly held but mostly false beliefs about someone or circumstances. A commonly held myth is that gender and sex are exchangeable terms. These two terms are not the same and carry different meanings. Sex is biological and it is inherited from birth, we are born either with X or Y chromosome. Gender, on the other hand, is the socio-cultural roles assigned to men and women, and is determined by society through its socialization agents (such as our families, peers, schools etc.). Thus, men and women learn to behave and work in certain socially prescribed ways. While the fact that we are born male or female is unchangeable, the gender roles can and do change over time, and across cultures. Further, gender differences are based on ethnic, economic, social and cultural factors. Consider these myths:

1. Women should not pay for things by themselves

It is believed that men are supposed to take care of all the bills at home and even in our schools when they go out for break. The women believe that men have to take care of the food they eat. *(Women are also playing these roles now; whoever can foot the bill should be doing so especially when not married to the person and unless the person insists on paying for the lady).*

2. Men should not (cannot) do basic domestic tasks

Basically according to most commercials, men are reluctant when it comes to household chores. They cannot do anything around the house and if a lady leaves for a second, they will destroy everything. They are ineffectual at household tasks. *(Men can also bake when they have to. Men can cook dinner. Men can sweep, mop and scrub).*

3. Women are not funny.

Some people are funny, some people are not, and this applies to both men and women.

4. Women do not get technical.

If a woman is using a computer it must mean she is looking up hairstyles, latest fashion trends, nail designs or nice pictures. She could not possibly be using technology for any beneficial purpose because they do not understand technology. *(Technology can be used by anyone at all for beneficial purposes, both male and female)*

5. Men are better at maths

It has been assumed that boys tend to do better on maths tests and are more likely than girls to choose maths related career paths, such as engineering, technology, and computing. *(This is not an actual biological handicap, but the perception that girls are inferior at maths).*

6. Men are more competitive

In many societies, the stereotype is that men are competitive and women are collaborative. Though in some cases, men are more competitive than women are, there is no biological basis for competitive drive. *(Men and women can be competitive at anything and can also be collaborative when they choose to)*

7. Women are more emotional

It is assumed that females are more emotional,

but in actual sense males and females have the same levels of emotion, the difference is that females feel more comfortable expressing theirs compared to the males. *(There is no difference in the experiences of emotions between men and women, but since women are already perceived to be the more emotional sex, they consistently score higher than men on tests of emotional expression).*

8. Women are more talkative

One popular stereotype claims that women speak tens of thousands of words per day, while men manage to utter only a few hundred. *(There is virtually no difference between the number of words spoken by men and those spoken by women. Both the men and the women speak averagely of about sixteen thousand words per day, without any statistically significant difference between the sexes. Anyone can speak as much as they want to).*

CONCLUSION

God made it possible to clearly identify the physical differences between male and female (sexes) as stated in the Bible. "So God created man in his own image, in the image of God he created him; male and female he created them" (Gen1:27).

In relating to us as humans, God does not overly emphasis on what males and females should do. Galatians 3:28 states, "there is neither Jew nor Greek, there is neither slave nor free, there is no male and female, for you are all one in Christ Jesus". God goes on to further explain to us how to live with each other in Ephesians 5:21 "submitting to one another out of reverence for Christ".

The Bible is quick to tell us that God can use anyone for anything, and that should be our attitude towards the sexes as stated in Acts 2:17 "And in the last days it shall be, God declares, that I will pour out my Spirit on all flesh, and your sons and your

daughters shall prophesy, and your young men shall see visions, and your old men shall dream dreams".

Exercise 1:

Identifying sex and gender roles

Objective:

To help the adolescent identify their sexuality and the gender roles attributed to their sexes

Activity:

Large group discussion and presentation

Materials needed:

Journals, pens, markers. Flip charts and flip chart stand.

Duration: 65 minutes

Steps to follow:

1. Put participants in group according to their sex i.e. Female and male.
2. Ask them to discuss and write down things that make them feel they are males and females.
3. Call the group in turns to do their presentation.
4. Facilitator should discuss the differences between sex and gender (Refer to the notes)

Exercise 2:

Exploring Gender Roles and Expectations

Objective:

To guide participants to appreciate and accept gender roles

Activity 2: Role play

Materials needed: Props for role play

Duration: 65 minutes

Steps to follow:

1. Put participants in mixed sex group of twelve members per group e.g. 6 males 6 females.
2. Ask each group to identify gender roles predominant in their society.
3. Ask each group to prepare a role play based on their discussion.
4. Make them take turns to act out their role plays, 10 minutes per group.
5. Facilitator should guide participants to appreciate and accept the gender roles played by each sex irrespective of cultural stereotype and then use the activity to explain various myths and misconceptions about gender roles.

4.2 SEXUAL ORIENTATION, SEX AND OTHER SEXUALITY ISSUES

INTRODUCTION

Sexuality is more than sex and sexual feelings; it includes all the feelings, thoughts and behaviours of being a girl, boy, man or woman, including feeling attractive, being in love, being in relationships that may or may not include sexual intimacy. It exists throughout a person's life and constantly evolves as we grow and develop.

Sexuality begins at birth and stops at death. However, it differs with age and social exposure. Everyone is a sexual being. Your sexuality is interplayed between body image, gender identity, gender role, sexual orientation, genitals, intimacy, relationships, love and affection. A person's sexuality includes his or her attitudes, values, knowledge and behaviours. How people express their sexuality is influenced by their families,

culture, society, faith and beliefs. A very narrow view of sexuality has been limited to sexual relationships and reproduction among people.

SEXUALITY THROUGH THE LIFESPAN

We develop our sexuality as we grow, and each stage of development has its own sexuality characteristics which we pick along as we mature into old age. Some of these characteristics are discussed below.

Early Childhood (Birth- 3 years)

- Learns about love and trust through touching and holding
- Sucking (need for oral satisfaction)
- Gender identity develops (child knows "I am a boy" or "I am a girl")
- Sex role conditioning (boys and girls are treated differently)
- Exploration of own body (hands, feet, genitals, etc.)
- Toilet training
- Curiosity about differences between boys' and girls' bodies
- Curiosity about parents' bodies

Late Childhood (4-8 years)

- Sex role learning: how to behave like a boy or girl
- Learns sex words: "bathroom vocabulary"
- Asks questions about pregnancy and birth
- Begins to distinguish acceptable and unacceptable behavior
- Possibility of touching genitals
- Becomes modest about own body
- Media influences understanding of male/ female family roles

Early Adolescence (9-11 years)

- Puberty begins (growth of genitals, breast development, etc.)
- Possibility of touching genitals more

- Closeness of same sex friends
- Possibility of body exploration with others

Adolescence (12-18 years)

- Puberty changes occur
- Menstruation or sperm production
- Possibility of touching/playing with genitals more often
- Increased tendency for kissing and petting
- Greater awareness of being sexually attracted to others
- Possibility of masturbation
- Possibility of sexual activity
- Possibility of pregnancy or impregnating
- Strong need for independence

Young Adulthood (19-30 years)

- Possibility of sexual activity
- Possibility of mate selection
- Decision-making about partnerships, marriage, family life, and careers
- Possibility of pregnancy, impregnating, childbirth, and parenting
- Possibility of contraception and safer-sex decisions
- Possibility of ending a relationship

Adult (31-45 years)

- Possibility of mate selection
- Maintaining relationships (sexual and non-sexual)
- Possibility of parenting responsibilities (sex education of own children)
- Possibility of pregnancy, impregnating and childbirth
- Decision-making about contraception and safer sex
- Possibility of grand parenting
- Possibility of ending a relationship

Adult (46-64 years)

- Menopause
- Possibility of grand parenting
- Possibility of sexual activity

- Possibility of mate selection
- Possibility of contraception and "safer-sex" decisions
- Possibility of divorce or death of a loved one

Adult (65 and above)

- Body still responds sexually, but more slowly
- Possibility of grand parenting
- Need for physical affection
- Possibility of sexual activity
- Possibility of masturbation
- Possibility of mate selection
- Possibility of death of a loved one

SEX (SEXUAL ACTIVITY)

Sex can be a normal part of life for many older adolescents and adults. Sex as a verb is also referred to as "intercourse" or "sexual intercourse." Sex means different things to different people, including:

i. Vaginal sex (when the penis or fingers go into the vagina)
ii. Anal sex (when the penis or fingers go into the anus)
iii. Oral sex (when a person kisses or licks his or her partner's penis, vagina, or anus)
iv. Fingering (inserting fingers or objects into the vagina or anus)
v. Masturbating (alone or with a partner)

It is observed that from early adolescence right through to young adulthood, many are faced with the highest forms of temptation to yield to the sexual challenges that arise with these times like masturbation (stimulation of genitals to achieve sexual satisfaction by oneself or a partner) and fornication (sexual intercourse among the unmarried).

Terms under Sexual Orientation

Heterosexuality: The sexual orientation in which a person is physically attracted to people of the

opposite sex.

Homosexuality: The sexual orientation in which a person is physically attracted to people of the same sex.

Bisexuality: The sexual orientation in which a person is physically attracted to members of both sexes.

Transvestism: When a person dresses and acts like a person of the opposite sex.

Trans-sexual: A person who desires to change or has changed his or her biological sex because his/her body does not correspond to his/her gender identity.

Transgendered: A person who lives as the gender opposite to his or her anatomical sex (for example, a male living as a female, while retaining his penis and sexual functioning).

While we all hold our own opinions about different sexual behaviors, we should not be quick to judge but rather make them feel comfortable to talk about it then they could be guided in the right way.

Exercise:

Exploring knowledge under sexual orientation

Objectives:

To expose participants to sexual orientation

Activity: Journal processing

Materials needed: Journal and pens

Duration: 40 minutes

Steps to follow:

1. Take participants through the journal processing activity based on the lifespan of sexuality (refer to notes). Ask participants to

reflect on the following questions.
What about this session surprised you?
What about this session encouraged you?
What about this session kept you questioning?
What about this session will impact your work with the youth?

2. Allow 10 minutes to write
3. Allow 10 minutes to share.
4. Allow as many people who want to share to do so.
5. Encourage participants to come for one-on-one discussion to explore their states in adolescent sexuality and orientation. Referral should be made to counsellors or health worker where necessary.

CONCLUSION

Sex is only for the married, no matter how tempting it feels. The Bible promotes complete abstinence before marriage. Sex between a husband and his wife is the only form of sexual relation which God approves "Marriage is honourable among all, and the bed undefiled; but fornicators and adulterers God will judge". (Hebrews 13:4). For further readings: (Acts 15:20; 1 Corinthians 5:1; 6:13, 18; 10:8; 2 Corinthians 12:21; Galatians 5:19; Ephesians 5:3; Colossians 3:5; 1 Thessalonians 4:3; Jude 7). For a couple to engage in sex before marriage is doubly wrong, they are enjoying pleasures not intended for them, and they are taking a chance of creating a human life outside of the family structure God intended for every child.

The Bible consistently tells us that any sexual activity out of the normal that God has ordained between a male and a female in the context of marriage is a sin "You shall not lie with male as with a woman, It is an abomination, nor shall ye mate with an animal to defile yourself with it, it is perversion" (Leviticus 18:22-23). For further reading (Lev 20:13; Romans 1:26-27; 1 Corinthians 6:9, Genesis 19:1-13 ;). Romans 1:26-27 teaches

specifically that homosexuality is a result of denying and disobeying God.

When people continue in sin and unbelief, God "gives them over" to even more wicked and depraved sin in order to show them the futility and hopelessness of life apart from God. 1 Corinthians 6:9 proclaims that homosexual "offenders" will not inherit the kingdom of God. A person may be born with a greater susceptibility to homosexuality, just as some people are born with a tendency to violence, anger/rage, does that make it right for them to give into those desires? Of course not! The same is true with homosexuality. Therefore as adolescents it is important to keep your bodies holy and acceptable unto God.

Sexual and Gender-based Violence

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advantages, or acts to traffic, or otherwise directed against a person's sexuality, using coercion, by any person, regardless of their relationship to the victim, in any setting, including, but not limited to home and work (WHO 2002, cited in WHO 2013). There are several forms of sexual violence. The common ones include sexual abuse and sexual harassment

Sexual abuse

It is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent. It is any sort of non-consensual sexual contact by one person upon another. When force is immediate, of short duration or infrequent it is called sexual assault. Many victims of sexual abuse are adolescents. Research in many countries has documented that 7–34% of girls and 3–29% of boys experience sexual abuse (ranging from harassment to rape and incest). Sexual abuse can happen inside or outside the home; it can be perpetrated by a partner, family member, family friend, or stranger. Considering the case of Tamar, the daughter of David who was sexually abused by Amnon, her

half-brother in 2 Sam 13, it is clear that sexual abuse can be perpetuated by close relations. It can also include domestic violence, trafficking for the purpose of sexual exploitation, forced exposure to pornography, forced pregnancy, forced sterilization, forced abortion, forced marriage, early/child marriage, female genital mutilation and more

Sexual harassment

It is the pressuring of someone in a vulnerable or dependent position - a youth, employee, or student to have sex. Employers, teachers, or other people in authority may use their ability to control or influence jobs or grades to lure people into sexual relations or punish them if they refuse. A person may be threatened if she or he does not submit to the demand. Sexual harassment includes verbal sexual remarks about clothing, touching sensually or asking for sexual favours.

Gender Based Violence against women

It is a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

(Art. 3 a, Council of Europe Convention on preventing and combating violence against women and domestic violence). GBV also includes violence against men and boys. For instance, boys may become subjected to sexual abuse by family members or trafficked for the purpose of sexual exploitation. There are also instances where men have become survivors of domestic violence – by partners or children (Bloom 2008).

Exercise:
Exploring myths surrounding gender based violence

Objective:
To educate participants about myths on gender based violence

Activity: Quiz

Materials needed: Flip chart and Markers

Duration: 30 minutes

Steps to follow:

1. Guide participants to answer the following truth or myth questions under gender based violence.
2. Indicate whether the statement is a truth or myth.
   i. Rape happens only to females.
      ☐ Truth ☐ Myth
   ii. Sexual abuse only means rape.
      ☐ Truth ☐ Myth
   iii. Someone who sexually violates another can also be a loving person.
      ☐ Truth ☐ Myth
   iv. Rape is an act of uncontrollable sexual desire.
      ☐ Truth ☐ Myth
   v. Sexual abuse happens only in lower socio-economic groups.
      ☐ Truth ☐ Myth
   vi. Once someone realizes that she is being sexually violated, it is easy to leave the relationship.
      ☐ Truth ☐ Myth
   vii. Most rapes are committed by strangers.
      ☐ Truth ☐ Myth
   viii. Someone can change another person's sexually violent behavior by changing some of his/her own behaviors.
      ☐ Truth ☐ Myth

ix. It is rape if someone inserts a finger inside a woman's vagina against her will.
☐ Truth ☐ Myth

x. An adolescent is less likely to be sexually violated if her/his parents know her/his date (boyfriend or girlfriend).
☐ Truth ☐ Myth

xi. People who are sexually abused as children or adolescent are more likely to become sexual abusers as adults.
☐ Truth ☐ Myth

xii. Rape can occur within marriage.
☐ Truth ☐ Myth

xiii. Women want to be raped when they wear revealing cloths or act flirtatiously. ☐ Truth ☐ Myth

xiv. Alcohol can contribute to sexual assault.
☐ Truth ☐ Myth

xv. If a young woman did not fight back, she was not really sexually assaulted.
☐ Truth ☐ Myth

Adolescent Reproductive Health Rights

Adolescent Sexual and Reproductive Health (ASRH) issues are founded on the idea of basic health rights of the youth (10–24 years). Adhering to these internationally agreed guidelines and ensuring that every youth knows his/her individual human right, and is protected by them, is fundamental.

Reproductive health is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes.

Sexual rights are sets of entitlement related to sexuality that form the right to freedom, equality, privacy, and dignity of all people. These are rights not privileges. Everyone is entitled to their rights. Having this knowledge goes a long way to boost one's confidence and ensures that you are not

cheated or abused by your peers, friends and family. Knowing your basic rights will also ensure that you know there are tools and mechanisms set in place to protect you, and give you a fair chance to develop as an individual just as any other member in society.

Adolescent Reproductive Rights

- The right to good reproductive health.
- The right to decide freely and responsibly on all aspects of one's sexuality.
- The right to information and education about sexual and reproductive health so that good decisions can be made about relationships and having children.
- The right to own, control, and protect ones' own body.
- The right to be free of discrimination, coercion and violence in one's sexual decisions and sexual life.
- The right to quality and affordable reproductive health care regardless of sex, creed, color, marital status, or location. This care includes:
  - *Counselling and services.*
  - *Prenatal, postnatal, and delivery care.*
  - *Healthcare for infants.*
  - *Prevention and treatment of Reproductive Tract Infections.*
  - *Prevention and treatment of infertility.*
- The right to privacy and confidentiality when dealing with health workers and doctors.
- The right to be treated with dignity, courtesy, attentiveness, and respect.
- The right to express views on the services offered.
- The right to gender equality and equity.
- The right to receive reproductive health services for as long as needed.
- The right to feel comfortable when receiving services.
- The right to choose freely one's life partners.
- The right to celibacy.
- The right to refuse marriage.

- The right to say no to sex within marriage

Exercise:

Exploring Reproductive Health Rights

Objective:

To guide participants to know some crucial Adolescent Reproductive Health Rights

Activity: Large group discussion

Materials needed:

Flip chart, markers, projector and projector screens.

Duration: 60 minutes

Steps to follow:

1. Participants, led by the facilitator should read the rights and discuss in details how conversant they are with them.
2. Participants should state scenarios where it becomes difficult to insist on certain rights
3. Ideas from the participants should be discussed to make rights known to other peers to spread the information.

MODULE FIVE

5.1 SEXUALLY TRANSMITTED DISEASES

INTRODUCTION

Sexually Transmitted Infections (STIs) are the most common infections among sexually active adolescents. Sexually transmitted infections, or STIs, (commonly referred to as sexually transmitted diseases or STDs) are infections spread from one to another through body fluids such as semen, vaginal fluids and blood through sexual intercourse. They can also be spread from mother to child. A person may have more than one STI at a time.

Sexually Transmitted Infections (STIs)

Usually an STI is mostly indicated by open sores, bumps, blisters, itching of the external sex organs and change in vaginal discharge for girls/women. Some STIs can cause very serious complications and even death. It is possible to become infected even after only one act of sexual intercourse with an infected person. Anyone can get an STI; not just commercial sex workers or people with "loose

morals". Most men can tell when they have an STI because there are usually clear signs. Women, however, often have an STI without knowing it because there are often no signs of infection. STIs are easy to contract, and so it is important to know what they are, what they look like and what you need to do to get them treated. The following includes basic information you need to know about some STIs.

Gonorrhoea

It is the most common STI caused by a bacteria, it does not only affect the reproductive tract but also the mucous membrane of the mouth, eyes, throat and rectum. In males, it usually causes pain or a burning sensation when passing urine and is accompanied by a thick discharge from the penis. These symptoms usually begin within one week of being infected. Some females have the same symptoms but about80% of the infected females have no symptoms at all. If the infection is not detected and treated, it spreads to the internal reproductive organs. If a female has gonorrhoea repeatedly or does not seek treatment, she may develop pelvic inflammatory disease (PID), an infection of the internal reproductive organs. If a female with PID does not get treatment, the fallopian tubes can become blocked from scarring, and she can become infertile.

Syphilis

This is also a bacteria causing infection which grows from one stage to the other, usually from the primary stage → secondary → latent → tertiary stage. Apart from being spread by sexual contact, it is also spread by kissing though rare. Syphillis causes painless sores on one's genitals. If not noticed and treated, it can cause permanent problems like blindness, paralysis and brain damage.

Chlamydia

It is an infection of the tissues lining the urethra, throat, rectum and the opening of the uterus

caused by bacteria. It is the commonly reported case of STI in the US and it is becoming increasingly common in Africa. The signs of Chlamydia are quite similar to those of Gonorrhoea, except they are usually less severe. Up to 75% of people with Chlamydia have no symptoms at all. The disease can be easily treated. However, if not treated correctly, Chlamydia can lead to the same complication as Gonorrhoea, such as PID and infertility.

Granuloma inguinal

This is also caused by bacteria. It is a chronic infection of the skin and lymph glands in the genital area of the body. Granuloma inguinal is a relatively rare disease. It is seen more frequently in males. It is spread through sexual contact with an infected individual. More specifically, this contact involves exposure to bacteria from the open sores in the genital area. Symptoms may be noticed 1 to 16 weeks after exposure. The disease begins with the appearance of lumps or blisters in the genital area that become slowly enlarging open sores. Granuloma inguinal can be effectively treated with antibiotics but without treatment, it can result in serious damage to the sex organs and the disease may also spread to other parts of the body.

Candidiasis

This is an infection caused by a fungus. It is mainly characterized by a thick, whitish discharge resembling curdled milk. It is extremely itchy and may be associated with swelling of the labia in females. Men can be carriers without showing any symptoms. It is therefore important to treat both partners even though the male partner may have no symptoms.

Relationship between STIs, and HIV and AIDS

Human Immuno Deficiency Virus (HIV) is an STI. Although there are several modes of infection, the main mode of transmission is through sexual

intercourse. Other ways of getting HIV include use of contaminated sharp instruments, blood transfusion with infected blood and mother to child transmission. A person with other STIs has a higher risk of becoming infected with HIV if he/she has sexual intercourse with a person infected with HIV. This is because many of the open wounds and sores associated with STIs allow easier entry of the HIV virus into the body. Also, a person with HIV whose immunity has been reduced has a higher risk of contracting other STIs as a result of unprotected sexual intercourse with a partner who has an STI. When an individual has both HIV and another STI, the presence of the HIV infection worsens the signs and symptoms of STIs. The person may also not respond to treatment quickly.

How to avoid STIs

It is possible to prevent transmission of STIs by abstaining from sexual intercourse, or only having one sexual partner (married)

What to do if one thinks he/she has an STI?

The moment one suspects to have an STI, visit the nearest health unit or see a qualified health worker for an immediate check-up and treatment. All the medication prescribed by the health worker must be taken correctly and completely. All STIs except HIV/AIDS - can be cured as long as they are identified early enough.

Why girls are more at risk of becoming infected by STIs than boys?

Although both boys and girls can become infected with STIs, girls become infected more easily.

- The boy's or man's penis goes inside the female and his sexual fluids which may carry infection stay inside her body. This increases her chances of getting an infection in the uterus, fallopian tubes or ovaries.
- Girls are especially at risk of STIs because the cervix and the vagina of an adolescent girl are more delicate than those of an older woman.

The vagina can tear during intercourse, which increases the risk of getting an STI.

- Girls are more at risk of sexual violence (incest, defilement, rape). The force used by a male in these circumstances increases the risk of tearing the vagina (or anus).
- Many cultural practices such as dry sex and putting herbs, cloth and other objects into the vagina to "clean" or "tighten" it increase women's risk of being infected with an STI/ STD. Drying the vagina before sex makes it more likely that there will be tears and cuts during sexual intercourse.

Why Are Adolescents More At Risk For STIs?

- Sexual violence and exploitation, lack of formal education (including sexuality education), and lack of access to reproductive health services work together to put young women at especially high risk.
- Both adolescent boys and girls may have immune systems that have not previously been challenged and have not mobilized defences against STIs.
- Sexual intercourse is often unplanned and spontaneous.
- Adolescents lack basic information concerning the symptoms, transmission, and treatment of STIs.
- Adolescents are subject to dangerous practices such as Female Genital Mutilation, anal intercourse to preserve virginity, and scarification.
- Adolescent boys sometimes have a need to prove sexual prowess.
- In some cultures, girls are not empowered to say 'no'.
- There is a lack of political will to educate youth: no health/sexuality education, poor communication between youth and elders, and lack of materials directed at adolescents.
- Adolescents lack control and are subject to early marriage, forced sex, girl trafficking, and

poverty.

- Adolescents often have little access to income and may engage in sex work for money or favours.
- Adolescents may be more prone to infection because of anaemia/malnutrition.
- Adolescents may be afraid to seek treatment for STIs.
- Substance abuse or experimentation with drugs and alcohol is common among adolescents and often leads to irresponsible decisions, including having sex when unmarried.
- Adolescents may feel peer pressure to have sex before they are emotionally prepared to be sexually active.
- Adolescents often confuse sex with love and engage in sexual relations before they are ready in the name of "love." An adolescent can either be pressured into having sex or pressure someone else by claiming that intercourse is a way to demonstrate love.
- Adolescents may want sexual experience or may look for a chance to experiment sexually, which can lead to multiple partners, therefore increasing their chance of contracting and spreading STIs.

Long Term Health Consequences of STIs

- Generally, the long-term health consequences of STIs are more serious among women.
- Women and girls are less likely to experience symptoms; so many STIs go undiagnosed until a serious health problem develops.
- Adolescents who contract STIs are also at risk of chronic health problems, including permanent infertility, chronic pain from PID, and cancer of the cervix.
- Adolescents who contract syphilis may develop heart and brain damage if the syphilis is left untreated.
- STIs are a risk factor for HIV transmission and for acquiring HIV, which leads to chronic illness and death.

- STIs can be transmitted from an adolescent mother to her infant during pregnancy and delivery. Infants of mothers with STIs may have lower birth weights, be born prematurely, and have increased risk of other disease, infection, and blindness.

Long-Term Social Consequences of STIs

- Discrimination and exclusion from social groups;
  - *Loss of friendship groups*
  - *Diminished income potential*
  - *Possible eviction from residence*
  - *Blamed and treated as a "bad person".*
- Difficulty in finding marriage partner
- Cannot participate fully in community activities/education due to ill health
- Infertility and the loss of community credibility
- Possible judgment and/or rejection by service providers

Exercise:

Exploring Experiences/Observations about STI's

Objective:

To guide participants to share stories/experiences about STI's

Activity: Quiz

Materials needed: Flip chart and markers

Duration: 60 minutes

Steps to follow:

1. Facilitator will read aloud a statement and those who "agree" stand to the right and those who "disagree" will stand to the left. Those who "cannot decide" if they fully agree or disagree will stand in the middle.
2. After the participants have made their decisions, ask one or two participants from each group to explain why they feel that way.

Continue in the same manner for each of the statements.

3. During discussion, the facilitator should help participants to come to a right conclusion. Once all the statements have been made, ask the participants to return to their seats.
4. Facilitator should summarize by saying that it is normal to have strong feelings and values about these topics. Tell the participants that learning to be aware of their own values while being sensitive and non-judgmental to the adolescents needs, will help them to be more open with adolescents.

Quiz questions

1. STIs are caused due to the curse of a god.
2. A man suffering from an STI can get rid of it by having sex with a virgin.
3. If a person has STI, she is 8-10 times more at risk of HIV.
4. STIs take their own time to disappear and one cannot do much in this regard.
5. If a woman is suffering from STIs, she is of low character and has been unfaithful to her husband.
6. A person suffering from STI should keep it a secret from his/her spouse.
7. If one partner has a symptom of STI, both the partners need to take medicines for it.
8. Men should use condoms only with prostitutes.
9. STIs can cause infertility in men and women.
10. If you are suffering from any disease of the genital tract, you should never talk about it.

Quiz Answer Sheet

1. *DISAGREE. STIs are caused by germs which are transmitted by sexual contact and can be prevented by safe sex practices.*
2. *DISAGREE. STIs can be treated by medicines, so one should seek medical help as soon as possible. Sex with a virgin is not an alternative treatment for STIs and so should not be considered at all.*

3. *AGREE. HIV can enter the body much faster if the person has STI and genital sores, ulcers etc.*
4. *DISAGREE. STIs can be treated by medicines. If untreated, some symptoms might disappear, but the causative agent remains in the body and can cause complications later on.*
5. *DISAGREE. Usually, women get the infection from their husbands who have had unprotected sex with infected partners.*
6. *DISAGREE. To treat the disease, it is important to get both the partners treated. If an infected husband takes treatment without letting his wife know of it, he may be re-infected through his wife who acts as a reservoir of infection until she is treated.*
7. *AGREE. Even if other partner does not have a symptom, he/she needs to be treated otherwise he/she could be harboring germs of STIs in their bodies.*
8. *DISAGREE. Men should use condoms to protect themselves, their wives and their unborn child from STIs and their complications.*
9. *AGREE. STIs are infections in the reproductive system and can disrupt its normal functions e.g. STIs can lead to blocked tubes in woman or blocked vas deferentia in men.*
10. *DISAGREE. Diseases of the genital tract are like disease of any other part of the body and one should seek medical advice for them.*

5.2 HIV AND AIDS

INTRODUCTION

Sub-Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. In 2008 around 1.4 million people died from AIDS in sub-Saharan Africa and 1.9 million people became infected with HIV. Since the beginning of the epidemic, more than 14 million children have lost one or both parents to AIDS. Fortunately, Ghana is among the top 10 African countries showing a decline in the HIV incidence of (10% per year) and the prevalence rate of (5% per year) over 2006-2010). The current national prevalence in 2013 0f 1.36% is a decline from 1.9% in 2009 (National AIDS Control Programme HIV Sentinel Survey (NACP HSS Report, TB and HIV Concept Note, Global Fund 2014).Efforts are aimed at reducing the rate of infections and also factors that create room for the spread of the infection and stigma related acts. Therefore the role of peer educators in this process is however very critical.

Exercise:
Assessing extent of initial knowledge

Objective:
To know the level of knowledge participants have of HIV and AIDS

Activity: Large group discussion

Materials needed:
Flip chart and stand, Markers, Pens and Note pads

Duration: 45minutes

Steps to follow:
1. Ask participants to attempt defining what HIV/AIDS are?
2. Ask participants to list some Modes of Transmission, Signs and Symptoms and Preventive Measures of HIV/AIDS.
3. Record the list on a piece of paper.
4. Hold on to this list and compare after facilitator has discussed topic extensively.

HIV stands for Human Immunodeficiency Virus. This is because the virus breaks down the immune system of the body i.e. the body's protection against disease. HIV opens up people to all other diseases easily.

H ***Human*** **-** Transmitted from humans to humans
I ***Immunodeficiency*** -Weakens the body's defense system
V ***Virus*** - A very small germ

AIDS stands for Acquired Immune Deficiency Syndrome. It is the advanced stage of HIV disease.

A ***Acquired*** **-** Obtained from others
I **Immune -** Body's defense system
D **Deficiency** - Lack or failure (in this case, to protect against disease)
S **Syndrome** - Group of symptoms or illnesses

Difference between HIV and AIDS

HIV is the virus that causes AIDS. A person can live a healthy life if they are diagnosed with HIV, they are said to have AIDS when they develop any HIV related illness.

What HIV and AIDS is not?

HIV is not a disease but rather an infection that just exposes one to numerous diseases because of the breakdown of the immune system. HIV is not a killer

Who can get HIV?

Anyone can have HIV. Some people may not even know they have HIV, but they can still pass it to other people even before they begin to feel sick. Once you become sexually active you can be infected with HIV no matter the age, sex or occupation. The chances of catching HIV increases with the number of sexual partners one has.

Modes of transmission

HIV is present in blood, semen, vaginal fluids, and breast milk (medium). The most common ways (modes) HIV is spread is by:

- Heterosexual sex (most common mode in Africa)
- Mother to Child Transmission
- Sharing of needles
- Infected blood or blood product transfusions
- Tattooing and ear piercing
- Accidental exposure

AIDS symptoms appear in the most advanced stage of HIV infection. In addition to damaged immune system, a person with AIDS may also have:

- Flu-like viral syndrome
- Chronic diarrhoea
- Fungal Infections
- Severe weight loss
- Drenching night sweats
- Dry cough and shortness of breath

- Fever
- Swollen lymph glands in the neck, armpit and groin areas
- Chronic fatigue
- Depression and memory loss

How to prevent HIV and AIDS

- Avoid unsafe blood transfusions
- Avoid using or sharing any skin piercing instruments such as blades, needles & syringes. If it cannot be avoided, insist that it be sterilized
- Use only disposable medical supplies
- **A** - Abstinence
- **B** - Be faithful
- **C** - Condoms (consistently & correctly)
- **D** - Disease prevention and treatment (Drugs and Alcohol)
- First Aiders must adhere to universal precautions such as gloves, barrier devices etc.

Management of HIV and AIDS

Antiretroviral (ART)

This is the main type of treatment for HIV or AIDS. It is not a cure, but it can stop people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of a person's life. The aim of antiretroviral treatment is to keep the amount of HIV in the body at a low level. This stops any weakening of the immune system and allows it to recover from any damage that HIV might have caused already.

Key Facts to note

- AIDS is not a curse
- Everyone is vulnerable to HIV (Irrespective of sex, age, religion etc.)
- HIV is not transmitted through mosquito bites
- HIV cannot be cured but can be managed using ART drugs
- The society should show kind and caring attitudes towards people with STI's and HIV and AIDS
- HIV can remain hidden in the body for about

10 years

- No one can tell just by looking, if people have HIV in their bodies

5.3 DRUG AND SUBSTANCE ABUSE

INTRODUCTION

A drug is any substance other than food, that when inhaled, injected, smoked, consumed, absorbed via a patch on the skin or dissolved under the tongue causes a physiological change in the body. They include prescription medicines (antibiotics or tranquilizers), alcohol, tobacco caffeine products and illegal substances (cocaine, marijuana, and heroin). We will discuss these drugs and chemicals that can alter a person's

consciousness, mood, behaviour or perceptions.

In most cases young people start using drugs without knowledge of the consequences that can arise from such a habit. Drugs change the way a person feels, thinks, sees, tastes, smells, hears, walks or behaves. Drugs can make people feel temporarily better about themselves, more sociable and smarter, better looking and more fun to be around. But these feelings do not last long and are often replaced by behaviours and attitudes that are very damaging to a person's health, family and community life.

Drug/ Substance abuse

This refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome. Behavioural, cognitive, and physiological phenomena that develop after repeated substance use typically include a strong desire to take the drug and difficulty in controlling its use. Other behaviours include: persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased intolerance, and sometimes a physical withdrawal state.

Drug/ Substance abuse can lead to unsafe behaviours because a person under the influence of drugs can and will make dangerous choices that can lead to pregnancy and STDs, including HIV/

AIDS. The most widely consumed drug worldwide is cannabis. Three-quarters of all countries report heroin abuse and two-thirds report cocaine abuse.

Drug-related problems include;

- Increased rates of crime and violence
- Susceptibility to HIV/AIDS and hepatitis
- Demand for treatment and emergency room visits
- Breakdown in social behaviour.

Besides the side effects and risks (including being arrested) that come with taking illegal drugs, there is also the risk that the drugs you buy are not necessarily the drugs you end up taking. Heroin, cocaine, ecstasy and even marijuana are often mixed with other drugs and strange chemicals. This unknown combination can permanently damage health

Common Drugs Abused By Young People and Their Effects

Alcohol and tobacco are the drugs most commonly abused by adolescents, followed by marijuana. The next most popular substances differ between age groups. Young adolescents tend to prefer inhalant substances (breathing the fumes of household cleaners, glues, or pens), whereas older teens are more likely to use synthetic marijuana ("K2" or "Spice") and prescription medications particularly opioid pain relievers like Vicodin and stimulants like Adderall.

Marijuana (also known as Cannabis, Grass, Joint, Splif, Hashish, Pot, Weed)

Marijuana is a plant grown and used worldwide. Usually people smoke the leaves but the leaves and the stem can be made into tea or even cookies. The effects vary. You can stay under the influence for about two to three hours. Some people become relaxed and happy while others feel panic or fear. Users' eyes usually become red and their throats and mouths become dry. Appetite may increase.

Effects

Marijuana causes increases in heart rate and dilation of certain blood vessels in the eyes, which creates the characteristics of blood-shot eyes. Chronic bronchial irritation is one of the long-term effects of chronic marijuana use.

Other potential adverse effects include; impairment of long term memory, gum disease, increased risk of cancers of the mouth, jaw, tongue and lung; and impairment of the immune

system. Some studies have suggested that long-term marijuana use may result in decreased testosterone levels, decreased sperm counts, and increased sperm abnormalities in male users.

Heavy marijuana use during pregnancy may cause impaired fetal growth and development.

Mairungi

Mairungi is the common name for a stimulant leaf that is chewed in much of East Africa. Chewing Mairungi can help someone feel more awake, confident and energetic and can also reduce hunger. In fact, many students use it when "cramming" for exams.

Effects

Negative effects include sleeplessness, anxiety, aggressive behaviour and hallucinations. Some men are unable to get an erection after they chew.

Alcohol

Alcohol is the most commonly abused drug and is used worldwide. Because it is legal, it is often kept in the home, and comes in extremely cheap local brews. Alcohol is extremely easy to find and consume. At first, alcohol causes relaxation and makes people feel less self-conscious. After

more alcohol is drunk, reaction time slows down and thinking becomes confused. (This is why people who are drinking are often involved in car accidents).

Effects

Further drinking can cause slurred speech and aggressive behaviour that can lead to fights, rape or other kinds of violence. People who consume too much alcohol can end up vomiting, becoming unconscious or even die. Because both young men and women often lose their inhibitions when drinking, a girl might have unsafe sex with someone she does not know and a boy might decide to force someone to have sex. Of course, the consequences of these alcohol-based decisions can be very dangerous, even life threatening. (Proverbs 20:1) "Wine is a mocker, strong drinks are raging: and whosoever is deceived thereby is not wise"

Cigarettes (tobacco, cigars)

Many young people start smoking tobacco products for different reasons including: influence of friends, seductive advertisements, and older role models like siblings' or celebrities to mention a few. Young people find smoking a 'cool' thing to do but they become addicted to one of the most addictive and dangerous substances, Nicotine, which is an active ingredient in tobacco

Effects

According to WHO (2006), tobacco is the second major cause of death in the world. Nicotine, which is found in tobacco products including cigarettes, is highly addictive. The tar in cigarettes increases a smoker's risk of lung cancer, emphysema and bronchial disorders. The carbon monoxide in smoke increases the chance of cardiovascular diseases. Inhaling smoke passively may cause lung cancer in adults and greatly increase the risk of respiratory illness in children.

Cocaine (Crack, Coke, C, Charlie, Nose candy, Toot, Bazooka, Big C, Cake, Lady, Stardust, Coco, Flake, Mister coffee)

Cocaine is prepared from coca leaves, which are greenish-yellow leaves of different sizes and appearance. Cocaine is often called the "champagne of drugs" because of its high cost. It makes one feel like his/her body is going very fast. His/her heart races and the "highs" and "lows" are sudden. Crack, which is smoked, is a much stronger form of cocaine. Cocaine usually comes in a white powdered form and crack looks like hard white rocks. It is usually snorted up the nose. It can also be injected or smoked.

Effects

A small amount of cocaine will raise body temperature, make the heart beat faster, increase the breathing rate, make you feel over confident and make you more alert with extra energy. When

crack is smoked, all of these feelings are intensified. Excessive doses may lead to convulsions, seizures, strokes, cerebral haemorrhage or heart failure. Long term effects of cocaine/crack use will lead to strong psychological dependence, and other health problems like destroying nose tissues, reportorial problems and weight loss.

Heroin (also known as Hammer, Horse, H, Junk, Nod, Smack, Skag, White, Beige, White lady, White stuff, Joy powder boy, Hairy, Harry, Joy powder)

Heroin is a drug obtained from morphine and comes from the opium poppy plant. Heroin is a drug that slows down the user's body and mind. It is a very strong painkiller and can be one of the most dangerous things to mix with other drugs. Heroin usually comes in a rock or powdered form, which is generally white or pink/beige in color and could also come in dark grey/medium brown. Heroin can be injected, snorted, smoked, or inhaled.

Effects

When injected, heroin provides an extremely powerful rush and a high that usually lasts for between 4 to 6 hours. The effects of heroin include a feeling of well-being, relief from pain, fast physical and psychological dependence, sometimes nausea and vomiting, sleepiness, loss of balance, loss of concentration and loss of appetite. An overdose can result in death. One of the most dangerous effects of injecting heroin is

the increased possibility of contracting AIDS. A lot of the time, people who inject heroin use each other's needles and this is the main source of infection.

Studies have also shown that people who are "high" on drugs tend to have unprotected sex. This too puts the person at risk of getting HIV.

Amphetamines (Speed, Ice, Browns, Footballs, Hearts, Oranges, Wake ups, Black beauties, Crystal meth, Crack meth, Cat, Jeff amp, Dexies, Rippers, Bennies, Browns, Greenies, Pep pills)

Amphetamines are stimulants that affect a person's system by speeding up the activity of the brain and giving energy. Ice is a strong type of amphetamine, and is very similar to crack.

Amphetamines are man-made drugs and relatively easy to make. Usually, they are white or light brown powder and can also come in the form of a pill. "Ice" usually comes as colourless crystals or as a colourless liquid when used for injecting. It can be swallowed, snorted, injected or smoked.

Effects

Amphetamines can cause an increase in heartbeat, faster breathing, increase blood pressure and body temperature, sweating, make the person more confident and alert, give him/her extra energy, reduce appetite, make it difficult to sleep and might make the abuser talk more. The person using amphetamines may also feel anxious,

irritable, and suffer from panic attacks.

Frequent use can produce strong psychological dependence. Large doses can be lethal.

Ecstasy (Ecstasy, Adam, Essence, MDM, MDMA, XTC, Eve, MDE, MDEA)

Ecstasy belongs to the same group of chemicals as the above category that is stimulants, and is most often used in the form of tablets at rave parties. Ecstasy is a drug that speeds up the users system by increasing his/her physical and emotional energy. Like amphetamines, ecstasy is also a synthetic (or man-made) drug.

Ecstasy is usually a small, coloured tablet. These pills can come in many different colours. Some ecstasy tablets have pictures on them, such as doves, rabbits or champagne bottles. The colour or the "brand" of the tablet is usually unrelated to the effects of the drug. Ecstasy tablets are usually swallowed.

Effects

A person using ecstasy will probably feel happy, warm, loving and more energetic. He/she would feel emotionally close to others, and might say or do things that he/she usually would not. Nausea and vomiting rise in blood pressure and heart rate, possibly even death due to overheating of the body and dehydration are some effects of ecstasy. Feelings of depression and tiredness are common after stopping the drug. There is mounting evidence that prolonged ecstasy use can lead to brain and liver damage.

Reasons Why the Youth Abuse Drugs

The youth commonly fall into addiction because they begin using drugs to mask particular emotions that they are going through. The abuse makes them feel good and forget about the problem at hand. Eventually they think they cannot live without drugs.

The reasons people abuse drugs are varied and many. Some are:

- To escape social and emotional problems,
- Poor self-esteem
- Availability and accessibility
- Boredom
- Poor role models
- Seduced by mass media advertising
- Temporal relief of pain, anxiety, depression and worries
- Isolation and a need to belong
- Peer pressure

Overcoming Drug Addiction

When one is struggling with drug addiction, being sober can seem like an impossible goal. But recovery is never out of reach, no matter how hopeless your situation seems. Change is possible with the right treatment and support, and by addressing the root cause of your addiction. Don't give up even if you've tried and failed before. The road to recovery often involves bumps, pitfalls, and setbacks. But by examining the problem and thinking about change, you're already on your way.

For many people struggling with addiction, the toughest step toward recovery is the very first one: deciding to make a change. It's normal to feel uncertain about whether you're ready to make a change, or if you have what it takes to quit. Committing to sobriety involves changing many things, including:

- The way one deal with stress
- Who you allow in your life
- What you do in your free time
- How you think about yourself

It's also normal to feel conflicted about giving up the drug of choice, even when it's causing problems in your life. Recovery requires time, motivation, and support, and it is okay to consider one's situation before making the commitment to change.

Preparing for Change

5 key steps to addiction recovery

1. Remind one's self of the reasons for change.
2. Think about past attempts at recovery, if any. What worked? What didn't?
3. Set specific, measurable goals, such as a start date or limits on your drug use.
4. Remove reminders of addiction from home, workplace, and other places you frequent.
5. Tell friends and family about committing to recovery, and ask for support.

Exercise:

Exploring the different kinds of drugs and their risks

Objectives:

To enable participants to identify the need to abstain from drug

Activity:

Small and large group work, Brainstorming

Materials needed:

flip chart, markers, projector and projector screen.

Steps to follow:

1. Ask participants to form small groups of 4–6 people.
2. Ask the groups to brainstorm the various kinds of drugs, why the youth abuse drug and the risks involved in using them (using the hand out if necessary). Encourage groups to name risks that are not listed in the hand out.
3. When the allotted time (15 minutes) is over, bring the participants back together.
4. Ask presenters from each group to list the various drugs and the risks involved. Merge overlapping statements.
5. Summarize the points made and ask for feedback from the participants. Has the exercise enabled them to identify the various drugs and the risks involved in taking them?
6. Keep the chart with the drug risks posted on the wall for future use.

ABSTINENCE FROM DRUGS

It is the refraining of oneself from indulging in an activity which could otherwise be harmful or addictive. Drug abstinence involves not taking particular substances, avoiding areas where it is likely to be on offer or adopting a healthier lifestyle. If alcohol is a problem then avoiding pubs or social functions where alcohol is available is necessary.

Abstinence can be practiced by someone who knows that they have become addicted to some form of drug and decides to remove all forms of temptation. Some people choose to abstain because they don't want to develop addiction even though there is not a risk of this happening. They may do this because they have seen the effects on a member of their family or a close friend.

How to abstain from drug abuse?

This is a difficult thing to do and requires a huge amount of will power and self-control. It means adopting a positive outlook and being able to say 'no' if offered any form of drug. It also means looking for healthier ways of dealing with stress and other problems in life, for example exercising or taking up a new hobby.

An addict will have to recognize withdrawal symptoms of their addiction and adopt a coping strategy with includes how to deal with these when they arise. This may mean making a new set of friends or socializing with people where there is no temptation to relapse, for example avoiding going to pubs or taking a drink after work. Joining a support group and/or learning a new hobby or activity can also help.

There are many reasons why a person would need to attend a drug rehabilitation program. A few of the many reasons are: the inability to control their drinking or drug use, alienating their friends and family, legal problems, severe depression and general unhappiness due to excessive drug or alcohol use.

A drug rehab is a place or program that an individual enters in order to treat a drug or alcohol addiction problem. Through therapy and education, individuals are rehabilitated using various treatment methods that enable them lead a productive and drug free life.

There are many addictive drugs, and drug rehabs for specific drugs can differ. Drug rehabs also vary depending on the specific need of the patient. There are many different types of drug rehab programs available: in- patient, outpatient, residential, short- term, and long- term. The initial step of drug or alcohol addiction treatment is drug detoxification.

In general, the more treatment received the

greater results. Drug and alcohol abusers who remain in treatment longer than 3 months typically have greater success that those who receive less treatment. Drug addicts who default from treatment may have about the same effects in terms of their drug or alcohol use as those who are never treated at all.

Over the last 25 years, studies have shown that drug rehab treatment is very effective in reducing or eliminating drug and alcohol intake. Researchers also have found that drug abusers who have been through a treatment program are more likely to have greater stability generally in all aspects of life i.e. family, work, accomplishing personal goals etc.

For some individuals, drug addiction treatment does not succeed at eliminating their addiction. This can result from a number of aspects of the drug addiction treatment together with the individual's own character and personality type.

Tips on how to stop addiction before it even starts

i. **Find healthy ways to cope with stress**
Many people begin using drugs as a way to deal with stress and tension. The reality is, however, that drugs are only a temporary fix. Once a person comes down from drugs, they are likely to experience physical and psychological side effects that only intensify feelings of anxiety. Finding coping methods such as exercise or meditation can eliminate the urge to try drugs.

ii. **Seek therapy or counseling**
It is not at all uncommon to experience feelings of depression. Many people experience highs and lows that can be difficult to cope with. Drug users often are people who are attempting to self-medicate for their psychological issues. The problem is that drugs do not treat mental issues themselves. They simply treat the symptoms. Working through problems with

a mental health professional is a much more effective and long-lasting way of treating a psychological or emotional problem.

iii. **Maintain a lifestyle that makes you happy**
Low self-esteem and depression are major triggers for drug abuse. It is easy to let one aspect of your life, such as work, become overwhelming, to the point that you do not enjoy or partake in other important aspects of your life. Maintaining strong relationships and a healthy balance between physical and mental activity can help you maintain the stability that is needed to stay drug free.

iv. **Have things in your life that you care deeply about**
Whether it's a sport, artistic endeavour, or personal relationships, having something that you are passionate about motivates you to stay healthy and mentally and emotionally in shape. If you care deeply enough about the people and activities in your life, you are less likely to jeopardize them by experimenting with drugs.

v. **Be aware of your family's history with substance abuse**
The tendency toward addiction is linked to genetics, so be familiar with any parents or other family members who have struggled with addiction. If you know that you have a higher chance of becoming addicted, take extra precautions to avoid drugs and alcohol. It is much easier to avoid substances altogether than it is to recover from them. If you were around a parent who abused drugs as a child, you may also want to seek counseling to help you resolve any issues you may have around alcohol or other addictive drugs. No matter what your background or current situation is, it is possible to avoid slipping into the dangers of addiction. The key lies in keeping yourself happy and healthy while you are drug-free

Why Abstain From Drugs

If you are looking for reasons to stop using drugs, chances are very good that you have noticed that your life is not as happy, enjoyable or successful as it was before. Maybe you've been convinced that you can use drugs and still keep things together. Sometimes it can be done for a while, depending on the person. But by the time one's drug use or alcohol use reaches the point of being an addiction, one's life has already begun a downward slide.

Hopefully, you're reading this before you've gotten to that point. To give you some encouragement, here are eight excellent reasons to quit using drugs.

I. You will be healthier

There is not a drug out there without some harmful effects. The exact effects vary by drug. Heroin or painkillers suppress the action of the lungs and this can lead to tuberculosis, pneumonia or abscesses. Marijuana causes change to the brain similar to those that occur with schizophrenia, not to mention the damage to your lungs. Methamphetamine is extremely hard on the entire body, especially the nervous system and brain. The heavy use of many drugs or alcohol leads to extreme weight loss and malnutrition that can affect one's ability to resist illness

II. You will reduce your risk of death.

Many drugs can cause death the first time you use them, and others can have a damaging long-term effect. Cocaine is very stressful on the heart and arteries and can trigger an immediate cardiac arrest or heart attack. Alcohol can kill by overdose or increase the risk of accident. Any opiate can cause a fatal overdose. Synthetics like Ecstasy can cause you to overheat which can cause organ breakdown. Stop picking up the drugs and you will have a better chance of long life.

III. You will be more likely to keep a good job

One of the typical signs of the slide into addiction is lost jobs. It is very common for a person using drugs to blame others for this setback. But normally, it is because the person stopped performing well on the job. There were probably more sick days taken. Project was not taken to completion. Mistakes were made. Customers were neglected and co-workers were alienated. The end result: No more job.

IV. You can preserve your relationships

If one's spouse or family members are not drug users, it is common for the relationships to be seriously damaged, or to be ended when the other person won't tolerate the drug use anymore. If those around you are using drugs with you, then children may be taken away. All your lives will probably go on the same downward spiral together.

V. You will gradually regain the ability to feel real, authentic emotions once again

like joy over wonderful things happening, sadness when it's appropriate. Drugs and alcohol mask one's real emotional responses to life's events. Sedatives and tranquilizers will cover everything with a bland sameness. Opiates and marijuana may make one feel mellow even if one's life is crashing down around one's ears. Meth and other stimulants will provide a completely delusional set of emotional reactions. Long term use of drugs can result in apathy and depression, especially once you come down from them

VI. People will like you better

This is almost a sure thing. So many people become mean or aggressive when they are drunk. Heavy marijuana use can trigger panic attacks or personality changes that could make you a burden on your friends. If you overdose in front of someone, they will have

to tote you off to a hospital and this is not a good way to make or keep friends. Stimulants like cocaine and methamphetamine often make people aggressive and paranoid which are terrible qualities for a friend or relative.

VII. Perhaps the most important reason to quit using drugs is that it's is a dead end activity.

The end result of addiction is death, jail or sobriety. Yes, it's tough to face the prospect of quitting drugs. The outcome of not making this choice is far, far worse. The answer for many people is to find a rehab program that offers a program with good result statistics and that aligns with one's own philosophy. Many programs prescribe drugs for those in recovery, either during withdrawal or throughout the program and after returning home. Some people are fine with this but many others would rather come off drugs completely.

Exercise:

Exploring the importance of abstaining from drugs

Objective:

Help participants to know the need for abstaining from drugs

Activity: Brainstorming

Materials needed:

Flip board, Marker, Projector and projector screens

Duration: 45 minutes

Steps to follow:

1. Ask participants to form small group comprising 6 people
2. Ask participants to brainstorm on the subject "abstinence", why one needs to abstain from drugs and the importance derived from abstaining from drugs.

3. Allow 15 minutes for deliberations. Bring participants together after the allotted time is over.
4. Ask each group to present their work. Merge overlapping statements.
5. Keep the charts pasted on the wall for future use.
6. Facilitator should then make a power point presentation and ask for feedback from participants whether they've learnt anything new from the session.

MODULE SIX

6.1 DECISION MAKING

INTRODUCTION

Decision making is an important aspect of human life and at every stage in life we are confronted with the need to make a decision. We make decisions everyday of our life without always being aware of how we come to those decisions.

Proverbs 2:6 “For the Lord gives wisdom; from His mouth comes knowledge and understanding.”

Proverbs 19:2 “Also it is not good for a person to be without knowledge, and he who makes haste with his feet errs.”

When do we make decisions?

a. When faced with a difficult situation
b. When faced with more than one choice
c. When faced with a challenging situation
d. When there is a problem

Types of decisions

1. Simple decisions: Decisions that have no long term consequences/ effects
2. Complex/ Complicated decisions: Decisions that have long term consequences/ effects

Steps involved in decision making

Define the problem or challenge you are facing.

Explore the choices that you have. It should be more than two so that it's not the case of either or

Choose one (of the above choices)

Identify the consequences of this choice (pros and cons)

Do – act out the choice you have made

Evaluate – look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

Key facts/ Conclusion

- The best decisions are made when you have enough facts
- You must think of all the consequences of any choice, but especially the negative consequences there may be
- People make wrong decisions sometimes but the important thing is to realize this and take steps to correct it.
- It is not always easy or possible to go through this thought process when making a decision. Sometimes you do not have time to think of the consequences but have to make a quick decision to ensure your safety or survival. It is therefore up to you to weigh this and do what is appropriate for the time and situation
- Good decisions are not easy to make. You can take extra efforts to succeed or achieve your goal.
- Some decisions may have fatal consequences and you may not have the chance to evaluate so one must take caution when taking them.

Exercise:
Applying decision making model to real life situation

Objectives:
To help participants understand the process involved in making decisions.

Activity: Brainstorming and discussion

Materials needed: Flip chart and markers

Duration: 45minutes

Steps to follow:

1. Facilitator should read the scenarios to participants
2. Allow time to understand scenario and call for response
3. Discuss the responses and add some more information that was not provided by participants

Scenario One

You are at a party at a friend's house. Some other friends of yours are there including a boy/ girl that you are attracted to. Later in the evening your friends start to pair off and you find yourself alone with the person you are attracted to. You start talking and then dancing together. S/he is telling you that s/he has liked you for a long time and are glad for the chance to get to know you better. S/he starts pushing her/ his body really close to yours and starts to move her/his hand all over your back. You do not feel comfortable with the situation but don't want to hurt her/his feelings. What do you do?

Scenario Two

You are in a new relationship with a girl/ boy and all s/he wants is to spend time with you. S/he is really nice and you enjoy being with her/ him, but you miss spending time with other friends. When you tried telling her/ him that the two of you need to spend time with other people, s/he accuses you of wanting to sleep around. What should you do?

Scenario Three

You have recently succeeded in quitting smoking. At a party one weekend a girl you are attracted to offers you a cigarette. S/he is very persistent and says 'just this last time.' You know how nice you feel when you smoke but you know that if you start again it may take a while before you can give it up. You however want the girl/ boy you are attracted to, to like you. What would you do?

6.2 BASIC COUNSELLING SKILLS

INTRODUCTION

Most people (children, youth and adults) face numerous psycho-social problems in life such as hardships, neglect, suicidal thoughts and social vices among others. In such crises, one would seek counsel from any one readily available such as peers, church leaders, teachers and more to help them make sound judgment. It is worth indicating that evidence drawn from research work shows that exposing adolescents to counseling opportunities and solutions lead to increased sense of wellbeing, significant improvement on most attitude-to-life factors, high productivity, sound relationships and more (Collins, 2012) .

WHAT IS COUNSELLING?

Counselling is a therapeutic relationship between a qualified counselor (lay or professional) and the client. In difficult circumstances, sometimes family members and friends are unable to

provide an objective point of view. Counselling offers this objective view to enable the client to gain insights and strategies to assist in managing a particular situation. Counselling is not giving opinion, instruction or advice, it is using facilitative listening and questioning to allow the client to choose the best solution for a problem. Counselling is based on a wellness model rather than a medical model

Christian Peer Counselling

The church usually engages in a wide range of social support activities, many of which involve working directly with people on a one-to-one or small group basis. Some of this is developmental such as Sunday school teaching, youth groups, adult groups and more. Other activities may be broadly called 'pastoral care' and not counseling, which include - support through illness, tragedy or difficult life circumstances; assisting new settlers to integrate within a community; and so on.

The Concept of Peer Counselling

Peer counseling is defined as a variety of interpersonal helping behaviors assumed by non-professionals who undertake a helping role with others.

Who is the Peer counselor?

A person who assumes the role of helping others and shares related values, experiences and lifestyle and is usually of the same age. Peer counselors are non-professionals who provide counseling skills to aid peers. Peer counselors may either assist or work independently of professional counselors.

Aims of Peer Counselling

- **To promote knowledge:** Sharing the requisite information on topical issues to be addressed among peers.
- **To promote skills:** Learning the skills of responding to reproductive health problems, alcohol/drug problems, decision making, and resisting peer pressure.

- **To promote behavioral change:** Preventing or reducing reproductive health problems, alcohol abuse, prevent transition to use more alcohol, minimize risky behaviors and minimize impact of drug use in school, work and personal relationships.

Basic Counseling Skills

1. **Attending Skill**

   Attending behavior relates most directly to the concept of respect, which is demonstrated when a helper (peer counselor) gives the clients undivided attention and which by means of verbal and non-verbal behavior expresses a commitment of focus completely on the clients.

2. **Empathy Skill**

   Empathy or "empathizing", communicate an accurate awareness of the feeling and meaning of the clients statements and of the conditions that generated those feelings and statements.

- ***Discrimination:*** It is part of empathy. It is the ability to separate effective and facilitative interpersonal communication from the ineffective and destructive behaviors.
- ***Paraphrasing:*** It is the act of presenting to the clients, the feeling and meaning of what they communicate.

3. **Summarizing Skill**

   By summarizing, the helper organizes several of the client's statements into one concise statement. By summarizing, the helper is able to respond in a manner that sheds new light on and add new dimensions of awareness to the solution of a problem.

4. **Questioning Skill**

   Questioning is the process of inquiring so as to prompt a reply. Questioning pertains to a subject under discussion and often times an area of concern to the individual presents. Effective questioning from the helper prompts

the client to consider their concerns in greater depth, to identify, to clearly understand a problem and consider alternative solutions.

5. **Genuineness Skill**
   Genuineness is communicating honest feelings in such a way that the relationship between you and the client will not be under pretense. What you say must be from a clear heart and without biases and nepotism.

Duties of a Peer Counselor

- Help fellow peers mend up broken relationships among their colleagues, teachers and parents
- Help their peers with emotional problems
- Help peers with sexual and reproductive health issues
- Help fellow peers make good choices
- Facilitate peer education programs on issues affecting them
- Being role models to fellow peers.
- Help their peers improve their self-esteem.
- To identify and help their peers who have needs.
- Help fellow peers manage stress due to challenges faced in life and school
- Help their peers solve their personal problems
- Refer their peers to guidance and counseling unit/ reproductive health centers

PRINCIPLES OF COUNSELLING

Like every professional organization, there are laid down principles that govern the activities of the institution. The principles are the foundational systems of beliefs regarding the counselor's role and functions. Effective counseling can be achieved through the following laid down principles:

1. **Counselling recognizes the dignity and the worth of the client.**
   The client is respected in terms of his/ her decisions as a fellow human being. The

counselor must not view the client as inferior or someone who does not know his/her left from right. The counselor must show respect to the client by showing concern to the problems that are brought forward by the client and help the client develop his/her self-esteem and self-confidence through spending quality time with the client.

2. **Counselling is for all ages.**
   Every individual is bedeviled with one problem or the other, therefore counseling should not restrict any section of the age group be it children, adolescents, adult or the aged or gender groups.

3. **Counselors must strictly observe the ethical standards**.
   The counselor must make it a fundamental principle to make sure he/she does not take the vulnerability of the client for granted and indulge in an act that is not ethical. Counselors are to protect the profession by observing the ethics.

4. **Goal establishment.**
   Since one of the goals of counseling is aimed at changing behavior, it lies on every competent counselor to help clients set clear and specific goals to help the client solve the problems brought for counseling.

5. **Counseling must recognize the uniqueness of the individual.**
   Every client that enters the counseling session is unique; no two clients are the same. Clients have different problems, perceptions and expectations that brought them for counseling therefore, the counselor must be patient, and tolerate the client in order to be able to assist him/her.

6. **Counseling is voluntary**
   The counselor does not have any mandate that permits him/ her to coerce the client to go for counseling compulsorily. The relationship in counseling between the client and the counselor should be co-operative, natural and friendly.

7. **Counselling hinges on confidentiality**
   When the client enters for counseling, whatever takes place must be kept secret. Counselors are not permitted to disclose client information without the client's concern.

STAGES OF COUNSELING

The Beginning Stage of a Counselling Relationship

The beginning phase must surely start with the vital first impressions that a client has when arriving for their initial counseling session. The introduction and greeting can greatly put the client at ease. Conversely, an abrupt or insincere welcome may prevent or hinder the establishment of the relationship. Essentially, the counselor and his environment all needs to convey the message, "I welcome you, I accept and value you as a human being, I want to understand you, I want us to open up and be honest with each other".

Counselors are committed to empowering the clients from the beginning and this can be done in several ways. They can make it clear from the onset that they have no hidden agenda and the client is in control of what material he/she brings. For example, an opening question like: "We have an hour together, have you considered what you would like to talk about today?" This clearly places control with the client and does not elevate the counselor to the role of expert, advice-giver or problem-solver.

Another important factor in this beginning stage of the counseling journey is the counselor

encouraging expression of feelings. As the client begins to trust, the counselor needs to accurately reflect and respond equally to negative and positive feelings. This initial phase may take some time as a nervous client may be wary of the whole process. However, as trust develops they will become ready to move into the middle phase of counseling.

The Middle Stage of a Counselling Relationship

The middle phase of therapy is characterized, from the client's perspective, as being more willing to be open, more prepared to take risks and explore negative or unpleasant feelings in the counseling sessions. This is due to the counselor's intense, non-condemning acceptance and deeper level of empathy than experienced in the beginning phase. Another feature of the middle stage of counseling is the counselor offering a degree of confrontation or challenge. All of these things are founded on sincere respect for the client. Possibly one of the hardest things to predict, especially for a trainee counselor, is the speed of the process. Some clients' progress rapidly into this middle phase of counseling and at other times there is a sense of being "stuck" or even a regression. The counselor needs to be consistent about offering the core conditions of empathy and unconditional positive regard (acceptance) to all aspects of the client. As progress through this middle stage is made, the client's own natural healing process becomes unblocked and the need for the counselor starts to reduce. This begins the transition into the ending phase of the counseling process.

The End Stage of a Counselling Relationship

The ending phase of counseling will hopefully have been planned together in advance. There will likely be ample opportunity for the client to honestly give feedback about the whole process. He/she might talk about personal insights that

have been gained and beginnings of new behavior or personality change may be noticeable. He will be less reliant on the counselor and more dependent on his/her own awareness. A new motivation to solve their problems and a greater self-confidence would now be present. However, counseling does not always go as planned and sometimes a client may suddenly report improvements or may express the opinion that therapy is no longer needed. This declaration may potentially hide an underlying resistance to emerging edge of awareness material and the counsellor may need to gently challenge this.

Follow-Up Stage

This is the stage in a counseling process where the counselor will want to know what is happening to the client after termination. The follow-up aims at finding out whether the client is carrying out the decisions arrived at before the session ended and what problems are being experienced. However this stage may not be necessary for every client so the counsellor determines with the client whether the stage of follow-up will be necessary.

ETHICAL ISSUES IN COUNSELLING

Ethical codes and standards of practice for counselors have been set. Ethical codes are guidelines for what counselors can and cannot do. These include:

Client Welfare: Client's needs come before counsellor's needs and the counselor must act in the client's best interest. In counselling the client's needs and rights must always be respected.

Informed Consent: Counsellors need to inform clients about the nature of the counseling session and to know their rights and responsibilities in counselling.

Dual Relationships: This is when a counsellor

has more than one relationship with a client. Counsellors are not permitted to engage in more than one relationship with a client .e.g. Sexual relationships. Borrowing from clients or entering into any business relationship is ethically wrong.

Privileged Communication: This is the legal protection of the client which prevents a counsellor from disclosing what was said within the counselling session(s) to others unless with the permission of the client.

Touching a client during counselling: Counselors do not need to touch their clients due to cultural, religious and personal differences.

Confidentiality: This is a sense of trust and privacy that is essential for counselling to be successful. It is the cornerstone of counselling. It separates the counselling relationship from other relationships where information is shared. Confidentiality belongs to the client. Clients under 18 years have an ethical right to confidentiality, but the legal rights belong to their parent or guardian. Clients must be able to feel safe within the therapeutic relationship for counselling to be most effective. What the client says stays in the session unless the client is threatening harm to self or others.

When to Break Confidentiality

Privileged communication does not apply when;

- A child under the age of 16 is being sexually abused.
- The counsellor determines the client needs hospitalization.
- A counsellor is performing a court ordered evaluation.
- The client is suicidal.
- The client sues the counsellor.
- The client uses a mental disorder as a legal defense.
- A client discloses intent to commit a crime or is dangerous to others.

Exercise:
Exploring counseling skills

Objective:
To help participants have a first-hand experience of handling a counseling case.

Activity: Practicum (Role play)

Materials needed: Props for role play

Duration: 60 minutes

Steps to follow:
1. Group into sections of six (6 per group)
2. Each group should discuss the stages in counseling to refresh their memory
3. Each group should come up with an adolescent reproductive case where they need to apply the skills and stages in counseling.
4. Each group should set up and role plays their respective cases

Facilitator comments as the practicum session go on.

6.3 YOUTH PEER EDUCATOR REFERRAL AND SUPPORT NETWORKS

INTRODUCTION

Referral is the act of sending someone to a specialist or professional, for consultation, counselling, review or further action. Also it can be defined as the system whereby one service provider sends a client/patient to another service provider for further management or treatment of client/patient. In this context, it is the directing of a client to a specialist or a professional body that handles SRH issues. Thus a service provider refers a client to a reproductive health centre because the client has an issue which cannot be handled by the peer educator. The peer educator needs to refer cases beyond him/her especially when he is not trained to handle the need or does not have the services available at the time of need. When a peer educator refers his/her peer to a referral facility for fur-

ther services, his/her peer is called a 'client'.

Who is a Peer educator?

A person who educates and shares health information with peers having similar social background or life experiences. Young people tend to talk with their peers about most subjects including sensitive issues on SRH. Peer educators influence and benefit positively from their peers and vice-versa.

Who is a service provider?

In this context, a service provider is a person with training and skills to handle SRH issues and can also provide SRH services to those in need. They include peer educators, community reproductive health workers, trained nurses at RH corners in medical facilities, clinical psychologist, counselors, social workers and other health workers trained in SRH who offer such services to adolescents.

Who is a client?

A person in need of SRH services. These services may be in the form of counselling or providing other medical services such as diagnosis and treatment. During peer education and counselling, the peer educator have to identify the needs of his/her peers and refer cases to the appropriate service provider. The peer educator can do this by asking the right questions and gathering important information during peer counselling.

Why the need for a referral?

For the client to access further RH services which may not be provided by the peer educator/service provider because:

a. The peer educator/service provider has no expertise or training to provide the services needed.
b. The service needed is not the responsibility of the peer educator/service provider.
c. The services needed are not available.

When people are referred, they get the opportunity to access varied appropriate services from professionals.

Who needs referral?

Any person in need of further RH services aside that provided by the peer educator/immediate service provider.

Steps to follow when referring a person

1. **Reason:** Tell clients the reason for the referrals.
2. **Fill:** Fill out the referral form thoroughly with dates and give the complete forms to the clients. It is important to specify the type of services the clients need on the referral form.
3. **Direction:** Give detailed direction and when the clients can meet the service provider.
4. **Tell:** Tell clients what they should expect when they are referred. Give them clear instructions, such as if they need to report back to you with a referral feedback form or not and what happens should they misplace the referral forms.
5. **Ask:** Ask the clients if they clearly understand the referral process and all the instructions you gave them. Ask them if they need further clarifications or may want answers to certain questions. Provide appropriate answers to their questions.
6. If possible, accompany the client to the service provider.
7. Follow-up on all referred cases both with the service provider and clients to ensure that the clients are being attended to.
8. Report on all referred cases.

Note: *You can go to the client or the clients can come to.*

Exercise 1:

Increase participants' knowledge on referring clients for reproductive health services

Objective:

Participants will deepen their understanding on referring clients for reproductive health services.

Activity:

Lecture, brainstorming, small and large group discussions

Materials needed:

Flip charts, markers, pens, cards

Duration: 30 minutes

Steps to follow:

1. Participants should form small groups of 9 members and ask each group to sit in circle.
2. Write down the following questions on pieces of papers (one question per group on one piece of paper):

   Group 1: Write and explain reasons for referring a client for reproductive health services.

   Group 2: Identify reproductive health centres within your communities where you can refer clients to.

   Group 3: Discuss the whole referral process and identify other ways you would have preferred it is done.

   Group 4: Identify, challenges you foresee to encounter during referral of clients (challenges either from the client, the service provider or with the referral process).
3. Each piece of paper should have the name of the group and its corresponding question.
4. Afterwards, fold the papers and mix them up.
5. Allow each group to pick one folded paper. A group will only know its group number and corresponding question after the paper-picking.
6. Each group should choose a leader and encourage members to actively participate in the discussion.

7. Supervise the groups to enable them work within an allotted time.
8. Gather all participants together and ask each group leader to present their answers or report to the whole group, starting from group 1 then it follows in that order.
9. As they present, capture the salient points on a flip chart.
10. Summarize each group's presentation and fill in with any additional information when necessary.
11. Allow questions from other participants and wrap-up the session.

Exercise 2:

Role-play to build up the confidence and competence of participants when referring clients.

Objective:

To build-up the confidence and competence of participants in referring clients for reproductive health services.

Activity: Role-play

Materials needed: Referral forms

Duration: 40 minutes

Steps to follow:

1. Ask 4 participants to volunteer for a role play.
2. Ask the participants to pair up and prepare for the role-play (there should be 2 pairs).
3. Ask each pair to act out their role plays. Allow each pair to take turns to play the role of a client and the service provider (peer educator) who refers the client.
4. Have the entire group analyze each role play and give feedback afterwards.
5. Analyze their feedbacks and give clarification where needed.

6.4 FACILITATION SKILLS

INTRODUCTION

Facilitation is the process where a facilitator guides participants in a training workshop to share ideas, opinions, experiences, and expertise in order to achieve a common goal and agreeable action plan. During facilitation, skills of participants are developed as the facilitator engages them in higher level of thinking, planning and problem-solving.

Basic Facilitation Skills and Tips

An effective facilitator should possess the following skills:

i. **Making everyone feel comfortable and valued:** He/she should get to know the participants, engage participants in small talks, respect the views of each participant, use appropriate body language and appreciate participants from time to time.

ii. **Encouraging participation:** One ideal way of encouraging members to fully participate in discussions is to divide them into small groups. Most participants especially silent members feel at ease/comfortable and also

feel belonged when in small groups. They feel confident when sharing their ideas in a small group other than the larger group. Group discussions or team-building activities do not only encourage participation but increase understanding of members on topics taught or discussed. Using visual aids also increase the interest and participation of members. The facilitator needs to consult the group from time to time, and use open-ended questions often so members feel encouraged to share their opinions on issues. To further encourage participation, the facilitator can do the following:

- Provide name tags.
- Call participants by name as often as possible.
- Use body language to encourage participation; positive nods, smiles, and eye contacts. Show interest in others' ideas.
- Share some personal information to begin a trusting exchange of ideas.
- Learn and apply techniques to get learners to open up.

iii. **Listening and observing:** The facilitator must adopt the skill of listening. He/she must listen attentively to responses and opinions of each participant. He/she must listen without making assumptions. The facilitator should check for understanding from participants during sessions, and he/she must rephrase, summarize and write-down responses from participants. The facilitator must also scan the room and familiarize with everyone and all activities in the room. Knowing how to manage all the classroom activities and keep participation and energy levels up during a session is very important. That is to say, the facilitator must always be sensitive to the level of concentration and energy of the participants.

iv. **Guiding the group:** The facilitator needs to constantly put the group on track in order to meet their objects within the specified period. It is therefore wise to delegate a time keeper for sessions. During sessions, the facilitator should guide discussions and refer back to the training objectives and agenda. However, he/she can stray from the agenda when necessary but should always make sure the training objectives are achieved.

v. **Ensuring quality decisions:** In situations that require a group decision, the facilitator should remind the group of decision deadlines, he/she should review criteria and supporting information, review the decision-making process, poll the group before major decisions, and review the decision.

vi. **Be well prepared and relaxed:** The facilitator should always be steps ahead of the participants. He/she must be very familiar with all tools, practice upcoming exercises, develop a plan and anticipate problems and think of possible solutions.

vii. **Preventing and managing conflict:** The facilitator should respect people's views and differences and entreat the group to do same. He/she should try as much as possible to prevent conflicts, minimize conflicts and manage conflicts. The facilitator should be objective when managing conflicts. Five steps for conflict resolution:

   a. ***Identify the source of the conflict:*** Get more information about the cause of the conflict to help you resolve it easily. Give both parties the chance to share their story, that will give you a better understanding of the situation. Demonstrate impartiality and encourage them to open up.
   b. ***Look beyond the incident:*** It is not the situation but the perspective on the

situation that causes anger leading to intense conflict. To address the real situation, get them to look beyond the incident to see the real situation. Ask them probing questions like "When do you think this problem started?"

c. ***Request solutions:*** After listening attentively and understanding each person's view point on the conflict, get both parties to identify how the issue can be solved.

d. ***Identify solutions both parties can support:*** As they both bring out solutions, identify the merits of various ideas which can benefit not only the individuals but the larger group as well. For instance identifying the need for cooperation and collaboration between them can further address team issues.

e. ***Agreement:*** Get the two parties to either shake hands or embrace themselves. Let them agree to the solutions they both identified and both should make efforts never to engage in any further conflicts.

viii. **Ensuring outcome-based training:** Every training has its purpose, objectives and deliverables. It is the responsibility of the facilitator to ensure that all these are met during and after the training

HOW TO PLAN A GOOD FACILITATION PROCESS

A good facilitator is concerned with the outcome of the training session, with how the people in the training participate and interact, and also with the training process. A facilitator should make sure that the process is sound, that everyone is engaged, and that the experience is the best it can be for the participants.

In planning a good training process, a facilitator focuses and makes plans ahead in these areas:

a. **Climate and Environment:** Participants need to feel safe and comfortable when interacting with each other and participating. The environment and general "climate" of a training session sets an important tone for participation. Key questions you would ask yourself as a facilitator include:
   - ***Is the location a familiar place, one where people feel comfortable:*** A comfortable and familiar location is key. Do not get a location where some participants might feel intimidated and out of their environment.
   - ***Is the training venue accessible to everyone:*** The venue should be accessible to everyone, if not, you need to provide transportation or escorts to help people get to the venue. Psychologically, if people feel that the venue is too far from them or in a place they feel is "dangerous," it may put them off from even coming. If they do come, they may arrive with a feeling that they were not really wanted or that their needs were not really considered. This can affect their communication and participation. Consider participants who are handicapped when choosing your venue.
   - ***Is the space the right size:*** Check if the venue space is too large, too small or just right. If you want to make participants feel that it is a team, a large meeting hall for only 10 or 15 people can feel intimidating and make people feel self-conscious and quiet. On the other hand, if you're taking a group of 30 participants through a meeting, a small conference room where people are uncomfortably crunched together can make for disruption: people shifting in their seats, getting up to stretch and get some air. This can cause a real break in the mood and feeling of the training. It is important that participants stay focused and relaxed, therefore you need to choose a room size that matches the size of the group.

b. Logistics and Room Arrangements: As a facilitator, the logistics of the training should be of great concern to you whether you are responsible for them or not. Because how people sit, whether they are hungry and whether they can hear can make or break your training process. You need to consider the following:

- ***Chair arrangements:*** Chairs arranged in a circle or around a table encourages discussion, equality, and familiarity. Avoid the 'speaker's podium' and 'lecture style' seating which make people feel intimidated and formal.
- ***Places to hang newsprint:*** Should you be using a lot of newsprint or other board space during your training or meeting, you may want to consider using a tape or an easel without damaging the walls.
- ***Refreshments:*** In meetings where refreshment will be provided, make all necessary arrangements for it. Put people in-charge of bringing or setting up the refreshment and on time. Set things up so that participants can get food without disrupting the meeting. Make sure to clean-up the place afterwards.
- ***Microphones and audio visual equipment:*** Set up and test all equipment such as microphones, video cameras, projectors, before you start.

c. ***Ground Rules:*** For participants to feel invested in following the rules, it is best to let the group develop them as one of the first step in the process. This builds a sense of power in the participants. To develop ground rules:

- Inform the group that you want to set up some ground rules that everyone will follow throughout the training or meeting. Write the heading "Ground Rules" on a blank sheet of newsprint.
- Ask the group for suggestions. If no one says anything, start by putting one up yourself

to start people off.

- Write any suggestions up on the newsprints. Check-in with the whole group before you write up an idea. After you get a couple of ideas written, check with the group for any other suggestions.
- When you are finished, ask the group if they agree with the Ground Rules and are willing to follow them. If they say 'Yes' then you are good to go.

Common ground rules are:

ii. One person speaks at a time
iii. Raise your hand if you have something to say
iv. Listen to what other people are saying
v. No mocking or attacking other people's ideas
vi. Be on time coming back from breaks
vii. Respect each other

Exercise 2:

Identifying the qualities of an effective facilitator.

STEPS IN FACILITATING A TRAINING OR MEETING	
1. Start the meeting on time	8. Seek commitments
2. Welcome everyone	9. Bring closure to each item
3. Make Introductions	10. Respect everyone's rights
4. Review the Agenda, Objectives and Ground rules for the meeting	11. Be flexible
5. Encourage participation	12. Summarize the meeting results and evaluate
6. Stick to the agenda	13. Thank the participants
7. Avoid detailed decision-making	14. Close the meeting

Objective:

At the end of the exercise, participants should be able to identify the qualities of an effective facilitator.

Materials:

sheets of paper, pens, marker, flip chart

Duration: minutes

Activity:

Individual participation, large group contribution, role play

Steps to follow:

1. Ask participants to work individually on the table below.

QUALITIES OF AN EFFECTIVE FACILITATOR	TRUE	FALSE
Be alert	√	
Be innovative		
Be a dictator		
At least have knowledge of some tools		
Accommodate everybody		
Be a good listener		
Does not necessarily need communication skills		
Accept criticism but must also be a critic		
Be knowledgeable of the issues		
Be able to make connections with brilliant participants		

2. Ask participants to provide answers by ticking the appropriate box.
3. Call one participant upfront to play the role of a facilitator.
4. Let the facilitator (participant) guide the entire group to provide the answers and write them down on a flip chart.
5. The facilitator (participant) should allow participants some time to reflect on their answers.
6. Assist the facilitator (participant) to give clarifications where needed.
7. Ask the whole group to assess the facilitator (participant) and identify some of the qualities he/she exhibited whiles facilitating the process.

REFERENCES

Male reproductive system (www.innerbody.com)

What is estrogen (www.hormones.org)

Hormones health network (Women's health)

Progesterone (www.healthywomen.org)

Picture of the penis, human anatomy. Matthew Hoffman

Male reproductive system (www.webmd.com)

What are the parts of the male sexual anatomy (www.plannedparenthood.org.)

Maintaining Genital Hygiene (http://www.hygieneexpert.co.uk/MaintainingGenitalHygiene.html)

Genital Hygiene: Do's And Don'ts (https://lovematters.in/en/news/genital-hygiene-dos-and-donts)

Vaginal Douching: Helpful or Harmful? (http://www.webmd.com/women/guide/vaginal-douching-helpful-or-harmful)

Understanding your menstrual cycle fact sheet women's health (http://womhealth.org.au/conditions-and-treatments/understanding-your-menstrual-cycle-fact-sheet)

The Menstrual Cycle by Marcelle Pick, OB/

GYN NP (https://www.womentowomen.com/menstruation/the-menstrual-cycle/)

The Free Dictionary by Farlex-Pregnancy (http://medical-dictionary.thefreedictionary.com/pregnancy)

World Health Organisation, media centre.

Adolescent pregnancy Fact sheet updated September 2014(http://www.who.int/mediacentre/factsheets/fs364/en/

Sutter Health- Palo Alto Medical Foundation.

Authors: Julia Ransohoff, Christina Jeffery Nancy Brown, Ph.D. with: Katie Ransohoff, Joanna Yang ,Anna Rafferty ,Leigha Winters,Nigel Anderson.

Developed with funding from PAMF Education Division and Youth Venture (http://www.pamf.org/teen/abc/types/)

Kids matter- family relationships (https://www.kidsmatter.edu.au/mental-health-matters/family-relationships)

Teen Zeen-Teens and Friends (http://www.teenzeen.org/teens-and-friends.html)

Pandoras Project- What is sexual abuse (www.pandys.org)

American Psychological Association- Sexual Abuse (www.apa.org)

Volunteer Manual & Training Curriculum for Adolescent Sexual and Reproductive Health Counselling • 209 Source: Arkutu, A. A., 1995 Source adapted from: Watson, C. and Brazier, E.

Collins J. (2012). “Counselling in the workplace: How time-limited counselling can effect change in well-being”. Counselling and Psychotherapy

Research Journal; 12, pp.84-92.

“Teens and Condoms.” Avert.org , August 13, 2004 http://www.avert.org/teencondoms.
htmchildren.com/C/Contraception.html
(encyclopedia of children’s health)