The BALANCED Project

# Population-Health-Environment (PHE) Youth Peer Education: A Guide for Training Youth Peer Educators Working on PHE Activities

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Coastal Resources Center, University of Rhode Island

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**Cover Top Photo Caption:** Youth Peer Educator, Ghana
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**Cover Lower Photo Caption:** Fish Landsite Site, Bagamoyo Beach
**Cover Lower Photo Credit**: Dr. Elin Torell

# FOREWORD

*Population, Health, and Environment (PHE) Youth Peer Education: A Guide for Training Youth Peer Educators Working on PHE Activities* was developed by the BALANCED (*Building Actors and Leaders for Advancing Community Excellence in Development*) Project with support from the United States Agency for International Development (USAID).

The BALANCED Project is a five-year, multi-million dollar population, health and environment (PHE) technical leadership initiative awarded by the USAID Office of Population and Reproductive Health. The Project, which is implemented by the University of Rhode Island's Coastal Resources Center (URI/CRC) and its partners—PATH Foundation Philippines Inc. (PFPI) and Conservation International (CI)—promotes wider adoption and use of effective PHE approaches worldwide by:

- Enabling local communities to become PHE champions by building their capacity to plan, implement and carry out demand-driven integrated programs in health and conservation. BALANCED builds capacity through peer-to-peer mentoring, south-to-south exchanges, and innovative learning techniques.

- Synthesizing and developing state-of-the art PHE knowledge and communicating that knowledge to key audiences. This includes demonstrating the value of integrated approaches for development that take into consideration the environment and the people who live in it.

- Scaling-up, building on, and fostering the implementation of field-based PHE initiatives in areas of high biodiversity, particularly in East Africa and Asia.

This guide was adapted from the *Youth Sexuality, Reproductive Health and Environmental Education: Training Manual for Youth Peer Educators* developed by PFPI under its USAID- and David and Lucile Packard Foundation-supported Integrated Population and Coastal Resources Management (IPOPCORM) initiative and other resources. It incorporates international family planning norms and guidance on sexually transmitted infections (STIs), including HIV, as recommended by the World Health Organization (WHO), including the *Medical Eligibility Criteria for Contraceptive Use (WHO 2004), Family Planning: A Global Handbook for Providers* (WHO/RHR and JHU/CCP 2007), *Contraceptive Technology* (Hatcher et al. 2007), and *Sexually Transmitted and Other Reproductive Tract Infections: A Guide to Essential Practice* (WHO 2005). Some of the information on contraceptive methods was adopted from The *BALANCED Counseling Strategy Plus: A Toolkit for Family Planning Providers Working in High STI/HIV Prevalence Settings*, Mullick et al. Washington, DC: The Population Council.

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# INTRODUCTION

Population-Health-Environment (PHE) is a development approach that recognizes the interconnectedness between people and their environment. It focuses on the interactions among population, health and environment dynamics, particularly in biodiversity-rich areas and supports multi-sectoral collaboration and coordination. It works across these three domains in an integrated fashion—resulting in improved outcomes for each sector as well as for the community/target population at large. PHE can also be defined as "the linkage, within a community or group of communities, of natural resources management or similar environmental activities and the improvement of reproductive health—always including but not limited to the provision of family planning services" (Engelman).

*PHE Youth Peer Education: A Guide for Training Youth Peer Educators Working on PHE Activities* was designed for facilitators who will be training PHE Youth Peer Educators (YPEs). This Guide contains information about the linkages between population and the environment, the role of youth in protecting and conserving the environment, ecosystems, physiology, gender, sexuality, fertility, contraception, safer sex, sexually transmitted infections, HIV/AIDS, and related reproductive health topics that will encourage youth to become stewards of the environment and their sexuality. This information is supplemented with participatory skills exercises on these topics as well as on communicating with youth; and on identifying networks and support services. Throughout, the Guide emphasizes the linkages between population growth and the health of natural resources by integrating natural resources management concepts into discussions about youth sexuality and reproductive health.

The training curriculum can be used in its entirety. However, the topics/modules are organized so they can also be used independently—to better fit with the objectives of a specific training; for use in mentoring or in refresher courses that may have a focus on selected aspects of youth peer education; or for a particular country, culture or community, as appropriate.

**What is a PHE Youth Peer Educator?**

The term PHE Youth Peer Educator (YPE) refers to youth ages 15-24 years old living in areas where PHE activities are taking place and who are willing to be trained and volunteer to provide information and promote sexuality, reproductive health and environmental awareness among their youth peers.

**Who should use the PHE YPE Trainer's Guide?**

This Guide is designed for trainers/facilitators who want to train YPEs as part of their organization's integrated PHE approach or project. Trainers/facilitators should be trained in this methodology and/or should be experienced with integrated PHE approaches so that they can effectively address conservation, sexuality, reproductive health and PHE questions and provide necessary inputs.

**What is included in the PHE YPE Trainer's Guide?**

Content

Overall, the Guide provides participants with the information, knowledge and awareness that are needed in order to discuss in practical terms a range of topics related to sexuality, RH and NRM/environmental awareness.

The YPE Training Guide contains 15 modules that involve three important areas of information and practical needs of youth. Modules 1 to 3 include an overview of ecosystems and the linkages between ecosystem health and human well-being, while modules 4 to 7 cover information and activities on self-awareness and building confidence and social skills that prepare participants in this training for the interactive nature of the work they will perform as a YPE.

Modules 8 to 11 cover the physical, socio-emotional, and cognitive aspects that go hand-in-hand with human and adolescent sexual development, including the processes of human fertility and reproduction, sexual developmental changes, courtship, fertilization, and pregnancy. The information herein helps trainers facilitate discussions on the consequences of unprotected sexual intercourse and provides practical exercises on how these consequences could be prevented—e.g., saying "no" to sex, making sex safer, regulating fertility, and taking steps to avoid contracting sexually transmitted infections (STIs) including HIV.

The final three modules of the Guide cover the skills that are useful in youth peer education and outreach education and include exercises for participants to practice these skills.

Exercises

Each module within the Guide contains participatory learning exercises for teaching the topic covered by that module. Some topics may include more than one exercise. Exercises are based on adult learning principles and are designed to help participants retain the information learned. Each exercise is composed of the following:

| | |
|---|---|
| Purpose | States the reason and objective for conducting the exercise and the importance of learning the facts |
| Time Required | Indicates the time allotted to conduct the exercise |
| Learning Objectives | Describes what participants will be able to do as a result of completing the exercise and is an indicator of participants' learning |
| Preparation | Describes the materials and/or preparations needed and the prerequisites to conducting the exercise |
| Instructions | Includes a step-by-step guide for conducting the exercise; and instructions for the 'evaluation', which reinforces the participants' learning and indicates whether the exercise has achieved the learning objectives |

Evaluation

The workshop includes various forms of assessing the impact of the training on the participants' levels of knowledge and skills. This includes using pre- and post-test questionnaires to assess participants' current levels of and changes in knowledge. There is also a participant evaluation questionnaire, which provides input to assessing the effectiveness of the training workshop topics.

Facilitator's notes

Each module in the Guide has a 'Facilitator's Notes' section that provides the training team with key information it should emphasize while conducting an exercise. The trainer can impart the information contained in 'Facilitator's Notes' through a short lecture either before or after an 'Exercise' to reinforce and strengthen the learning. While the Guide provides recommendations on *when* to use the lectures, it is the prerogative of the training team to decide *how* to provide this information.

**What is the training methodology?**

The training methodology involves a variety of participatory methods for learning. It employs small group discussions to encourage sharing and exchange of ideas between the participants, games to enhance understanding of related issues, and role plays to facilitate opportunities for practical application of knowledge gained.

**What is the language to use?**

While this manual is in English, the training should be conducted in the local dialect.

**How long is the training?**

The entire training takes two days. However, individual modules can be used separately for post-training hands-on mentoring and refresher courses. The entire two-day sample schedule is as follows:

| Time | Day 1 | Day 2 |
|---|---|---|
| AM | Module 1: Introductions<br><br>Module 2: PHE Integration<br><br>Module 3: Ecosystems – The Machinery of Nature<br><br>Module 4: Beliefs and Value Clarification | Module 9: Contraceptive Methods<br><br>Module 10: STIs, including HIV/AIDS<br><br>Module 11: Safer Sex<br><br>Module 12: Effective Peer Communication Skills |
| PM | Module 5: Defining Gender and Sex<br><br>Module 6: Adolescent Development<br><br>Module 7: The Courtship Process<br><br>Module 8: Human Fertility and Reproduction | Module 12: Effective Peer Communication Skills (cont.)<br><br>Module 13: The PHE Youth Peer Educators<br><br>Module 14: Referral and Support Networks<br><br>Module 15: Evaluation |

# COURSE PREPARATION

### Plan the training

Workshop preparation takes careful planning. Planning should start several days or weeks before the start of the workshop. As you prepare for the training, follow this checklist:

### Identify participants and potential learning needs

- Determine the intended audience and establish criteria for selecting participants.
- Invite participants either though a letter of invitation or by direct contact.
- Ensure there is follow-up with the participants. Keep a record of their responses and whether or not they have confirmed attendance to the training.

### Make the logistical arrangements

- Decide on the training date and venue. These should accommodate participants' and facilitators' needs in terms of travel time and potential time off from existing job responsibilities.
- Determine the cost per participant with regard to food, lodging, transportation and materials.
- Identify the training facilitator(s), assistant(s) and other resource needs. Determine their availability, their knowledge about the training topics, their communication skills and their ability to facilitate large groups.
- If there is a need for external resource persons to handle or facilitate more important and technical topics, make a list of possible persons to invite prior to final selection. The list can be narrowed down depending on their availability, eagerness to provide technical assistance, their fees, and the facilitator's comfort level with the proposed resource person.
- Inform resource persons personally or via letter of invitation about the goals and objectives of the training, and confirm their participation.
- Determine the cost per training facilitator/assistant and resource person with regard to food, lodging and transportation.

- Determine the cost of training materials and supplies needed.
- Develop a budget for the training.

**Review the PHE YPE Training Guide**

- Decide whether to use the activities and/or methodologies suggested in this Training Guide or adapt activities/methodologies you find useful.
- Determine the materials to be used based on resources available and participants' needs.

**Prepare the materials and training kit**

- Develop and/or collect handouts or reference materials for use in the training and/or for distribution to participants.
- Prepare flipchart paper (newsprint), marker pens, chalkboard, board markers, nametags, notebooks, ballpoint pens, pencils and other supplies that are needed.

# COURSE OBJECTIVES

By the end of this course, participants should be able to:

- Explain the effects of rapid population growth on human health and natural resources.
- Describe the benefits of PHE linkages/integration and explain what PHE means in their context.
- Identify the ecosystem(s) present in the community, the resources available and the human activities that threaten these resources.
- Describe how one's values and attitudes influence the provision of information on sexuality, reproductive health (RH) and natural resources management (NRM).
- Define and explain sex, gender and sexuality.
- Name at least three physiological, physical and emotional changes among adolescents.
- Name at least two actions or decisions that youth make during the courtship process and the possible consequences of these actions.
- Identify the principal male and female reproductive organs including the function for each part.
- Identify and describe the processes involved in the menstrual cycle and pregnancy.
- Name four contraceptive methods that stop the ovary from releasing the egg and 4 contraceptive methods that prevent sperm from meeting the egg.
- Identify behavioral risk factors associated with sexually transmitted infections (STIs)/HIV transmission.
- Explain the effects of STI, including HIV, to young people and name ways of avoiding STIs, including HIV.
- Use knowledge and skills to inform youth peers on how to resist or postpone sex.
- Demonstrate the correct use of condoms and discuss the importance of using condoms to prevent unplanned pregnancy and transmission of STIs including HIV/AIDS.
- Explain how language can help or hinder discussions of sexuality and use words that are comfortable in describing sexual acts and body parts.

- Use knowledge and skills to inform and counsel youth peers about sexuality, RH and NRM.
- State the qualifications, tasks and functions of a PHE youth peer educator.
- Prepare field monitoring reports.
- Identify institutions, organizations and other networks that can serve the needs of the youth in the community.

# COURSE CONTENT

The following table outlines the course content, purpose and duration of each of the exercises.

| Topic | Activity/Purpose | Duration (minutes) |
|---|---|---|
| **Module 1: Introductions** | **Exercise 1-A: Pre Test**<br>Purpose: Measure participants' baseline knowledge | 15 |
| | **Exercise 1-B: Getting Acquainted**<br>Purpose:<br>• Establish rapport between trainers and participants<br>• Establish the tone for the type of learning that will take place | 30 |
| | **Exercise 1-C: House Rules**<br>Purpose:<br>• Involve participants in developing a "contract" that will enhance the learning experience and build a sense of community<br>• Encourage the expression of fears and concerns that may inhibit learning and create guidelines that may help alleviate those concerns | 10 |
| | **Exercise 1- D: Workshop Objectives**<br>Purpose: Explain workshop objectives and link them to participants' expectations | 10 |
| **Module 2: PHE Integration** | **Exercise 2: Too Many Mouths to Feed**<br>Purpose: Illustrate the effects of rapid population growth on natural resources | 45 |

| Topic | Activity/Purpose | Duration (minutes) |
|---|---|---|
| **Module 3: Ecosystems – The Machinery of Nature** | **Exercise 3-A: Ecosystems Overview**<br>Purpose:<br>• Identify ecosystems present in the community and define the key resources that people depend on for their living<br>• Map out how human activities and behaviors impact the ecosystems and key resources<br>**Exercise 3-B: Link between Ecosystem Health and Human Well-being**<br>Purpose:<br>• Understand the impacts of different human activities on ecosystems and the subsequent impacts of ecosystem degradation on human health and well-being<br>• Prioritize environmental issues and identify actions that can be taken to address the root causes of ecosystem degradation<br>• Explain the importance of an integrated approach to solve problems/issues related to PHE present in the community | 40<br>45 |
| **Module 4: Beliefs and Value Clarification** | **Exercise 4: Opinion Poll**<br>Purpose:<br>• Help participants examine their own assumptions and those they have about other people's beliefs of critical issues involved in youth sexuality, reproduction and reproductive health (RH), and experience how other people may feel when assumptions are made<br>• Engage participants in a discussion of commonly held beliefs about the culture surrounding issues of sexuality and gender in relation to youth RH<br>• Encourage participants to examine the impact of their attitudes about sexuality and gender on their ability to manage personal issues | 45 |

| Topic | Activity/Purpose | Duration (minutes) |
|---|---|---|
| | regarding their sexuality and RH as well as management of natural resources | |
| **Module 5: Defining Gender and Sex** | **Exercise 5: What Do They Mean by Sex?**<br>Purpose: Break the ice and allow participants to begin thinking about the concepts that will be addressed in the workshop | 45 |
| **Module 6: Adolescent Development** | **Exercise 6: Changes in the Life Span**<br>Purpose:<br>• Assist participants in identifying physiological, physical and emotional development among adolescents<br>• Clarify issues associated with developmental changes among adolescents<br>• Have participants share and understand the common concerns about adolescence by taking note and reflecting on their feelings, thinking, and social interactions as brought about by the body changes that they undergo during adolescence<br>• Identify common problems and issues faced by adolescents | 60 |
| **Module 7: The Courtship Process** | **Exercise 7: Unfinished Story**<br>Purpose: Help participants identify the typical stages of courtship and the consequent decisions and actions that adolescents make during the stages | 45 |
| **Module 8: Human Fertility and Reproduction** | **Exercise 8: The Human Voyage**<br>Purpose:<br>• Help participants understand the various events that take place during the process of human fertility and reproduction | 45 |

| Topic | Activity/Purpose | Duration (minutes) |
|---|---|---|
| | • Correct myths about fertility and human reproduction that are common in their communities | |
| **Module 9: Contraceptive Methods** | **Exercise 9: How Does It Work?**<br>Purpose:<br>• Help participants understand how various methods of contraception prevent pregnancy and identify appropriate contraceptives for use among adolescents<br>• Help participants understand the consequences of unprotected sexual intercourse | 45 |
| **Module 10: Sexually Transmitted Infections (STIs), Including HIV/AIDS** | **Exercise 10: STI/HIV Transmission and Behavioral Risk Factors Game**<br>Purpose:<br>• Help participants understand the risk of STI, including HIV, transmission<br>• Experience how it may feel to be infected with an STI/HIV<br>• Help participants realize how STIs may impact on their future | 60 |
| **Module 11: Safer Sex** | **Exercise 11-A**: **Saying "No" to Sex**<br>Purpose: Enable young men and women to practice negotiation skills, including resisting or postponing sex and to be assertive about their decisions<br>**Exercise 11-B: The Right Steps to Condom Use**<br>Purpose: Teach participants to understand the correct use of condoms and be able to demonstrate this to others | 45<br>45 |

| Topic | Activity/Purpose | Duration (minutes) |
|---|---|---|
| **Module 12: Effective Peer Communication Skills** | **Exercise 12-A: Youth Culture and Language**<br>Purpose:<br>• Create awareness of participants' levels of comfort/discomfort with sexual acts/body parts and the words used to describe them<br>• Provide a forum for discussing sexuality with relative strangers and begin the process of hearing or saying words that may infrequently be discussed<br>• Identify the various issues that words may create for the professionals and the youth<br>**Exercise 12-B**: **Talking About Sex with Youth Peers**<br>Purpose: Help participants identify useful and effective techniques in communicating sexuality to youth peers | 45<br>60 |
| **Module 13: The PHE YPE** | **Exercise 13-A**: **Identifying PHE Youth Peer Educator (YPE) Roles**<br>Purpose:<br>• Engage participants in identifying and clarifying roles of PHE YPEs<br>• Understand the important role of a PHE YPE in making adolescents stewards for responsible sexuality and environmental preservation<br>**Exercise 13-B**: **Reporting and Monitoring Forms**<br>Purpose: Equip participants with the knowledge and skills to prepare the reports needed to monitor and evaluate the program | 45<br>30 |

| Topic | Activity/Purpose | Duration (minutes) |
|---|---|---|
| **Module 14: Referral and Support Networks** | **Exercise 14**: **Identifying Referral and Support Networks**<br><br>Purpose: Assist participants to identify within the community useful referral and support networks for youth | 45 |
| **Module 15: Evaluation** | **Exercise 15: Post-Test/Course Evaluation**<br><br>Purpose:<br>• Measure participants' level of knowledge post-training<br>• Assess the overall performance of the course | 30 |

# Module 1: Introductions

## Exercise 1-A: Pre-Test

**Purpose:**

- To measure participants' related baseline knowledge

**Time: 15 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Determine the level of knowledge on family planning (FP), reproductive health (RH), population-health-environment (PHE) and related FP/RH services

**Preparation:**

- Make enough copies of the Pre-Test for all participants (see Appendix A: Sample Pre-/Post-tests).

**Instructions:**

1. Distribute the pre-test questionnaires to participants.
2. Make sure participants fully understand the instructions.
3. Collect answered test papers after an allocated time. Proceed to the next session.

## Exercise 1-B: Getting Acquainted

**Purpose:**

- To establish rapport between trainers and participants
- To establish the tone for the type of learning that will take place

**Time: 30 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Know the other participants and the facilitators

**Preparation:**

- Cut out paper hearts that are one inch in size (the number of hearts should equal half the number of participants and facilitators in the training course).
- Cut each heart into two irregular pieces.
- Write the workshop agenda in a flipchart paper (newsprint/manila paper).
- Label another flipchart paper (newsprint/manila paper) with the word 'Expectations.'

**Instructions:**

1. Begin the workshop by explaining that it is an introduction to the subject of gender and sexual/reproductive health and its links to NRM. As such, keep in mind that sexual development may be influenced by the environment in which the youth participants grew up.
2. Explain that this workshop will allow participants to explore their environment by identifying objects found in their surroundings that would represent themselves.
3. Ask participants to look for an object around the workshop site that would best represent them. Give them three minutes to do this. (***Note:*** facilitators should do this too.)
4. When everyone has found an object, tell participants that you will pass around an envelope containing half hearts.
5. Ask participants to pick one piece from the envelope.
6. Tell participants to look for the person who has the missing half of the heart that they have picked.
7. When everyone has found their partners, ask them to introduce themselves by telling their partners the following about themselves:
    - Their name and how they would like to be addressed during the workshop
    - The object they chose to describe themselves and why they chose this
    - What they like to do during their leisure time

- What they hope to get from the workshop

8. The participants then introduce their partners to the group.

9. Ask participants to state their expectations for the training. Write these on the flipchart (newsprint/manila paper).

10. Review expectations.

## Exercise 1-C: House Rules

**Purpose:**

- To involve participants in developing a “contract” that will enhance the learning experience and build a sense of community

- To encourage the expression of fears and concerns that may inhibit learning and create guidelines that may help alleviate those concerns

**Time: 10 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Know the rules that the participants should follow during the training

**Preparation:**

- Collect the materials needed:
  - marker pens
  - scissors
  - masking tape
- Take a flipchart paper (newsprint/manila paper) and label it "Group Contract."

**Instructions:**

1. Explain that establishing a group contract creates an environment where the most learning and participation can take place. Therefore, we need to think about and develop a set of guidelines that will guide our sessions together.

2. Ask participants for ideas or suggestions that will encourage the most learning during the workshop.

3. Record these ideas on the newsprint labeled “Group Contract.”

4. If participants need some help, review some examples of guidelines:

    - Express ourselves honestly
    - Respect differences of opinion
    - State our own opinions and feelings, not those of others
    - We have a right to "pass" on making a comment
    - listen to others and do not dominate conversations

5. Post the contract and encourage all participants to help in meeting the contract. Discuss any issues that seem to be in conflict for members of the group.

6. Ask if there are any issues that still need discussion and clarify these.

## Exercise 1-D: Workshop Objectives

**Purpose:**

- To explain workshop objectives and link them to participants’ expectations

**Time: 10 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Describe the objectives of the training

**Preparation:**

- Make a flipchart paper (newsprint/manila paper) labeled with workshop objectives.

**Instructions:**

1. Introduce the workshop objectives. Explain that by the end of this course, participants should be able to: (***Note:*** show the flipchart/newsprint/manila paper that was prepared beforehand and that lists the course objectives.)

    - Explain the effects of rapid population growth on health and natural resources.
    - Describe the benefits of PHE linkages/integration and explain what PHE means in their context.
    - Identify the ecosystem(s) present in the community, the resources available and the human activities that threaten these resources.
    - Describe how one's values and attitudes influence the provision of information on sexuality, RH and NRM.
    - Define and explain sex, gender and sexuality.
    - Name at least three physiological, physical and emotional changes among adolescents and at least two actions or decisions that youth make during the courtship process and the possible consequences of these actions.
    - Identify the principal male and female reproductive organs including the function for each part.
    - Identify and describe the processes involved in the menstrual cycle and pregnancy.
    - Name four contraceptive methods that stop the ovary from releasing the egg and four contraceptive methods that prevent sperm from meeting the egg.
    - Identify behavioral risk factors associated with sexually transmitted infections (STI) /HIV transmission.
    - Explain the effects of STI, including HIV to young people and name ways of avoiding STIs, including HIV.
    - Use knowledge and skills to inform youth peers on how to resist or postpone sex.
    - Demonstrate the correct use of condoms and discuss the importance of using condoms to prevent unplanned pregnancy and transmission of STIs including HIV/AIDS.

- Explain how language can help or hinder discussions of sexuality and use words that are comfortable in describing sexual acts and body parts.
- Use knowledge and skills to inform and counsel youth peers about sexuality, RH and NRM.
- State the qualifications, tasks and functions of a PHE youth peer educator (YPE).
- Prepare field monitoring reports.
- Identify institutions, organizations and other networks that can serve the needs of the youth in the community.

2. Relate the above to what the participants have expressed as their expectations for the workshop.

# Module 2: PHE Integration

## Exercise 2: Too Many Mouths to Feed

**Purpose:**

- To illustrate the effect of rapid population growth on natural resources

**Time: 45 minutes**

**Learning Objectives:**

After this exercise, the participants will be able to:

- Explain the effects of rapid population growth on health and natural resources
- Describe the benefits of population, health, environment (PHE) linkages/ integration and explain what PHE means in their context

**Preparation:**

- Prepare a map (3ft X 3ft) of the community, specifying the locations of the settlement, mangroves/trees, grazing lands, water sources and other natural resources found in the community.
- Prepare paper cut-outs that depict natural resources (e.g., trees, fish, bananas, water) commonly utilized by residents.

**Instructions:**

1. Have the participants stand in a clear area.
2. Draw a map of the community on the ground/floor using chalk or flipchart paper (newsprint) and marker pen. With the help of the participants, label the areas and mark the boundaries of the agricultural areas, settlements, water sources/ streams, and the sea.
3. Distribute the cut-outs in the delineated agricultural and coastal areas (e.g., trees and shrubs inside the forest area; fish, seaweed and other coastal resources in the sea; bananas, cows, animals inside the agricultural areas).

4. Ask for two persons to volunteer to be a young couple. Have the volunteers come forward to the front of the group.

5. Explain to the group that you will tell a story about the life of a young couple.

6. Ask the volunteer young couple to stand inside the settlement area outlined in the map.

7. Start by introducing the young couple to the group. Mention that they are a happily married young couple with one child (get another volunteer to be the child). The young couple is part of a community that depends on the natural resources for their needs.

8. Ask the young couple to gather what they need by picking up the cut-outs representing the 'resources'. Resources are abundant, so they are confident that plates in the household are always full.

9. In three years, the community has grown and the young wife has just given birth to twins (get volunteers to join the family inside the map). Mention that the young wife almost died during the delivery of the twins. Ask the volunteers to gather what they need by picking up the cut-outs representing the 'resources'. The young couple is still confident that the family will not starve since they believe that resources are still plentiful.

10. After four years, the community grew bigger (get more volunteers to join the family, including extended family, inside the map). Too many people are already using and extracting the resources and the couple is expecting their fourth child (ask for another volunteer). Ask the volunteers again to gather what they need by picking up the cut-outs representing the 'resources'.

11. In eight years, the couple is forced to fish in waters and gather other resources far from their village since the resources in their community have been depleted. The wife is expecting their seventh child and the children are complaining that the amount of food on their plate is less and less.

12. The couple is worried and scared. There are too many mouths to feed and there may not be enough resources to sustain them. Mention that as a consequence of the situation, all of their children became malnourished and sickly, and one of them eventually died.

13. Ask the group what they learned from the story.

14. Ask participants if something like what happened in the story could happen in their village? Why or why not?

15. Ask the group to think of two things that young people can do to help maintain and protect natural resources.

16. Ask them also to name two things that youth could do to help address the growth of the population.

17. Summarize the recommendations and the positive things we can do to address the situation of increasingly more and more people relying on natural resources that are not increasing.

18. Discuss PHE based on the Facilitator's Notes (next page).

## Facilitator's Notes:

### What is PHE?

**P =** Population involves the provision of voluntary family planning (FP) information and services to address unmet need for contraception and promote birth-spacing and other reproductive health (RH) practices

**H =** Health can be a variety of interventions but usually involves water, sanitation, malaria prevention, or child health

**E =** Environment can include but is not limited to protected area management and biodiversity conservation (preserving the abundance and variety of all species including endemic, endangered, microscopic and more complex organisms on land and water). It can include a variety of approaches—watershed management, sustainable agriculture, natural resources management (NRM)

The terms PHE or integrated PHE refer to a development approach that focuses on the interactions amongst population, health and environment dynamics, particularly in biodiversity-rich areas. This approach facilitates cross-sectoral collaboration and private-public partnerships that enable delivery of multi-disciplinary interventions.

It is also defined as "the linkage, within a community or group of communities, of natural resources management or similar environmental activities and the improvement of reproductive health—always including but not limited to the provision of family planning services" (Engelman).

Most PHE projects are guided by the common belief that integration creates synergy and results not found in single-sector programs. They achieve this goal by being conceptually linked and operationally coordinated. PHE project components may vary depending on the target community's priorities, needs and opportunities for intervention. Some examples of PHE projects include the Integrated Population and Coastal Resource Management (IPOPCORM) Project in the Philippines (FP, coastal resources management and environmentally friendly enterprise development); the Pwani Project in Tanzania (FP, HIV/AIDS, livelihoods, biodiversity conservation); and the World Wildlife Fund-Nepal Project in the Terai (first-aid, HIV/AIDS, FP, alterative energy, water and sanitation).

### Why integrate these three sectors?

<u>It makes sense</u>

Individuals, families and communities live integrated lives. They do not concern themselves with only with their health, children growing, buying food, clean water, having shelter, etc. These issues are interrelated and part of the larger fabric of their everyday life. Similarly, people and their environment are closely linked. This is even more true as climate change, natural disasters and ecosystem changes increasingly threaten human health, food security,

and sustainable development. For these reasons and more, it only makes sense that projects also take an integrated approach to addressing a community's issues and concerns.

PHE projects also bring the community together—from village chiefs to adolescents—to help find solutions to a wide range of everyday issues and concerns. Not only does this engage the entire community, but it also can save time for already busy community members who can attend just one meeting about PHE, which simultaneously addresses health, FP, environment and/or livelihood issues instead of multiple, separate meetings on each of these topics.

Further, integrated projects allow organizations to address the root causes of the threats or situations they face. For example, while there are immediate threats to the biodiversity in many areas, the underlying driver could also be unbridled population growth. The PHE approach helps address such root causes in a holistic fashion rather than focusing on a single sector solution, such as a pro-environment activity alone.

There is better synergy

Qualitative evidence suggests another benefit of integrating sectors—i.e., the benefit of synergy. For example:

- Sectors working together on combined and complementary activities can achieve more than if/when they act independently. For example, when NRM groups also offer health services to the community, they are providing something tangible in exchange for the community's pro-environment actions. This not only builds good community relations, it also provides a good entry point for difficult discussions on health issues, particularly on FP.

- Alternatively, for health organizations, there are several benefits of linking with NRM groups. NRM groups often work in hard-to-reach, rural communities that many health organizations find impractical or too expensive to reach on their own. By combining resources, both NRM and health organizations can potentially implement their projects more efficiently—sharing transportation, field staff, training and data collection.

- Combining efforts and resources can lead to better outcomes than those that result from a sector-specific approach that does not consider the multi-faceted life of their target audience(s).

- One operations research study attributed improved conditions in coastal resources to the protective management actions taken by collaborating peoples' organizations that were also managing RH activities. This gave communities access to contraceptives, which led to a significant decrease in the average number of children born to women in the study area.

Engages a wider variety of audiences

PHE projects also engage a broader range of stakeholders, local leaders and community members in the pursuit of a common goal. For example, integrated projects encourage the active participation of women and youth in resources management, livelihoods and health promotion. This is important because women are often the primary users of natural resources, but they rarely have a say in their management. Also, youth are the future stewards of the environment and their own health.

In integrated activities, men participate not only in conservation of natural resources-focused activities, but also in those that focus on health promotion and RH. In fact, men have played a central role in RH as service providers/educators/advocates and decision-makers—helping increase contraceptive use, address men's RH needs, and promote more equitable relations between the sexes.

At the policy level, PHE contributes to a number of development goals, which usually address broad development needs, as does PHE. As such, it can fit within a wider variety of development frameworks than can single-sector approaches. Integrated projects have a greater chance of success if they build upon existing policies or agendas at any level. Examples include integrating PHE interventions into local development plans, NRM plans, comprehensive land use plans, climate-change adaptation framework, etc.

**What are the advantages in PHE partnerships?**

The PHE approach encourages various sectors to work together toward a shared goal or vision. Partnerships between and among sectors such as health, environment, agriculture, rural development, etc.—whether public or private—can be beneficial in:

- Increasing the scale of effort—bringing together organizations that share the same services or outlook can create the critical mass necessary to tackle a problem.

- Combining complementary skills—bringing together organizations with different skills allows for working on projects that require in-house expertise that either one of the organizations might otherwise lack.

- Pooling financial resources—organizations can increase their power and impact by combining financial resources.

- Minimizing overlapping activities—working with multi-sectoral nongovernmental organizations (NGOs) and community groups can help leverage resources, minimize overlapping activities and create stronger programs.

- Building on existing programs and social capital—organizations can contribute to projects that are already established in the field.

- Gaining credibility—organizations may gain credibility by associating with other successful organizations.

- Filling in service gaps—many organizations (especially those working in conservation) reach remote communities that government health systems sometimes can not adequately cover. Partnerships with these organizations can help others to also reach these remote and underserved communities with holistic interventions.

- Building capacity—organizations can gain new knowledge and technical skills by working with partners that have different backgrounds and expertise.

- Increasing sustainability—when there are partnerships with local organizations, there are increased chances that the project will be sustainable.

- Putting the project in the larger context—working with the government, in particular, can help link the project to a number of governmental policies at a variety of levels and enable greater leveraging of resources.

# Module 3: Ecosystems – The Machinery of Nature

## Exercise 3-A: Ecosystems Overview

**Purpose:**

- To identify the ecosystem(s) present in the community and define the key resources that people depend on for their living
- To map out how human activities and behaviors impact the ecosystems and key resources

**Time: 40 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Identify the ecosystem(s) present in the community, the resources available and the human activities that threaten these resources

**Preparation:**

- Collect the materials needed:
  - flipchart paper (newsprint/manila paper)
  - marker pens
  - meta-cards
  - adhesive tape or masking tape
  - scissors

- Prepare an ecosystem matrix.

| Ecosystem | Resources | Activities | Problems-Issues |
|---|---|---|---|
| Forest | | | |
| Agro-forestry | | | |
| Grassland | | | |
| Farm/pastoral land | | | |
| Stream/river | | | |
| Lake | | | |
| Mangrove | | | |
| Seagrass | | | |
| Coral reef | | | |

- Print enough copies of the following reference materials as handouts for all participants:
  - Impact of human activities on different ecosystems in the Philippines
  - Tropical forest ecosystems
  - Input-output of freshwater from one ecosystem to another (interconnectedness of ecosystems)
  - Selected drawings to help illustrate the different environmental issues and problems affecting the ecosystems:
    - human intrusion into the water cycle
    - degradation of uplands
    - lowland degradation
    - overgrazing
    - illegal fishing activities

**Instructions:**

Introduction – Collecting information on biodiversity present in the community (20 minutes)

1. Introduce the session.

2. Draw a map of the community on flipchart paper (newsprint/manila paper) using a marker and with the help of the participants.

3. Divide the participants into four groups:

    - Forest trees and plants
    - Agricultural plants
    - Birds and animals
    - Fish/shellfish/sea plants

4. Ask each group to identify and list the plants/animals/fish present in their community.

5. After they have completed the lists, ask each group to mark on the community map where their plants/animals/fish are located in their community.

6. During this exercise, ask the participants to identify which resources are found in the same areas. For example, you might find that mangroves and fish are found in the same area.

7. Explain that resources together form ecosystems.

8. Define an ecosystem: "Ecosystem is the community of organisms (plants, animals, microorganisms) interacting in a particular location, plus the non-living part of the environment (air, water, soil, light, etc.) including the human-built structures" (Marten 2001).

9. Look at the map together with the participants and identify the ecosystems present in their community (e.g. forest, mangrove, coral reef, and agro-forestry ecosystem).

10. Ask the participants about the importance/significance of each ecosystem.

11. Ask them to describe—to the best of their knowledge—how the resource abundance has changed over the last five to 10 years. (***Note:*** Youth might have a difficult time answering this question. If there is time, you can bring in one or two “elder” key informants to describe how resources have changed.)

12. Ask participants why the abundance of some resources is increasing and others are decreasing.

13. If not discussed by participants, mention the following:

- Many resources are in crisis because of the increasing human population.
- When there are too many persons, human activities become unsustainable, leading to overexploitation of resources, overfishing or overgrazing.
- Natural resources management (NRM) that integrates population aspects can help us prevent overexploitation of the resources upon which people depend.

14. Fill in the first part of the ecosystem matrix by adding the types of ecosystems present in the community, the key plants/animals/fish resources in each system and note with + and – signs after the resources that have increased or decreased.

Example:

| Ecosystem | Resources |
|---|---|
| Forest | Trees -, birds, antelopes - |
| Farm/ pastoral land | Agricultural crops +, etc. |
| Mangrove | Mangroves -, crabs -, fish -, bees - |
| Coral reef | Corals -, fish -, urchins + |

15. End the exercise by asking the participants to determine which ecosystems are most threatened by human overexploitation, overfishing, or overgrazing in their community (e.g. village). Circle the two most threatened ecosystems and tell participants the next exercise will focus on those two priority ecosystems.

Example:

| Ecosystem | Resources |
|---|---|
| Forest | Trees -, birds, antelopes - |
| Farm/ pastoral land | Agricultural crops +, etc. |
| Mangrove | Mangroves -, crabs -, fish -, bees - |
| Coral reef | Corals -, fish -, urchins + |

Ecosystem Matrix Exercise – Problems and Issues (20 minutes)

1. Now, roll out columns three and four of the ecosystem matrix from the previous exercise (Activities and Problems-Issues).

Example:

| Ecosystem | Resources | Human Activities | Problems-Issues |
|---|---|---|---|
| Mangrove | Mangroves -, crabs -, fish -, bees - | | |
| Coral reef | Corals -, fish -, urchins + | | |

2. Divide the participants into two groups (one for each priority ecosystem) and, ask each group to list the following:

   - Human activities that impact the resource abundance in the ecosystem
   - The problems/issues besetting the ecosystem assigned to them

Example:

| Ecosystem | Resources | Human Activities | Problems-Issues |
|---|---|---|---|
| Mangrove | Mangroves -, crabs -fish -, bees - | Collect mangroves for charcoal, fuel wood, and construction materials. Use mangrove area as garbage dump. | Depletion of mangroves, loss of habitat for juvenile fish, crabs, and bees. Waste problem. |

3. Distribute meta-cards and pens to the groups.

4. Ask the groups to write their answers on the meta-cards. Tell them to write one idea per meta-card.

5. Ask the groups to post their answers to the ecosystem matrix.

6. When the two groups are done, bring the whole group together.

7. Read through the list. Ask participants if they would like to provide additional inputs.

8. You may use the drawings to help explain the different human activities and problems/issues affecting the ecosystems.

9. If not discussed by participants, mention some of the examples of human activities and problems/issues affecting each ecosystem.

Examples (more examples are illustrated in the hand-outs):

| Activity | Problem |
|---|---|
| Cutting of wood for fuel and building materials | Over-harvesting of trees, leading to decrease in forest cover, loss of habitat for certain animals and the protection that forests provide (storm protection, erosion protection, etc.) |
| Fishing<br><br>Catching juvenile fish | Overfishing and depletion of fish stocks<br><br>Depletion of fish stocks, exacerbated by fish not having time to reproduce |
| Clearing of land for agriculture | Loss of habitat, loss of protection that certain habitats provide (e.g. storm and erosion protection) |

10. Distribute the handouts.

11. Leave the workshop output (Ecosystem Matrix) for the next exercise on the Link between Ecosystem Health and Human Well-being.

## Exercise 3-B: Link between Ecosystem Health and Human Well-being

**Purpose:**

- To understand the impacts of human activities on the ecosystems and the subsequent impacts of ecosystem degradation on human health and well-being
- To prioritize environmental issues and identify actions that can be taken to address the root causes of ecosystem degradation
- To explain the importance of an integrated approach to solve problems/issues related to population, health and environment (PHE) present in the community

**Time: 45 minutes**

**Learning Objectives:**

After this exercise, the participants will be able to:

- Explain the link between increasing population and ecosystem degradation
- Explain the impacts of ecosystem degradation on human well-being
- Identify integrated PHE actions that can be implemented to address the threats on the environment and health of the people

**Preparation:**

- Collect the materials needed:
  - flipchart paper (newsprint/manila paper)
  - marker pens
  - meta-cards (Index cards)
  - adhesive tape or masking tape
  - scissors
- Prepare an outline of a tree for the problem tree analysis.
- Post the workshop output from the previous exercise (Ecosystems Overview).

**Instructions:**

Problem, Cause, Impact (20 minutes)

1. Review the ecosystem matrix prepared by the group in the previous exercise.

2. Depending on the number of participants, ask them to identify one to three critical environmental/ecosystem problems/issues affecting their community from the ecosystem overview exercise. (***Note:*** You may wish to use a preference- or problem-ranking matrix to help the participants prioritize the problems they have identified from the previous session. The problem or issues should be clearly recognizable by the majority of the community.)

3. If they have identified more than one environmental problem/issue, divide the participants into groups—one group per problem/issue.

4. If there is more than one group, tell the participants that while you mentioned previously that ecosystems do not have distinct boundaries, for the purpose of this exercise, each group will focus on one selected ecosystem.

5. As an example, using one of the prioritized problems, define clearly the "problem", the "cause" and the "effect". Using the sample chart, show a tree with leaves. Written within the trunk of the tree is a problem. Explain that your tree is sick. Point out the problem from which it is suffering. Point out that often a tree is sick because there are problems in the roots from which it feeds. Explain that to understand why the tree is sick, we must follow the problem back to the roots. Let the participants brainstorm over the causes of the problem by asking the question "why?" Draw a root for each cause and write a cause on the root.

6. Repeat the question "why?" for each cause identified in step 5. This will help identify secondary causes. Write these secondary causes lower down the roots, i.e., below the primary causes identified. Tell the participants that for the purpose of this exercise they have to continue asking the question “why?” until they can identify no more secondary causes.

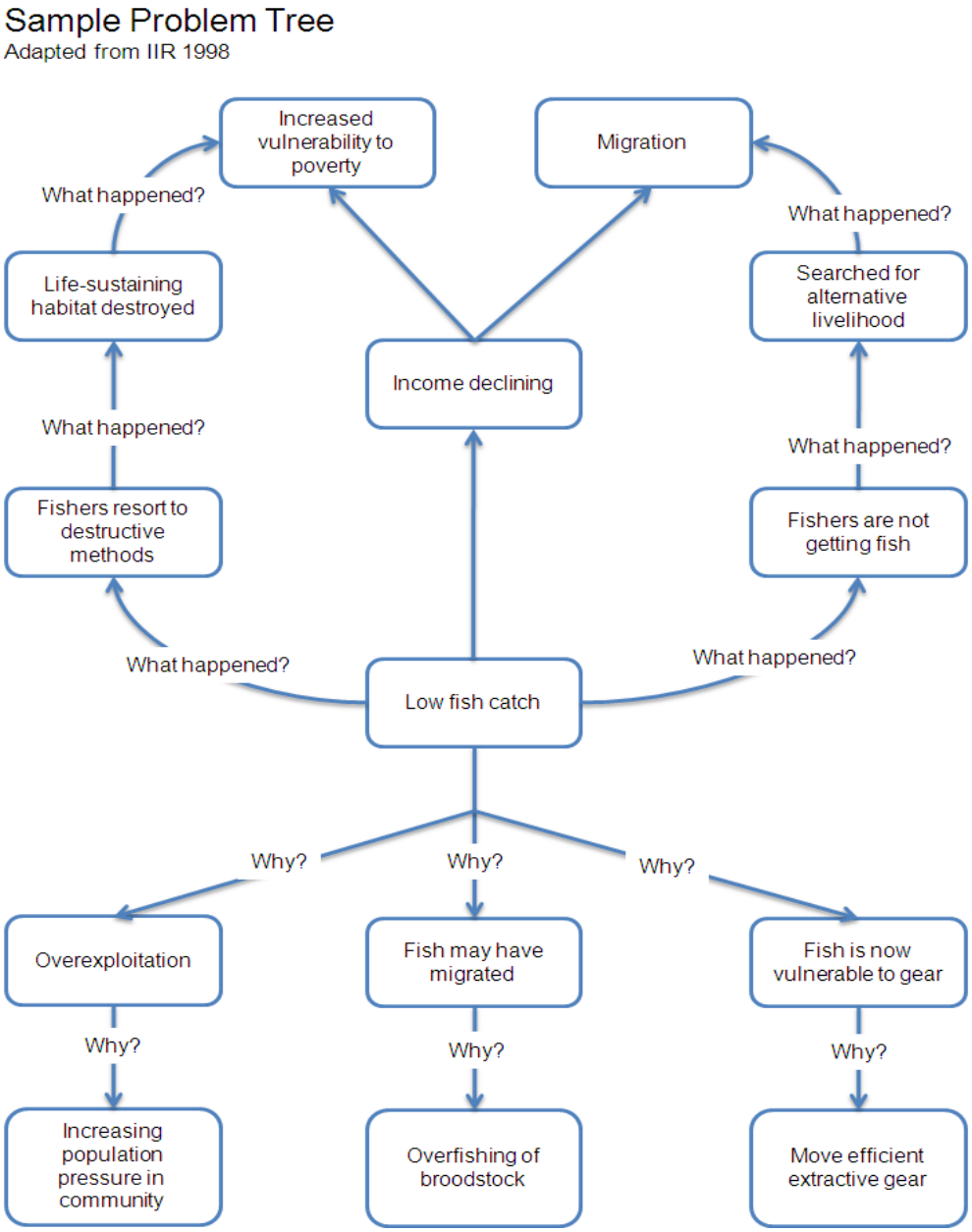
7. Then ask participants to identify effects or impacts of the problem by asking "what would happen if the problem continues without any intervention"? Draw a branch for each effect, and write the effect on the branch.

8. For each effect identified, repeat the question "what happened?" to reveal secondary effects. Place these higher up the branch above the primary effects. Tell the participants that for the exercise they have to continue asking the questions “what happened?” until they can identify no more effects of the problem. You may also show the sample problem tree adapted from International Institute for Rural Reconstruction (IIRR) in Figure 1 below.

9. After this example demonstration, give each group one problem from the prioritized list and ask them to follow the same process, identifying the root cause of the problem and the effect on their community.

10. Once the groups have completed their problem trees, have them present the results and discuss.

Figure 1 of Module 3



Lecture – Discussion: Impact on Human Well-being (15 minutes)

1. Look at the problem trees and ecosystem matrix. For the two priority problems selected, identify and discuss the connection between the priority problem and people's health and well-being.

2. Point out that increasing population pressure leads to overexploitation of ecosystem resources, which then leads to decline or loss of resources and ultimately affecting the human population that is dependent on the resources.

Plenary Discussion – Priority Actions (10 minutes)

1. Go back to the problem tree and the connections between the priority problems and people's health. Ask participants to imagine themselves in the future role as PHE peer educators (PE).

2. Ask what actions they can take to address the above problems/issues.

3. Write down all answers on the board or flipchart paper (newsprint/manila paper). (***Note:*** Be sure that the list you write on the board or flipchart paper or newsprint can be understood and read by the participants.)

4. During the report-out, look at the answers in relation to the problem trees.

5. Are the groups' suggestions addressing the causes or the effects (or both)?

6. Did any of the groups suggest taking actions related to reducing population pressure? If not, why?

7. Explain to the participants that to address the root causes of the problems they identified in the exercises, they have to promote actions that integrate population, health, and environment.

8. Point out that as YPEs, they will need to understand the environmental problems and their root causes, so that they will be able to deliver integrated messages to their fellow community members.

9. Explain that the sessions that follow will provide information about their roles as PHE YPEs.

10. Close the session.

# Hand outs for Module 3

## Impact of human activities on different ecosystems in the Philippines

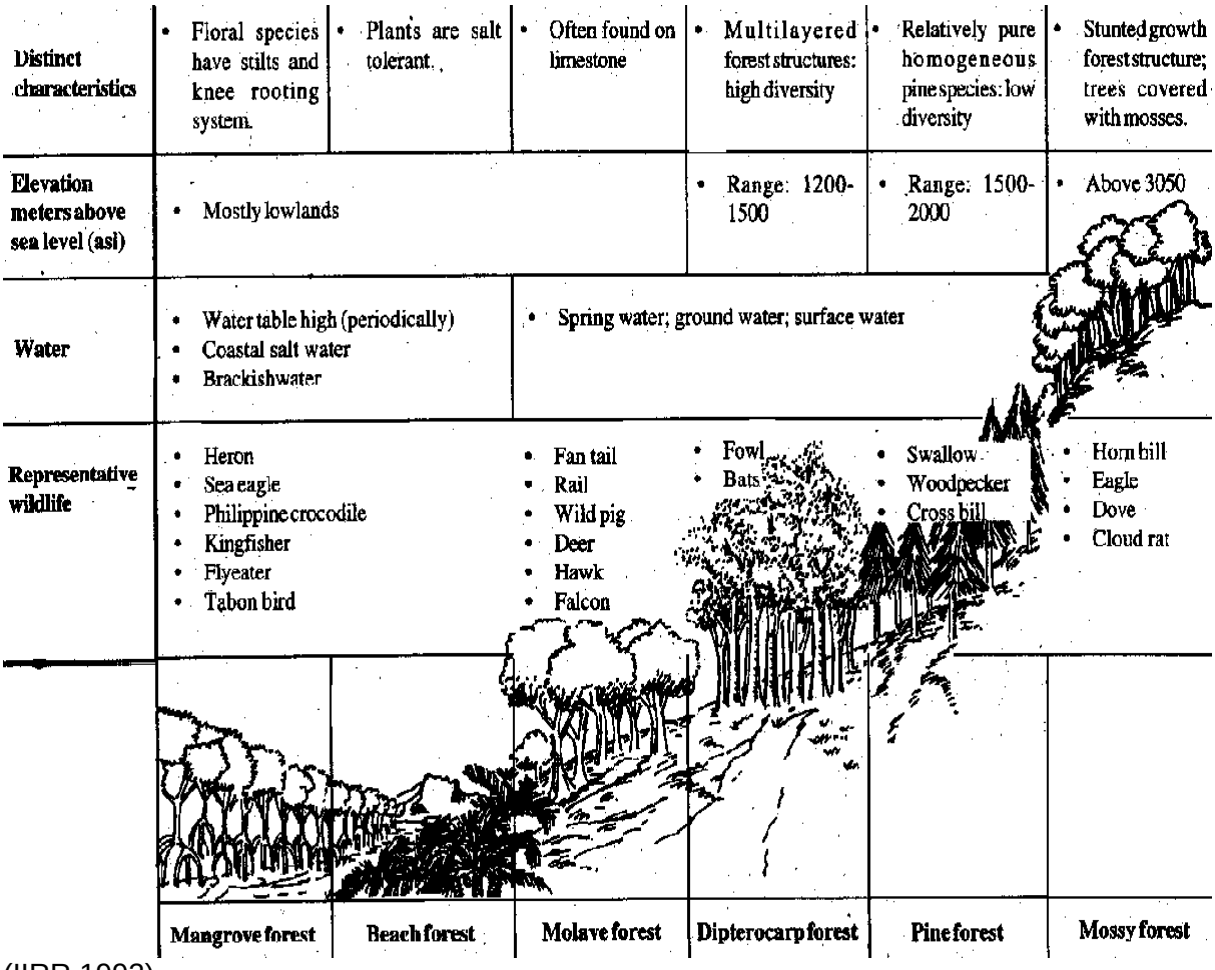
| Ecosystem | Activities | Problems-Issues |
|---|---|---|
| Forest ecosystem (6.7 million hectares) | Clear-cut logging<br>Mining<br>Slash-and-burn activities<br>Forest harvesting of wood/non-wood products<br>Varied activities of forest dwellers | Continuous loss of forest cover<br>Rate of extraction at 100,000 ha/yr<br>Loss of soil nutrient<br>Loss of soil fertility<br>Loss of biodiversity (plant and animal resources) |
| Grassland ecosystem (10.6 million ha) | Forest fires<br>Kaingin practices<br>Harvesting of non-timber products<br>Mining activities<br>Herbivore production (grazing)<br>Human activities aggravating conditions of watershed areas | Grassland areas further degrade<br>Soil erosion rate (an average of 73 ha/yr)<br>Increased surface runoff<br>Loss of biodiversity (plant and animal resources) |
| Freshwater ecosystem (0.90 million ha) | Mining<br>Operations of mini-hydropower plants<br>Establishment of swimming resorts using natural springs<br>Ecotourism activities<br>Domestic agro-residential-industrial sites of water<br>Aquaculture<br>Navigation | Loss of critical watersheds (19 out of 58)<br>Erosion<br>Increased silt-load sedimentation of freshwater bodies and adjoining zones<br>Degraded water quality<br>Affects yield regulation service for diminishing water agro-industrial-domestic uses; power generation capability<br>Loss of ecotourism value |

| Ecosystem | Activities | Problems-Issues |
|---|---|---|
| | Open fisheries<br><br>Drainage and conversion to agriculture | Encroachment of exotic species<br><br>Loss of native plants/animals<br><br>Eutrophication of lakes<br><br>Biologically dead rivers; drainage channels<br><br>High levels of organic pollutants and other contaminants |
| Mangrove ecosystem (Remnant 310,375 ha) | Mangrove harvesting<br><br>Trading/commerce<br><br>Land conversion of mangrove areas into impoundments for fish/shrimp (210,456 ha)<br><br>Conversion of 100,000 ha mangrove swamps into salt beds, industrial and agricultural areas for coconut and rice production | Affects mangrove productivity<br><br>Decreasing yield of fishery resources<br><br>Loss of habitat<br><br>Loss of nutrients<br><br>Loss of biodiversity<br><br>Erosion/sedimentation |
| Seagrass ecosystem | Gleaning<br><br>Reclamation/Conversion | Affects seagrass productivity<br><br>Decreasing yield of fishery resources<br><br>Loss of habitat<br><br>Loss of nutrients<br><br>Loss of biodiversity<br><br>Erosion/sedimentation |
| Coral reef ecosystems (Remnant 2,245 km) | Open fisheries<br><br>Dynamite fishing<br><br>Coral reef harvesting | Affects coral reef productivity<br><br>Depletion of economically important fishing ground<br><br>Pollution |

| Ecosystem | Activities | Problems-Issues |
|---|---|---|
| | Muro-ami activities<br>Scuba diving<br>Sea-ranching | Destruction of coral reefs<br>Loss of habitat<br>Loss of biodiversity |

Source: IIRR. 1992. Basic Concepts in Environment, Agriculture and Natural Resources Management: An Information Kit. International Institute for Rural Reconstruction, Silang, Cavite, Philippines.

## Tropical forest ecosystem



(IIRR 1992)

Tropical forest ecosystems are situated in the equatorial belt of the earth. This portion of the earth is called the tropical zone. It accounts for about 40 percent of earth's surface; within this zone are two major types of tropical forest ecosystems: (1) the rainforest; and, (2) the monsoon

or seasonal forest. Both types of forest ecosystems exist in the Philippines. The latter occupies 6.7 million hectares of the available land area.

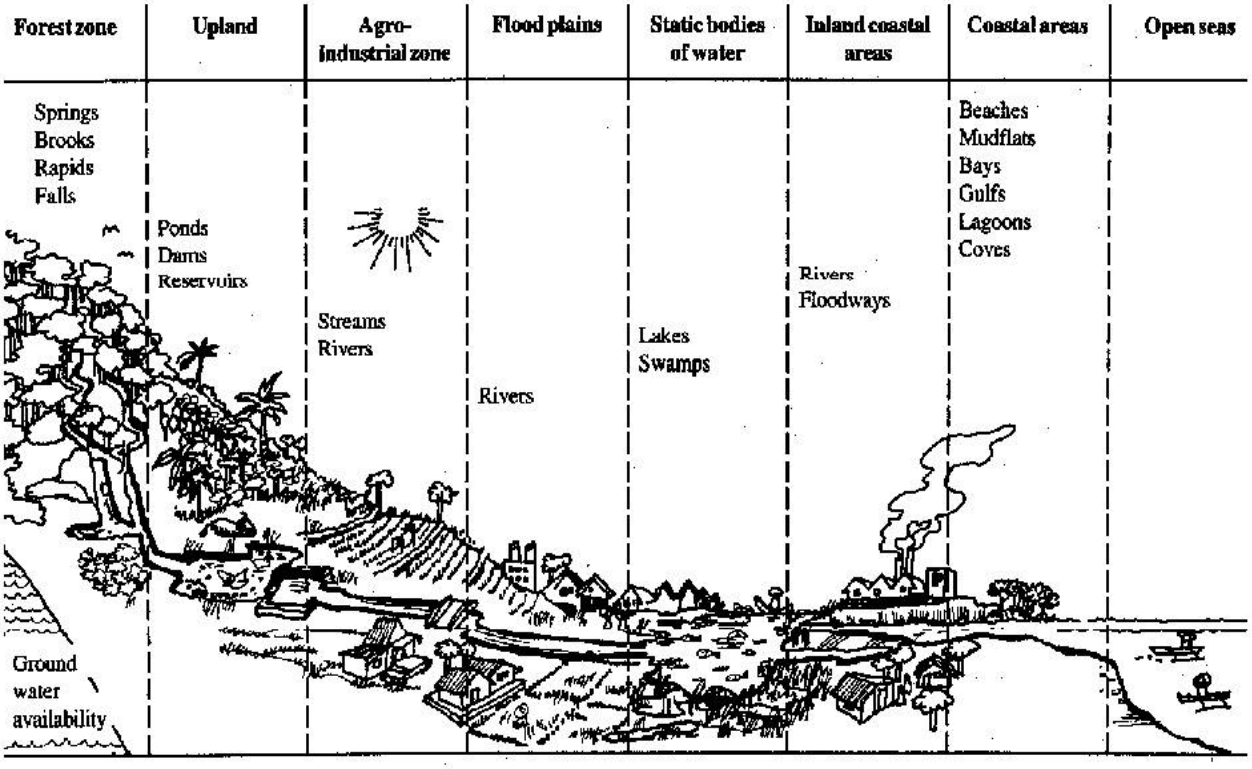
The rainforest is one of the oldest and most complex ecosystems on earth. Tropical forests are ecologically important for their role in:

- Maintaining well-balanced local, regional and or global climates—vegetation can affect-climate in several different ways, via heat balance, surface roughness, the hydrological cycle (precipitation and evapo-transpiration) and carbon storage.

- Serving as a living storehouse of biodiversity—reduction in structural diversity inevitably follows from human interaction with tropical rainforests, as they are progressively simplified by increasing degrees of interference, e.g., timber utilization. The most deleterious effects would be to see the trees and not the animals or vice versa. Biodiversity has a life-sustaining effect on human beings.

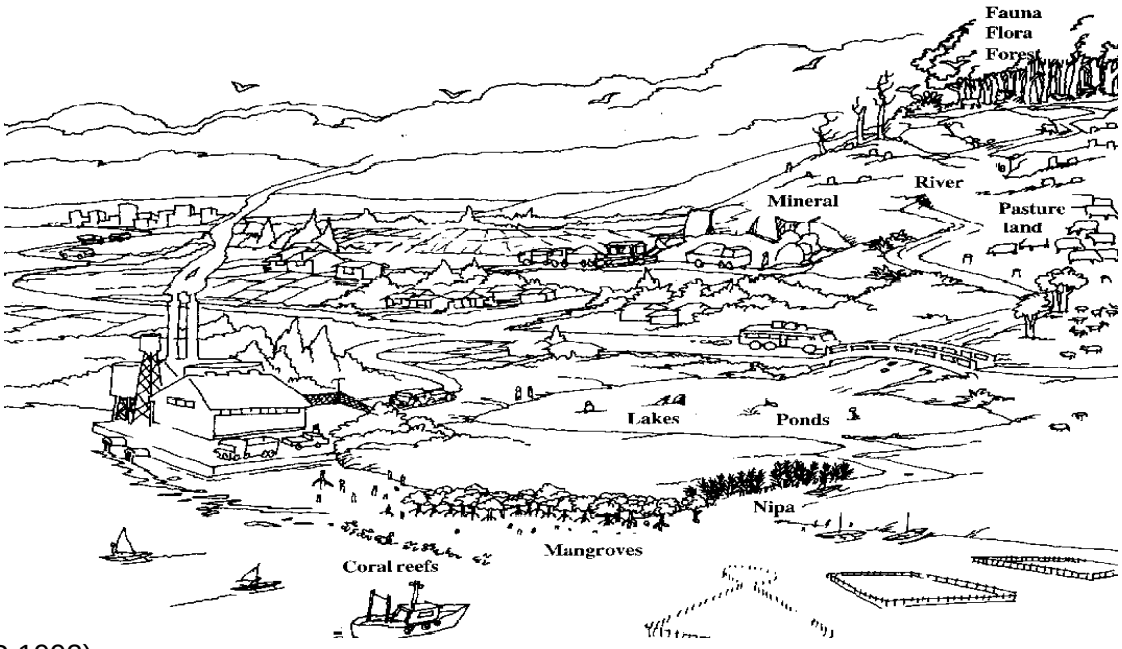
- Acting as natural protection against human impoverishment. Human populations located in the tropics depend on the forest resources base for basic sustenance. Thus, the disappearance of the forest due to massive disturbances in the forest ecosystem would mean loss of human lives.

### Input-output of freshwater from one ecosystem to another (interconnectedness of ecosystems)



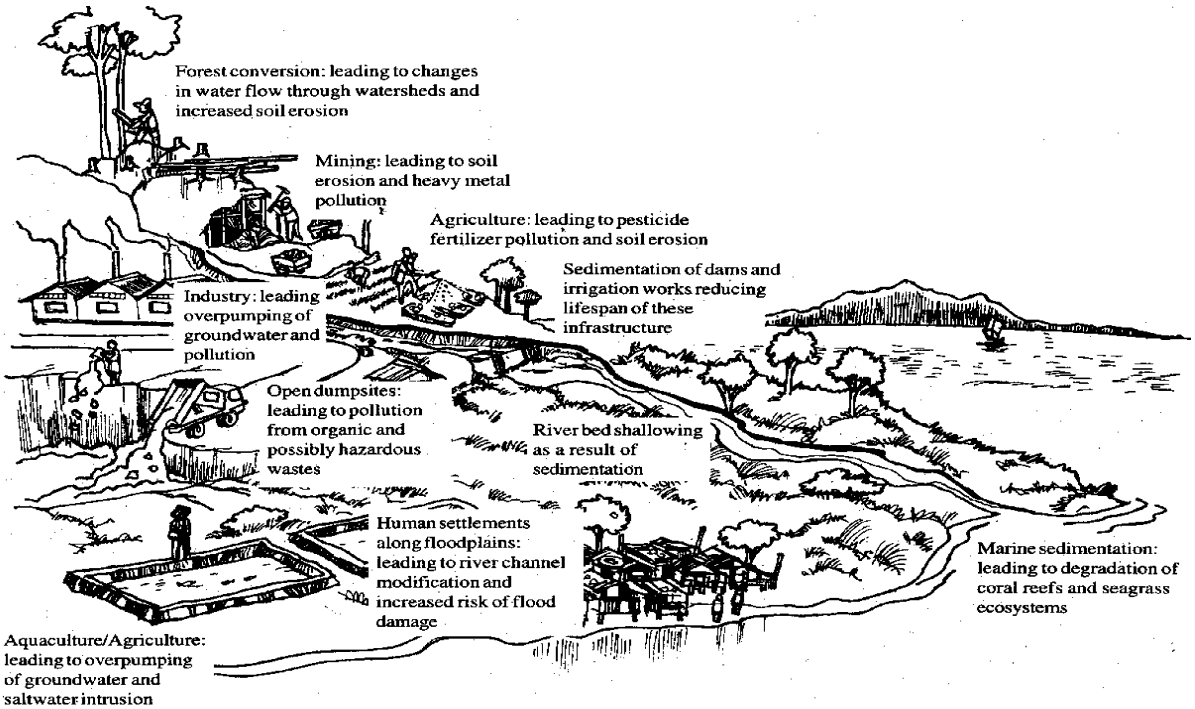

(IIRR 1992)

## Common property resources in crisis



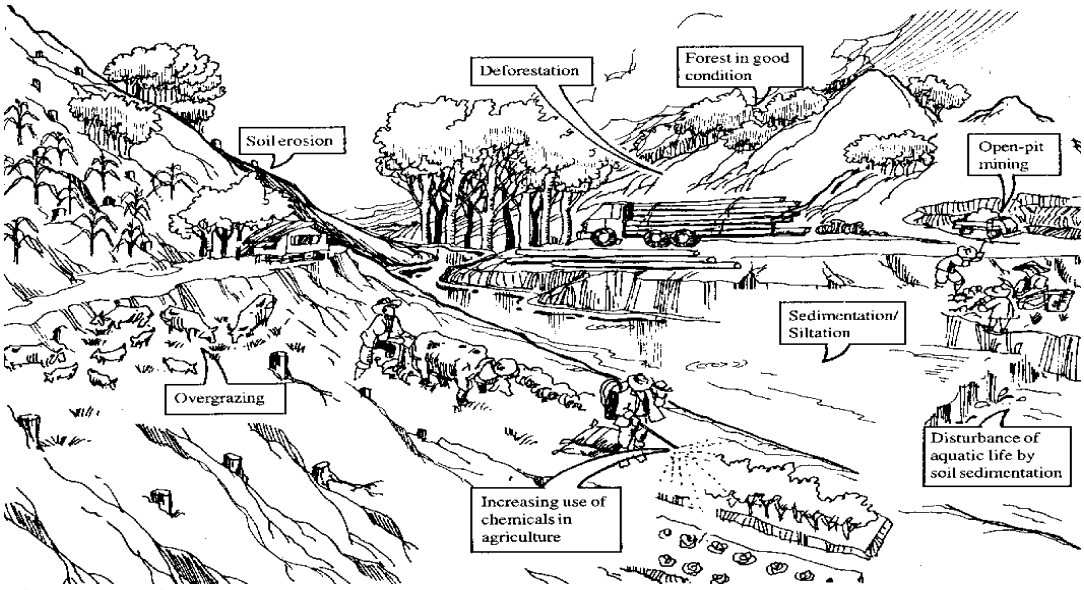

(IIRR 1992)

## Human intrusion into the water cycle



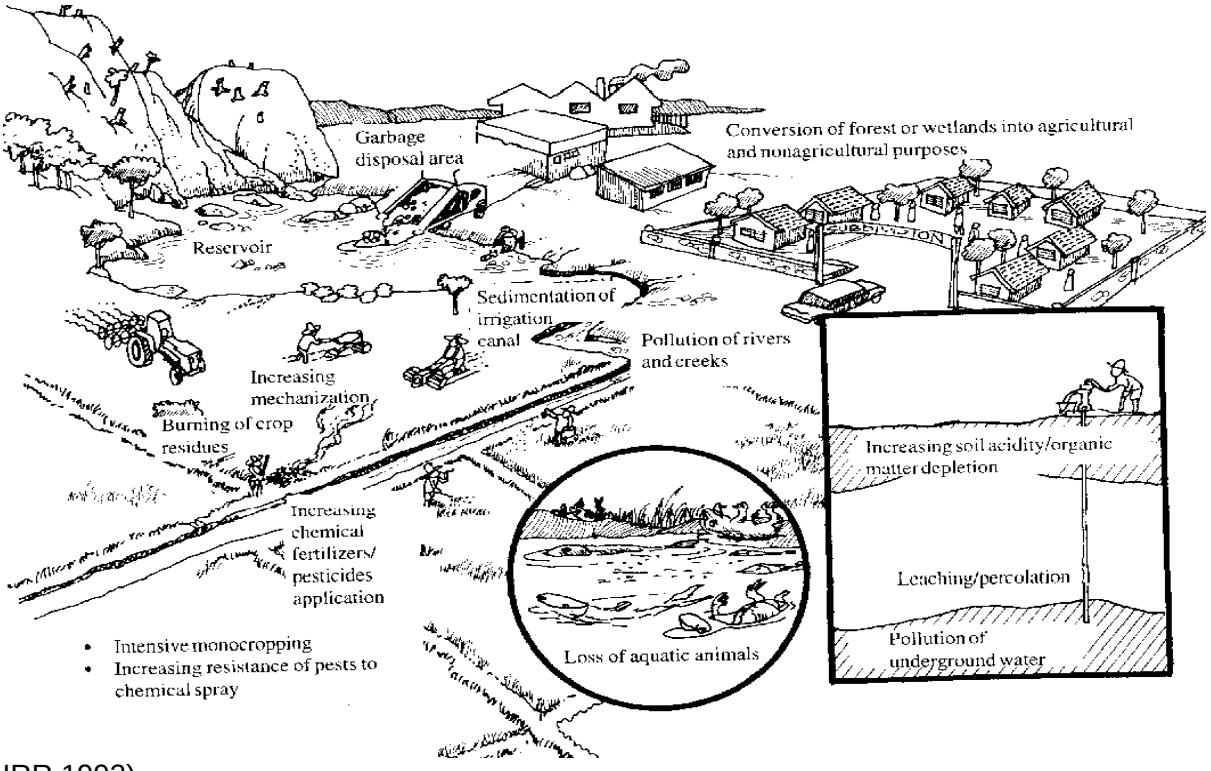

(IIRR 1992)

## Degradation of uplands



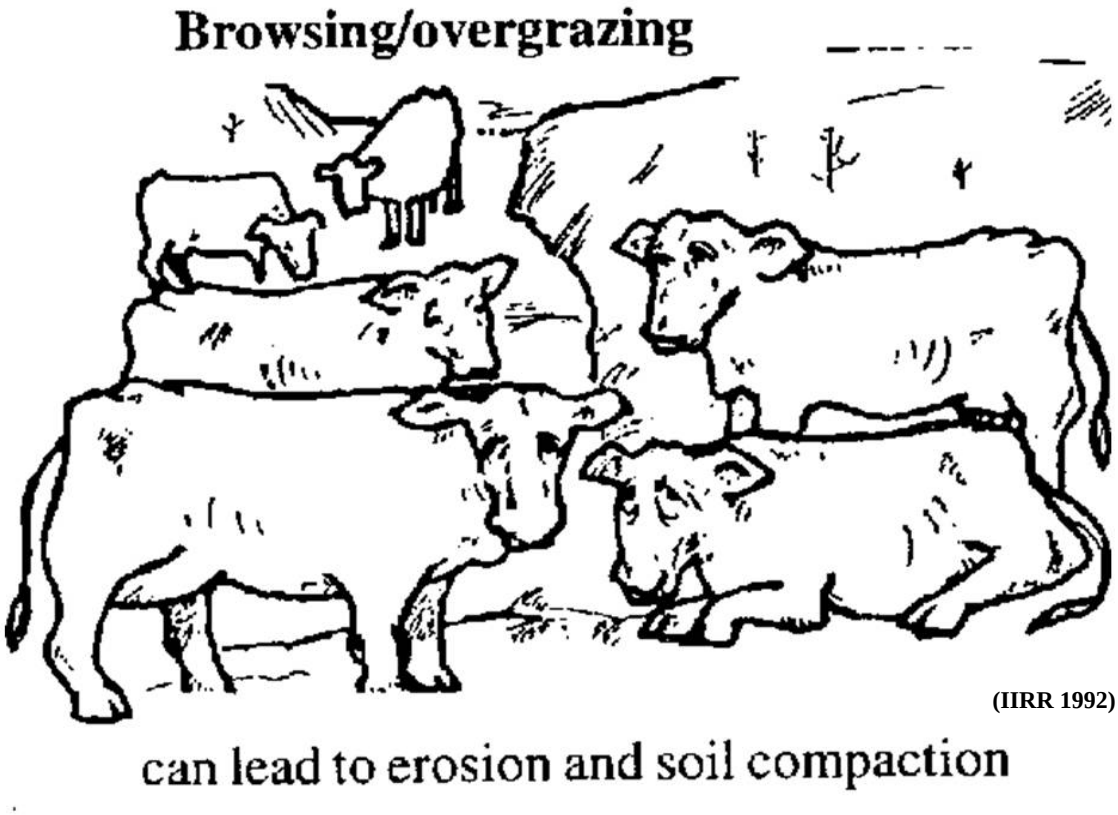

(IIRR 1992)

## Lowland degradation




(IIRR 1992)

## Overgrazing

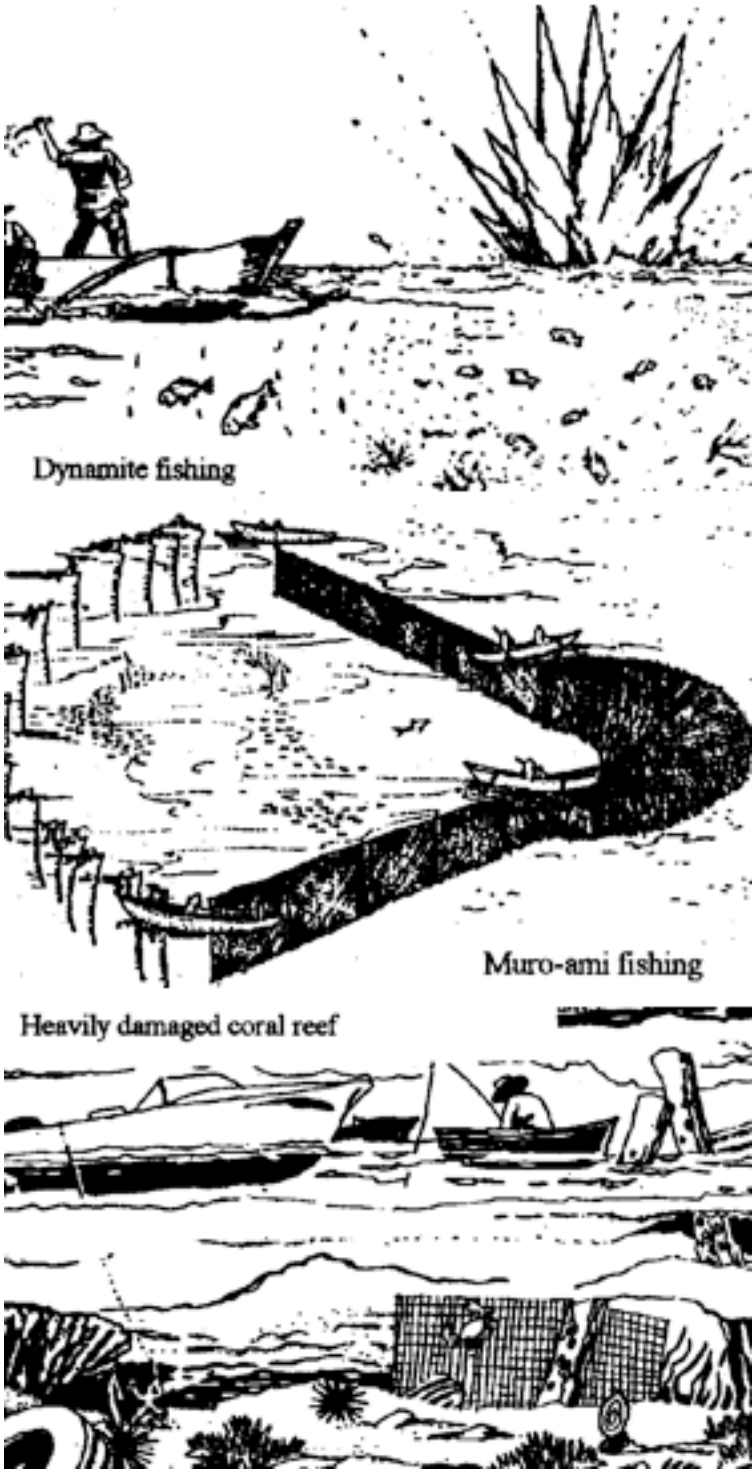



Insufficient fodder—especially during dry periods and droughts—forces animals to forage on available fodder growing in the distant grazing areas. Overgrazing on the earth's natural cover contributes to land degradation and soil erosion.

Massive herding of animals creates gullies that contribute to soil erosion, soil compaction, marching of wetlands and dust storms in dry, windy areas.

Free grazing of animals destroys both less-valued and high-valued grass, crops, plants and trees that can lead to loss of various plant resources.

**Illegal fishing activities**




(IIRR 1992)

# Module 4: Beliefs and Values Clarification

## Exercise 4: Opinion Poll

**Purpose:**

- To help participants examine their own assumptions and those they have about other people's beliefs of critical issues involved in youth sexuality, reproduction and reproductive health (RH); and to experience how other people may feel when assumptions are made
- To engage participants in a discussion of commonly held beliefs about the culture surrounding issues of sexuality and gender in relation to youth RH
- To encourage participants to examine the impact of their attitudes about sexuality and gender on their ability to manage personal issues regarding their sexuality and RH as well as management of natural resources

**Time: 45 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Describe how one's values and attitude influence the provision of information on sexuality, RH and natural resources management (NRM)

**Preparation:**

- Prepare the following statements to be read aloud (depending on the time available, read all statements or just choose from the list):
  - Men should be the ones responsible for managing the natural resources.
  - Teenaged girls can go out on dates with a married man.
  - Youth should have access to contraceptive methods.
  - Masturbation is healthy.
  - Population growth will affect our natural resources.

- Teenaged girls should start wearing make-up to look more attractive.
- It is normal to kiss and pet during dates.
- Youth who identify as gay or lesbian should be encouraged to become heterosexuals.
- Youth can be good parents.
- The more sexual experiences a boy has, the better lover he becomes.
- Sex and love are the same thing for women, but not for men.
- The youth should be the ones to educate the community about the importance of preserving the community's natural resources.

- Prepare "Agree" and "Disagree" labels and post them in opposite corners of the room.

**Instructions:**

1. Before starting, explain that this is a game and that they have to express their own opinion regarding some statements by asking them to go to the respective corner (agree, disagree) which they think is appropriate. Make sure that the participants understand that there are no "right" or "wrong" opinions.

2. For every statement, ask some participants why they agree or disagree with the statement, making sure that all participants have a chance to express their own opinions. If participants seem to respond because of social expectations, the facilitator could vary the exercise by widening the range of responses. This could include responses such as strongly agree, neutral or strongly disagree.

3. The facilitator need not exhaust all of the opinion statements and can choose a number of statements most appropriate for the participants. After most of the participants have expressed their opinions, ask participants to stop and explain that the exercise is over.

4. Explain that all people hold their own beliefs and attitudes, and it is important to keep an open mind about these individual differences. Such beliefs and attitudes affect how people develop an understanding of their own sexuality. In most cases, these attitudes and beliefs are products of people's tendency to explain events that take place within their environments, and that sometimes these are encouraged by their society.

5. Point out that this activity allows participants to listen to the reasons why other people think and behave differently concerning their own sexuality. The activity also should also lead to a better understanding of how adolescents in the community can disseminate factual information about sexuality and coastal resources.

6. Ask the participants the following questions:

    - What did you learn from the exercise?

    - What did you learn about the condition of your coastal community?

    - How can you use the learning you have gained as a member of your community?

7. Make sure you have touched on the role of the youth in their communities and/or what they can do to manage personal and community issues regarding their sexual behavior and preservation of the environment.

# Module 5: Defining Gender and Sex

## Exercise 5: What Do They Mean By "Sex"?

**Purpose:**

- To break the ice and allow participants to begin thinking about the concepts that will be addressed in the workshop

**Time: 45 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Define and explain the terms "sex", "gender" and "sexuality"

**Preparation:**

- Write the words "man" and "woman" separately on a flipchart paper (newsprint/manila paper).
- Have meta-(Index) cards (6” X 2”) available.

**Instructions:**

1. Divide the group into males and females and distribute the meta-(index) cards to each group.
2. Ask the group composed of girls to write on the cards what other words they think of when they hear the word “woman”. Then do the same thing for the boys' group for the word “man”.
3. When everyone has written down their thoughts, ask them to pin the cards under the corresponding labels.
4. Tell the group that this time they should write words describing the opposite sex— that is, the girls’ group writes other words they think of when they hear the word "man", and the boys' group for the word "woman".
5. Tell them to pin the cards under the corresponding labels.

6. After everybody has had a turn, discuss whether the judgments are true—i.e., can the characteristics, personality traits and occupational roles really pertain only to a man or to a woman, or could they belong to both? The sexual characteristics (which define sex) are the only ones that clearly define a man and a woman.

7. Define "sex" as the differences between the sexual characteristics of a man and a woman, while "gender" refers to the labels that people use to *describe* a man or woman. While the term "sex" has to do with biological matters, it is sometimes used interchangeably to refer to sexual intercourse.

8. Explain that often people will say they associate "sex" with "gender" or vice-versa or they will list the same words under "woman" and "man".

9. Point out the confusion that exists around these terms by introducing the term "gender."

10. Mention that the term "gender" refers to social/cultural constructions of ideas and a symbolic system of roles for women and men in society. Sometimes people tend to generalize these constructs and make their own interpretations (cognitive aspect of gender) of what is a "woman" or a "man". Because of this, the content of "gender" can vary across cultures and societies. In coastal communities, the examples that could be given might refer to social roles and expectations or interpretations in relation to the coastal environment. In some communities, there could be a different term used to mean the equivalent of "gender."

11. Go back to the flipchart that has the labels and cards for "man" and "woman". Add two new labels "sex" and "gender". Then move any cards that were grouped under "man" or "woman", but which really correspond to "sex" or "gender" under the correct label.

12. Prompt participants to think of a word that could be an equivalent of the word "gender". If anyone asks about dictionary definitions of the words "sex" and "gender", point out that in general, these terms tend to be similar. However, in social settings these tend to become more specific to biological (sex) and social (gender) aspects of one's sexuality.

13. If participants raise issues about homosexuality, extend the discussions to the terms "gay", "lesbian", and "bisexual". Use this discussion to emphasize that these are all about sexuality, much the same as heterosexuality, the combination of the physical (body), cognitive (mental representations) and socio-emotional (individual and/or community expectations) aspects of an individual's sex. For example, a gay person considers himself as having the body of a man (physical and cognitive), but is sexually attracted to other men (socio-emotional), or a lesbian who marries and has children (social expectations), but longs for another female as a partner (physical, cognitive, emotional). The interplay of these aspects of our gender, based on our own perceptions and experiences, is how we express our sexuality.

14. Mention that "***sex***" refers to physiological attributes that identify a person as male or female, i.e.:

    - Type of genital organ (penis, testicles, vagina, womb)
    - Type of predominant hormones circulating in the body (estrogen, testosterone)
    - Ability to produce sperm or ova (eggs)
    - Ability to give birth and breastfeed children

15. Mention that "***gender***" refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned from family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society. Examples might be:

    - Short hair for men, long hair for women
    - Carpenters for men, dressmaking for women
    - Men are intellectual, women are emotional
    - Blue for boys, pink for girls
    - Toy guns for boys, dolls for girls
    - Men are aggressive, women are passive

16. Discuss the following terms:

    - ***Sexuality*** - The interrelation of the physical, cognitive, emotional, social and behavioral dimensions of an individual's sex and gender
    - ***Sexual preference*** - An individual's attraction and choice to have sexual relations with the opposite, same or both of the sexes. This attraction could either be conscious or unconscious
    - ***Having sex*** - In most cases, refers to the physical sexual activity between two or more people, whether this is with the opposite or the same sex. Having sex does not necessarily result in orgasm
    - ***Making love*** - In most cases, refers to the psycho-emotional aspects of individuals engaged in sexual activity.

# Module 6: Adolescent Development

## Exercise 6: Changes in the Life Span

**Purpose:**

- To assist participants in identifying physiological, physical and emotional development among adolescents
- To clarify issues associated with developmental changes among adolescents
- To have participants share and understand the common concerns about adolescence by taking note and reflecting on their feelings, thinking and social interactions as brought about by the body changes that they undergo during adolescence
- To identify common problems and issues faced by adolescents

**Time: 60 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Name at least three physiological, physical and emotional changes among adolescents

**Preparation:**

- Collect the materials needed:
  - tape
  - markers
- Prepare a 10-foot-long piece of paper that will be posted on wall with a horizontal line drawn across the entire width of the paper and on this horizontal line place dividing marks indicating years of life going from birth to death.

Birth 5 10 15 20 25 30 40 50 60 70+

Or, write ages (in five-year increments) on individual cards and place in a line.

Prepare the oblong pieces of colored paper with the characteristics below written on them—one characteristic per piece of paper:

**Socio-Emotional (on yellow paper, for example)**

- Has a strong sense of being male or female (3 years)
- Starts to go out fishing with the father (14 years)
- Engages in sex play and masturbation (birth and onwards)
- May be able to use contraceptives (as soon as she has menstruated and thus can get pregnant)
- Develops romantic crushes on friends/older idols (puberty)
- May masturbate to orgasm (puberty)
- Starts to visit the Health Center (anytime)
- Experiences erotic/sexual fantasies (puberty)
- May initiate sexual intercourse (puberty)
- May experiment with different sexual behaviors (birth and onwards)
- Most frequent age to begin dating (14 years)
- Most frequent age to start having boy/girlfriend (14 years)
- Starts to notice trends in fashion (12 years)
- May be able to help in environmental conservation (5 years)
- May be able to stop illegal fishing (10 years)

**Physical/Physiological (on blue paper, for example)**

- Wet dreams begin (10-15 years)
- Male begins to produce sperm (10-15 years)
- Female becomes able to get pregnant (10-13 years)
- Has first erection (birth and early infancy)
- Girls begin to menstruate (10-15 years)

- Females have vaginal secretions and can have erect clitoris (birth and childhood)
- Body shape changes become more defined (10-15 years)
- Men become more muscular (12-15 years)
- Pimples appear (10-15 years)
- Pubic hair grows (10-15 years)
- Voice breaks (10-15 years)
- Menopause (45-55 years)
- Masturbation may begin (birth and early infancy)
- May be orgasmic (puberty and onwards)
- Able to get sexually transmitted infections/STIs (birth and onwards)
- Is physically able to fish (12 years)
- Is able to plant trees (7 years)

**Cognitive/Mental representations (on white paper, for example)**

- Knows the natural environment is a source of food and livelihood (10 years)
- Knows that coral reefs are the nesting places of marine life (10 years)
- Starts to think that s/he is ready for sex (14 years for boys, 18 years for girls)
- Starts to equate falling in love with sex (14 years)
- Starts to keep a list of ideal partner for a date (14 years)
- Understands that sexual intercourse could lead to pregnancy (13 years)
- Understands the many differences in the feelings between boys and girls (12 years)
- Starts to relate a good physique with being "sexy" (13 years)

**Instructions:**

1. Divide participants into three groups.

2. Give each group some of the colored paper with biological and developmental characteristics written on it (prepared beforehand). ***Note:*** The facilitator need not use all of the developmental characteristics. Rather, choose those that are most appropriate for the participants. The participants' job is to discuss where on the life-span sexuality and environmental awareness development continuum the cards should fall.

3. Placing themselves where the groups can see the continuum and taking turns, ask each small group to post one of their cards on the continuum and state why it was placed there. The other groups can disagree and suggest the card be moved and give reasons why.

4. For the personal aspect, ask each participant to take a blank card and list his/her own aspirations and dreams. These personal cards are also placed on the life span continuum. If at all possible, have them stick or post up all the cards. This way, they can see the vast amount of change that occurs even early in a young person's life.

5. When all the cards have been posted, ask the group if there are questions about any of the information thus far.

6. Then ask them to observe the entire continuum and describe what they notice. Discuss as follows:

    - What do you notice in the continuum?

    - What are the emotional/psychological/cognitive changes you observed in the continuum?

    - What personal and social issues accompany these changes along the continuum and how can you address those issues?

7. Explain that adolescence is the transition from childhood to adulthood. This is a universal process that varies with individual and culture. The World Health Organization defines adolescence as the progression from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturation; the development of adult mental processes and adult identity; and transition from total dependence to relative independence.

8. Review adolescent development tasks:

    - Social

        – forming commitments to society

        – learning gender roles

- social problem solving

- Emotional
  - establishing a coherent sense of identity
- Logic
  - future time perspective
- Cognitive
  - reasoning
  - decision-making
- Puberty
  - physical changes

9. Review some of the some general changes during adolescence:
   - Sexual Changes
     - sexual desire increases
     - sexual activities begin
   - Social Changes
     - seek friends/peer with the same sex
     - become uncomfortable in the company of adults or older people
     - become conscious/embarrassed in company of the opposite sex
   - Emotional changes
     - anxieties about bodily changes and increased sexual desires
     - increased desire to become independent
   - Environmental Awareness
     - pressures to keep environment and belongings clean
     - conscious of the importance of natural resources to one's life

# Module 7: The Courtship Process

## Exercise 7: Unfinished Story

**Purpose:**

- To help participants identify the typical stages of courtship and the consequent decisions and actions youth typically make during these stages

**Time: 45 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Name at least two actions or decisions that youth make during the courtship process and the possible consequences of these actions

**Preparation:**

- Develop an unfinished story of teenagers Sandra (15) and Paolo (16), who met two weeks ago and have started to date.
- Write the following keywords on flipchart paper (newsprint/manila paper) to be used to finish the story:
  - kissing and petting
  - look for ideal partner
  - finish school and get a degree
  - resist sexual intercourse
  - live-in
  - non-penetrative sex
  - mutual understanding
  - have a baby
  - sexually transmitted infection (STI)

- elopement
- lovers' quarrel
- work abroad
- separation
- use of contraceptives
- exchange expectations from the relationship

**Instructions:**

1. Divide participants into three groups.
2. Each small group will discuss how to continue the story using the keywords. They need not necessarily use all the keywords.
3. Instruct the groups to decide how they will present their finished stories to the bigger group (role play, compose a song and sing/rap it, narration, etc).
4. After the groups have presented their finished stories, summarize the stages of courtship by asking the participants the following questions:
    - How did you feel about the exercise?
    - What were the different stages that the couples undergo during the courtship process?
    - What possible actions do adolescents make during these stages?
5. Mention that the courtship process goes through a number of stages that may vary from culture to culture. In most cases, the following stages are almost always present: mate selection, dating, mutual commitment and engagement.
6. Emphasize that courtship does not necessarily end up in marriage or follow a certain pattern. It is now very common to hear about sexual initiation among adolescents. After looking at the typical stages of courtship, the facilitator can guide discussions on the types of decisions or actions that adolescents make during the different stages. Some of the consequent decisions made are the following:
    - premarital sex
    - induced or spontaneous abortion to prevent unwanted pregnancy
    - self-medication to seek relief from STIs

- unwanted pregnancy, child
- illness, injury and death to both mother and child
- stunted development of parents (education, economic, social, psychological)
- inadequate parenting
- damaged child
- child abandonment
- infanticide
- infertility
- forced marriage
- premature child birth
- rape

7. Discuss the interrelationships of the various aspects of sexual development and the courtship process. This may include certain stages that are the result of these interrelationships. For adolescents, decisions about sexuality, such as whether to start having sex, would have to be to be made in consideration of the above mentioned factors.

# Module 8: Human Fertility and Reproduction

## Exercise 8: The Human Voyage

**Purpose:**

- To help participants understand the various events that take place during the process of human fertility and reproduction
- To correct myths about fertility and human reproduction that are common in their communities

**Time: 45 minutes**

**Learning Objectives:**

After this exercise, the participants will be able to:

- Identify the principal male and female reproductive organs
- Name a function for each part of the reproductive organ
- Identify and describe the processes involved in the menstrual cycle and pregnancy

**Preparation:**

- Prepare illustrations of the internal and external male reproductive system without labels.
- Prepare illustrations of the internal and external female reproductive system without labels.
- Write a list of anatomy on meta-(index) cards (separate cards for the parts and the functions).

**Instructions:**

1. Post the illustrations of the male and female reproductive systems at the front of the class/training room.
2. Divide participants into three groups.

3. Distribute the meta-(index) cards equally to the three groups and instruct the participants to discuss and identify in their groups the parts of the reproductive system. Allow 10 minutes for this task.

4. Ask participants to post the cards that are labeled with the names of the parts onto the illustrations at the front.

5. Go over the parts one-by-one, making sure that the parts are labeled correctly. Encourage participants to mention local terms used to describe the parts.

6. Ask the group to discuss the functions of each of the parts and post the functions under the labels in front. Allow 10 minutes for this task.

7. Review the functions one-by-one, making sure that the correct functions are posted for each part. (***Note:*** The facilitator should be able to discuss the parts and functions necessary for the following events leading to human fertility and reproduction: menstrual cycle; development, maturation and ejaculation of sperm cells; fertilization; and, pregnancy.)

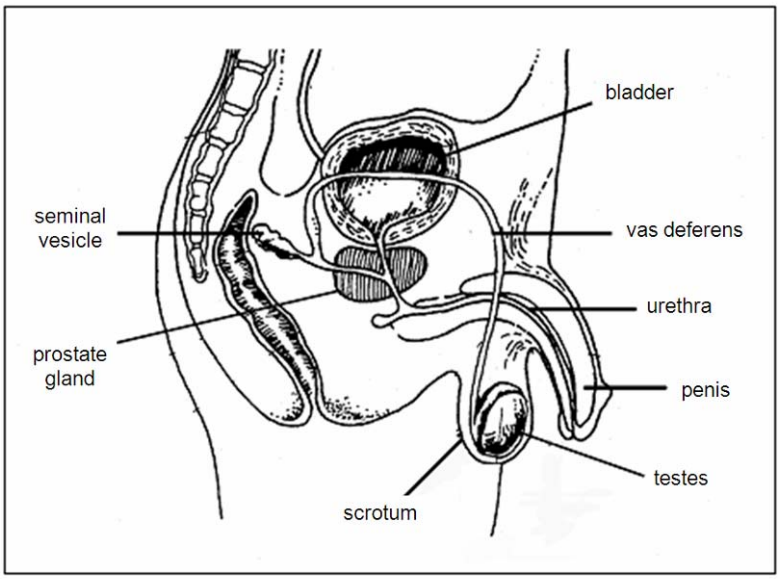
8. Summarize the important roles of the parts in human reproduction by discussing the important events that determine fertility and how these relate to conception and eventual pregnancy. (***Note:*** The facilitator could do this by guiding the participants through the biological processes that occur in our bodies, using the illustrations of the male and female reproductive systems.)

9. Encourage participants to ask questions about their bodies and to clarify the various processes.

## Facilitator's Notes:

### Parts of the male reproductive system and functions of these parts

Male Reproductive Anatomy



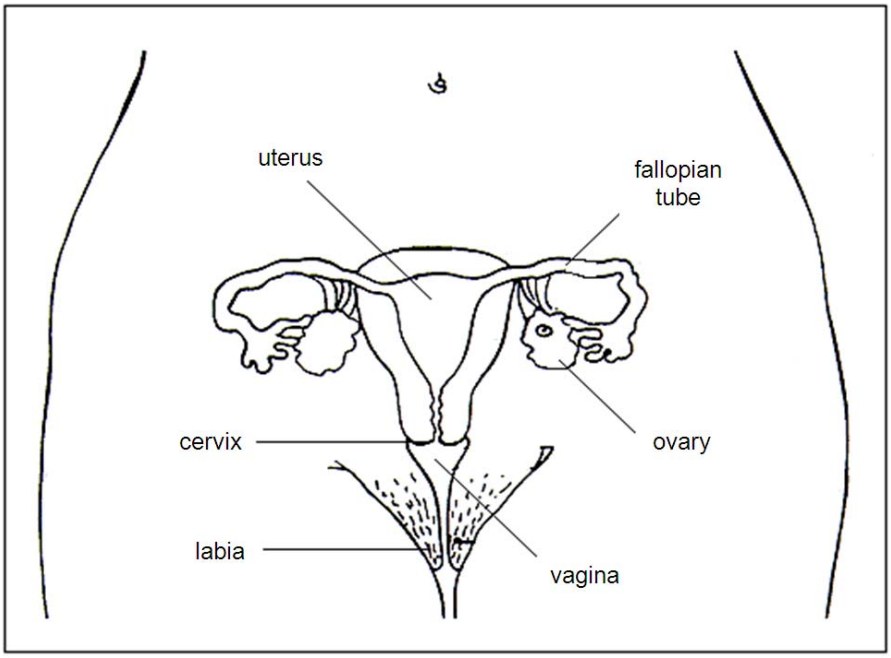

### Parts and Functions of the Male Reproductive System

| Parts | Functions |
|---|---|
| Penis | Male organ for sexual intercourse, for urinary excretion and ejaculation of sperm |
| Scrotum | Sac below the penis that holds the testes; the scrotal muscle contracts or relaxes to regulate the temperature of the testes to make it compatible with the viability of the sperm |
| Urethra | Tube that provides passage for urine and semen |
| Testes | Site of the production of sperm and the male hormone, i.e., testosterone |
| Epididymis | Serves as storage for sperm |

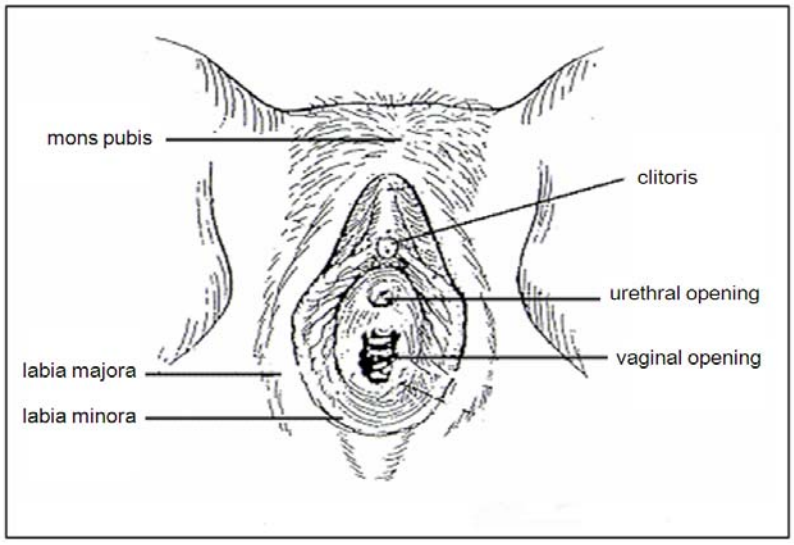
| Parts | Functions |
|---|---|
| Vas deferens | Tubes that provide passage for sperm from epididymis to the urethra during ejaculation |
| Seminal vesicles | Glands that produce the sugar- and protein-containing fluid that provides nourishment for the sperm |
| Prostate gland | Round-shaped body located below the urinary bladder that secretes fluids that aids in the motility of the sperm |

**Parts of the female reproductive system and the functions of these parts**

Internal Female Reproductive Anatomy



External Female Reproductive Anatomy




**Parts and Functions of the Female Reproductive System**

| Parts | Functions |
|---|---|
| Mons pubis | A soft fatty tissue that lies over the prominent pubic bone |
| Labia | The outer and inner folds covering the vagina:<br>• Labia majora: outer, rounded folds of fatty tissue with overlying skin and covered with hair<br>• Labia minora: inner folds of tissue covered with mucous membrane |
| Clitoris | A small projection that contains tissue that becomes erect during sexual stimulation; counterpart of the penis |
| Vagina | An elastic, muscular canal that provides passage for menstrual flow, for birth of babies, and receives the penis during sexual intercourse |
| Cervix | The neck of the uterus where cervical mucus is secreted; entrance between the vagina and the uterus |

| Parts | Functions |
|---|---|
| Uterus | A thick-walled hollow organ that houses and protects the fetus during pregnancy; commonly called the womb; inner lining of the uterus (endometrium) undergoes thickening in the ovulatory and early post-ovulatory stages of the menstrual cycle to prepare the uterus for possible implantation of the fertilized egg |
| Fallopian tubes | Two tubes that extend from the uterus to the ovaries; sperm travels through the tubes to reach the egg; fertilization of the egg takes place in the tubes, and then travels to the uterus where further growth takes place |
| Ovaries | Two round-shaped structures responsible for the development and expulsion of the egg and the development of female hormones, i.e., estrogen and progesterone |

**What is human fertility?**

- Ability to reproduce
- Ability to achieve pregnancy and achieve live birth within a single menstrual cycle
- Closely linked to age
    a. begins in puberty:
        - female—when she beings to menstruate (menarche)
        - male—when he begins to produce sperm (spermarche)
    b. ends in:
        - female—menopause
        - male—later age

**What is the menstrual cycle?**

- A monthly (approximately) cycle of ovulation and shedding of the lining of the uterus (endometrium)
- Cycle responds to changing levels of two main hormones of the body, estrogen and progesterone
- Menstrual period (menstruation) marks the start of the menstrual cycle
- The cycle's normal range is 25 – 35 days; the average cycle of 28 days is often used as a model for the discussion of the cycle and for some hormonal contraceptive cycling
- First day of the cycle = first day of menstrual bleeding
- Last day of the cycle = day before the first day of menstruation of the next cycle

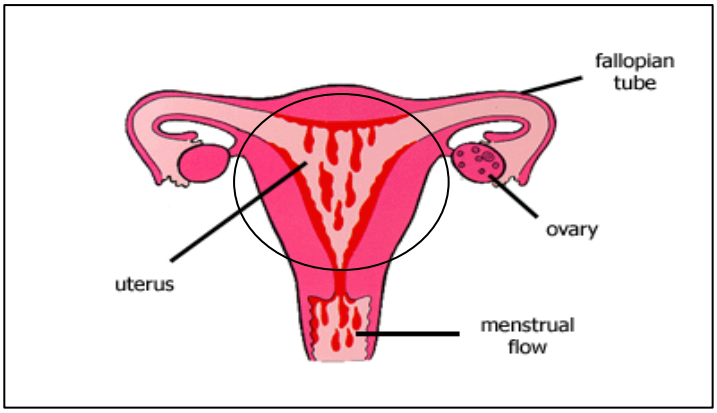
**What is menstruation or menstrual bleeding?**

- Result of the shedding of the endometrium or the lining of the uterus
- Average menstrual blood loss: 25 - 75 ml during a cycle
- Average duration of menstruation: three to seven days
- First day of menstruation marks the start of the menstrual cycle
- Several factors influence the length and regularity of menstruation such as:
  - poor nutrition
  - obesity or low body weight
  - emotional trauma
  - stress
  - hormonal problems
  - problems in the uterus or ovary (i.e. endometriosis or ovarian cysts)
- These factors lead to hormonal changes (low thyroid levels, elevated cortisol levels, hormonal imbalance) in the body that can affect menstrual bleeding

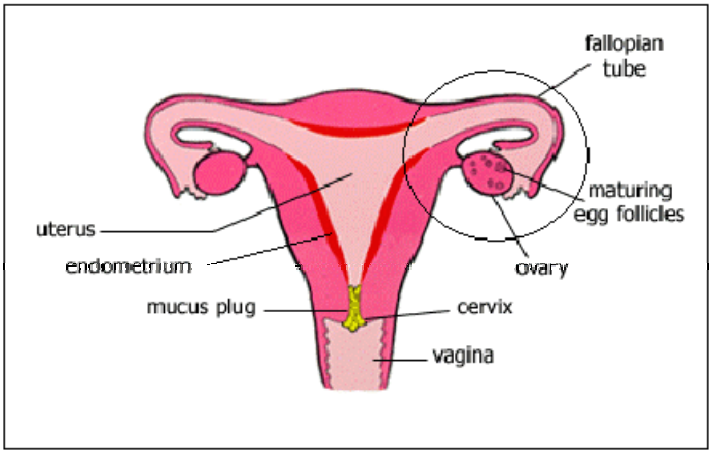
**What are the three stages of the menstrual cycle?**

| Stages | Description |
|---|---|
| **Pre-ovulatory** | • Length of this phase is the most variable<br>• Phase when menstruation occurs; usually occurs in the first three to seven days of this phase<br>• After menstruation begins, estrogen steadily increases during this phase in preparation for the release of the mature egg/ovum<br>• Follicles in both ovaries start to mature; only one egg/ovum will be released from an ovary during the next phase |
| **Ovulatory** | • Release of the mature egg from the ovary<br>• Occurs approximately 14 days before a woman begins to menstruate again<br>• Can happen at different times in different cycles<br>• Period when a woman is most fertile and most likely to conceive if she has unprotected sex<br>• Ovaries are the source of eggs and the hormones that regulate female reproduction:<br>- At birth, there are one million egg follicles in the ovary<br>- During puberty there are +/- 100,000 egg follicles<br>- In adulthood, one mature egg is released from the ovary every 28 days (ovulation) until menopause<br>• Can be identified through changes in the cervical mucus, body temperature, and by being aware of the changes in the woman's body |
| **Post-ovulatory** | • Last phase of the menstrual cycle<br>• Lining of the uterus (endometrium) thickens to prepare the uterus for possible implantation of the fertilized egg<br>• If no fertilization occurs, shedding of the endometrium occurs—resulting in menstruation |

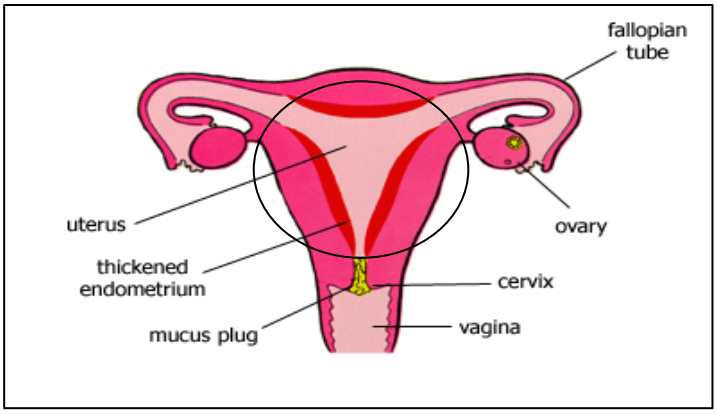
## Menstruation




## Maturation of the Follicles




## Ovulation



**What are changes in a woman's body associated with the ovulatory stage?**

- Cervical Mucus
  - egg-white in appearance and texture
  - can be stretched between thumb and finger
- Body Temperature
  - rises about 12-24 hours before ovulation and extends throughout post-ovulation; temperature should be taken first thing in the morning with a basal body thermometer
  - other factors can also cause a rise in temperature
- Body Awareness
  - increase in sex drive
  - occurrence of mild degree of lower pelvic pain or discomfort

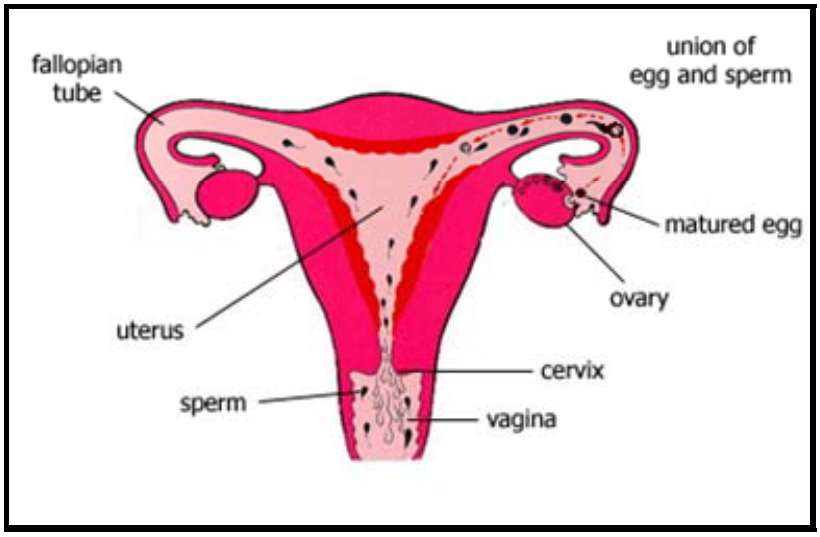
**What are the possible events that could happen after ovulation?**

- Two events can happen to the egg/ovum after being released from the ovary and picked up by the fallopian tube (see Figure 1 - Schematic Diagram of the Fate of the Egg/Ovum on the following page).
  - egg could be fertilized and then implanted in the uterus, resulting in pregnancy
  - egg is not fertilized, resulting in menstruation

**What is fertilization?**

- Union of the egg and the sperm—usually occurs in the middle third of the fallopian tube
- Sperm will take minutes to hours to travel through the six to seven inch length of the fallopian tube to reach the egg
- More than 100 million sperm cells are ejaculated and start the journey; approximately 500 will reach the correct fallopian tube; only one will fertilize the mature egg
- Sperm may remain viable inside the reproductive tract for three days

**Fertilization**




**What is implantation?**

- Process in which the fertilized egg penetrates and is embedded into the uterine lining (endometrium) to establish contact with the mother's blood supply for nourishment
- Event that establishes pregnancy
- Takes six to seven days for the fertilized egg to travel from the fallopian tube to the uterus and implant itself into the uterine lining

**Implantation**

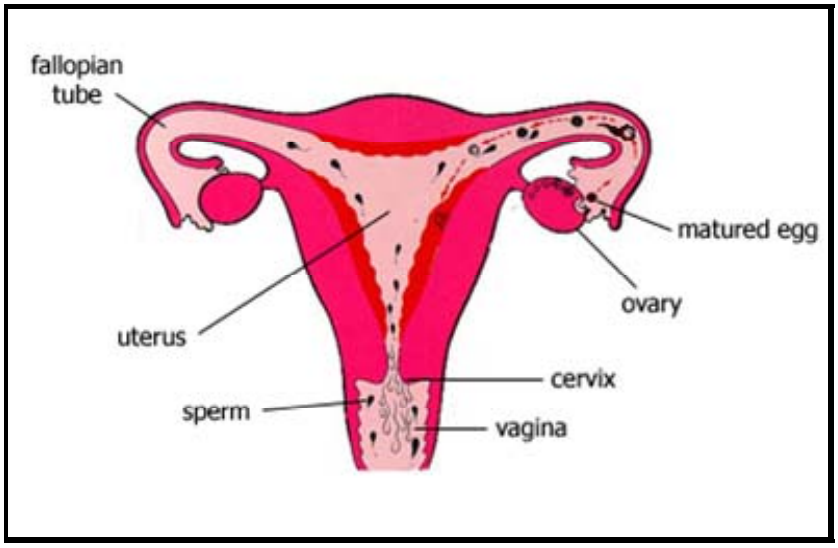
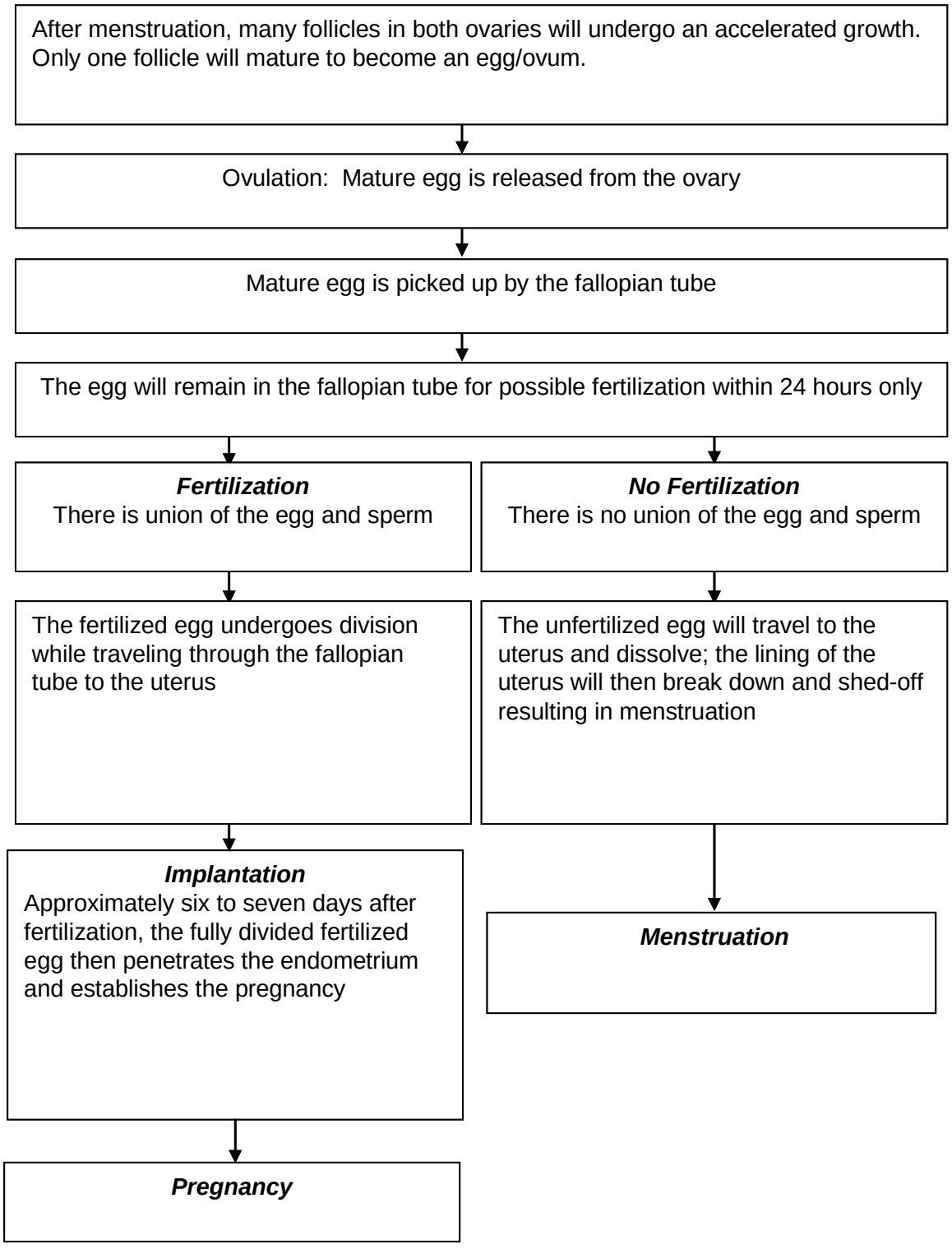


**Figure 1 of Module 8: Schematic Diagram of the Fate of the Egg/Ovum**




**What are the reasons for changes in the menstrual cycle?**

- Changes in the menstrual cycle are due to changing levels of many essential hormones of the body, but especially estrogen and progesterone

**What is estrogen?**

- Hormone responsible for female sexual development
- Primarily the cause of the signs and symptoms observed during the pre-ovulatory phase
- Surge or sudden increase in the level of estrogen is the reason ovulation occurs
- Other effects: reduces bone resorption, helps maintain healthy blood vessels and skin, helps regulate salt and water retention, increases cholesterol in bile, reduces muscle mass, increases vaginal lubrication, stimulates growth of uterine lining, increases platelet adhesiveness, increases high density lipoprotein (HDL)

**What is progesterone?**

- Hormone that prepares the uterine lining (endometrium) for possible implantation of a fertilized egg
- Protects the embryo and enhances the development of the organ (placenta) that nourishes the growing baby
- Aids in preparing the breasts for nursing the infant
- Other effects: thickens cervical mucus, decreases contractility of the uterine smooth muscle, increases core temperature during ovulation, relaxes smooth muscle, reduces gallbladder activity

# Module 9: Contraceptive Methods

## Exercise 9: How Does It Work?

**Purpose:**

- To help participants understand the various methods of contraception to prevent pregnancy and identify appropriate contraceptives for use among adolescents
- To help participants understand the consequences of unprotected sexual intercourse

**Time: 45 minutes**

**Learning Objectives:**

After this exercise, the participants will be able to:

- Name four contraceptive methods that stop the ovary from releasing the egg
- Name four contraceptive methods that prevent sperm from meeting the egg

**Preparation:**

- Prepare two drawings, one that shows an ovary with a slanting bar or X across it, and one that shows a barrier or bar with a sperm on one side and an egg on the other (see Figure 1 in Facilitator's Notes).
- Post three pieces of flipchart paper (newsprint/manila paper) at the front of the room.
- Have ready samples or drawings/illustrations of the different methods of contraception.

**Instructions:**

<u>General Family Planning Methods</u> (25 minutes)

1. Ask participants what methods can prevent pregnancy. Write participants' responses on each flipchart paper (newsprint/manila paper) at the front of the room. Make sure there are equal numbers of methods in each of the three flipchart papers (newsprint/manila paper) and that no methods are written more than once.
2. When there are no more methods to be mentioned, post the two drawings from Figure 3 (see Facilitator's Notes) on the wall and explain the meaning of each drawing.

3. Divide participants into three groups and give each group one of the three flipchart papers (newsprint/manila paper) with participants' list of methods discussed earlier.

4. Take a sample of a method that appears on the flipchart paper (newsprint/manila paper) or, take an illustration of a method that has been prepared in advance on manila paper), and assign a different method to each of the groups.

5. Allow each group two minutes to decide how their assigned methods prevent pregnancy.

6. When the groups are ready, ask for volunteers to come forward and place their method in front of the symbol that represents how the method prevents pregnancy. As each volunteer comes forward, ask the whole group if they agree with the placement of the method. If not, why not? Clarify any doubts. Continue until all methods have been categorized.

7. Summarize, emphasizing that hormonal methods prevent the ovary from releasing eggs, while barrier methods act as a deterrent to the meeting of the sperm and egg.

8. Provide additional inputs using the following information:

    - When a man ejaculates, the sperm cells may be prevented from reaching the egg cells with barrier methods that couples can use before sexual intercourse. Examples: condoms, intrauterine device (IUD)

    - The release of a ripe egg cell or implantation of the egg in the uterine wall may be prevented with the use of hormonal methods. Examples: oral contraceptive pills, hormonal injectables (i.e. DMPA -Depo-medroxy Progesterone Acetate), hormonal implants, lactational amenorrhea method (if a woman meets the three criteria for this method—for the first six months on an infant's life)

    - Natural methods take advantage of natural body changes that occur when a woman's ovaries release a ripe egg cell. Unprotected sexual intercourse should be avoided during fertile period to prevent pregnancy. Examples: Standard Days Method (calendar or Cyclebeads)

    - Permanent surgical procedures to prevent the meeting of sperm cells and egg cells, i.e. bilateral tubal ligation, vasectomy. However, this method is not appropriate for youth.

    - Other traditional practices that have been practiced are not very effective; these include post-coital douche, withdrawal, or calendar/rhythm

| Methods that prevent the ovary from releasing the egg | Methods that prevent the sperm from meeting the egg |
|---|---|
| Oral Contraceptive Pills | Condom (male and female) |
| Hormonal Injectables | Natural Family Planning Methods |
| Lactational Amenorrhea Method | Intrauterine Device (IUD) |
| Hormonal Implants | Voluntary Surgical Contraception (not appropriate for youth) |

- In selecting a method, consider the following factors:
  - Safety: free from harmful effects
  - Effectiveness: that which works and is appropriate
  - Ease of administration: must be simple and convenient
  - Cost and availability: method is affordable and easily accessed

FP Methods for Youth (20 minutes)

1. Discuss the contraceptive methods that are locally available. Focus only on the methods that are available in the community and appropriate for youth. Use the information mentioned in ”Facilitators’ Notes" as a guide. Cover the following points for each contraceptive method:
   - What the method is
   - How the method works
   - Effectiveness of the method
   - Advantages and disadvantages of the method
   - When the method is not advised
2. In order to generate discussions of contraceptives recommended for adolescents, ask which method(s) would benefit the adolescents and why?

Below are the expected answers:

| Method | Why it is appropriate for adolescents? |
|---|---|
| Abstain/postpone sex | - Reproductive organ not yet fully matured<br>- Physically but not emotionally ready |
| Condom use | - No side effects<br>- Can protect from sexually transmitted infection (STI)/HIV/unwanted pregnancy<br>- Easily available |
| Condom Plus (condom plus another method) | - Provides greater protection against STI/HIV/unwanted pregnancy |
| Emergency contraceptive pill | - Convenient for a first sexual encounter/forced sexual intercourse |

3. Point out that dual protection is the most appropriate method for adolescents (use of condom in combination with another contraceptive method.

4. Ask what are the consequences of unprotected sex?

5. Expect some of the following answers:

    - Unplanned/unwanted pregnancy
    - Abortion
    - Getting infected with STI/HIV/AIDS
    - High risk pregnancy
    - Dropping out of school
    - Having larger families with more dependence on natural resources
    - Neglect, abandonment, infanticide, etc.,

6. Emphasize the many consequences of unprotected sexual intercourse, not only on reproductive health but on natural resources as well, as was seen in the exercise “Too Many Mouths to Feed”.

7. Food security could be one response from the participants and should be acknowledged. Population growth threatens natural resources and food security.

8. Emphasize that adolescents should postpone sex whenever possible. However, there are several options that sexually active adolescents can choose to prevent unwanted pregnancy.

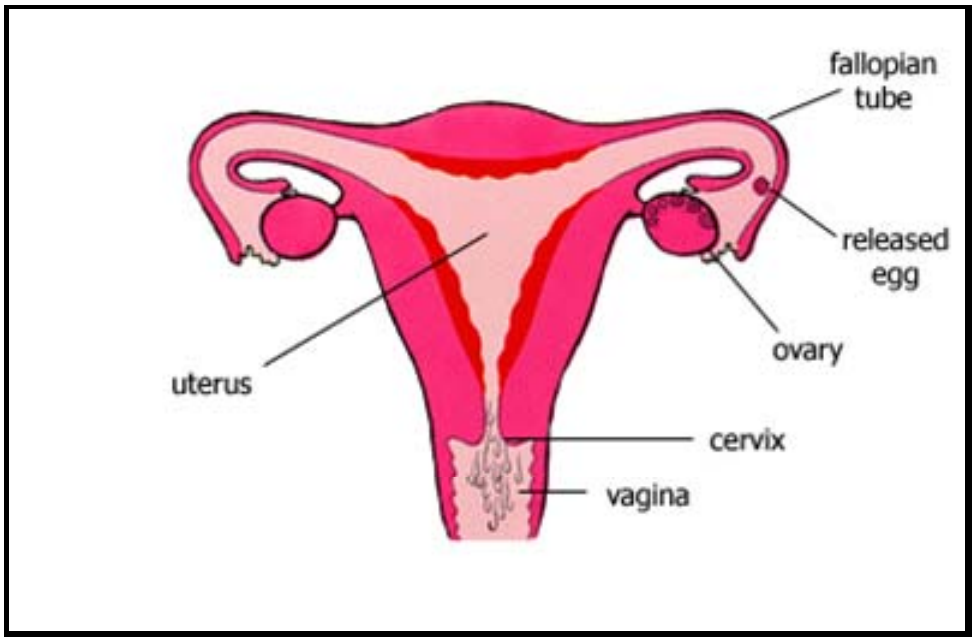
9. Point out that dual protection is very appropriate for adolescents in that it could be both a way to prevent fertilization of the egg and can prevent infection with STIs. This method uses a condom in combination with another contraceptive method to cover risks from STIs and pregnancy. If condoms are the choice, then it is best paired with another form of contraceptive (Condom Plus).

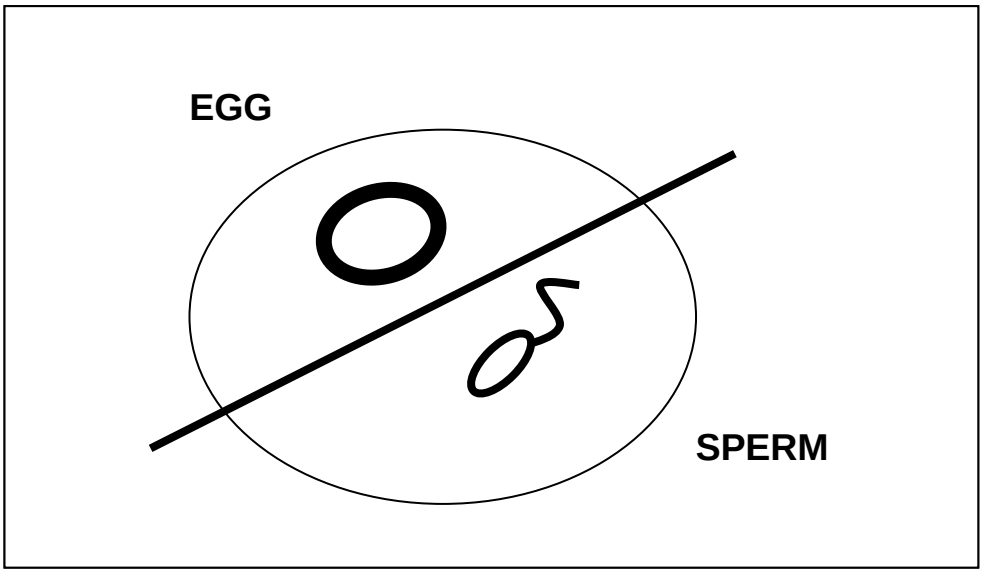
10. Review methods appropriate for youth:

    - Condoms (male and female)
    - Intrauterine devices (IUDs)
    - Natural family planning (Standard Days method)
    - Lactational amenorrhea
    - Hormonal injectables
    - Hormonal implants
    - Oral contraceptive pills

**Facilitators' Notes:**

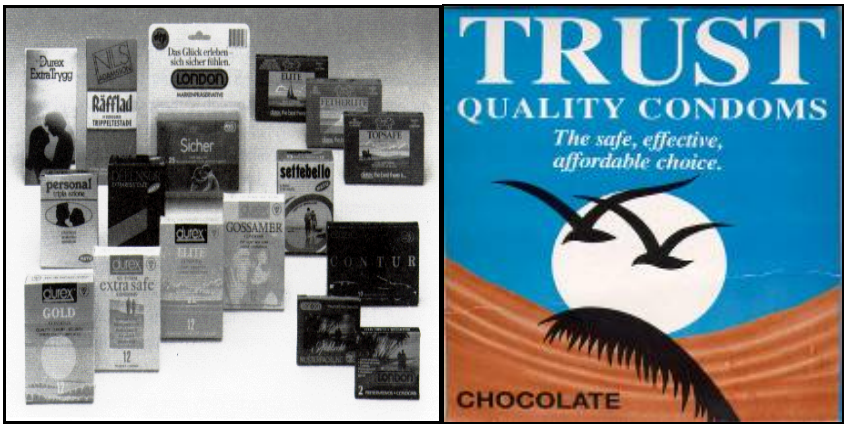
**Figures 1 of Module 9**



**Contraceptive Methods Appropriate for Youth**

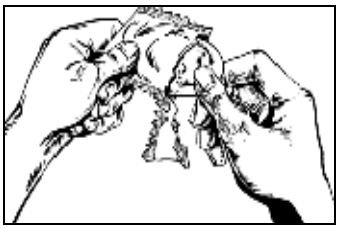
### Male Condoms



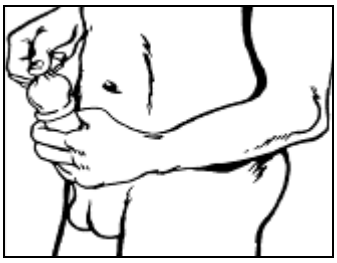

| Male Condom | |
|---|---|
| **What is it?** | • A latex (rubber) sheath worn over the erect penis during sex |
| **How does it work?** | • Prevents sperm from entering the vagina |
| **Is it appropriate for young people?** | • Yes, because it:<br>- Protects against STIs/HIV and unwanted pregnancy<br>- Is readily available, affordable and convenient<br>***Note***: however, young men may need some instruction and practice in using condoms correctly |
| **How effective is it?** | • Pregnancy rate in first year of use is:<br>- When used correctly with each act of sex—2 pregnancies per 100 women<br>- When not used consistently or as commonly used—15 pregnancies per 100 women |

| Male Condom | |
|---|---|
| **Advantages** | • Can be used without seeing a health provider<br>• Can serve as temporary or back-up method if a woman misses a pill or has to abstain when using a fertility awareness method<br>• Protects against pregnancy and STIs, including HIV<br>• Increases male participation in family planning |
| **Disadvantages** | • Interrupts sex and may decrease sensation<br>• Can break easily if not stored properly in dry, dark place away from light, moisture and heat<br>• One-time use only<br>• Requires partner cooperation |
| **Method not advised if:** | • Allergic to latex rubber |

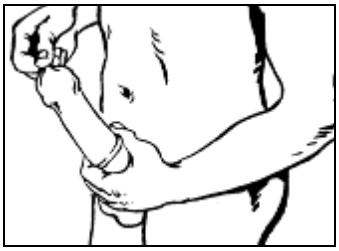
**Proper Condom Use**



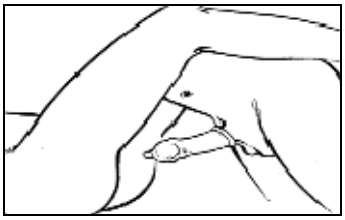
1. Carefully open the package so the condom does not tear.



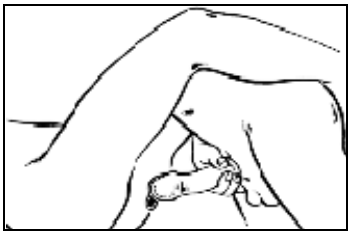
2. Squeeze tip of condom and put it on end of hard penis.



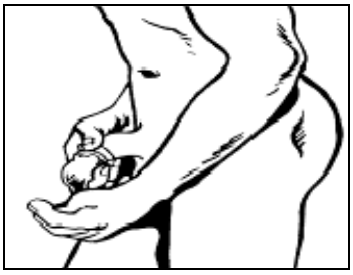
3. Continue squeezing tip while unrolling condom until it covers all of penis.



4. Always put on condom before entering partner.

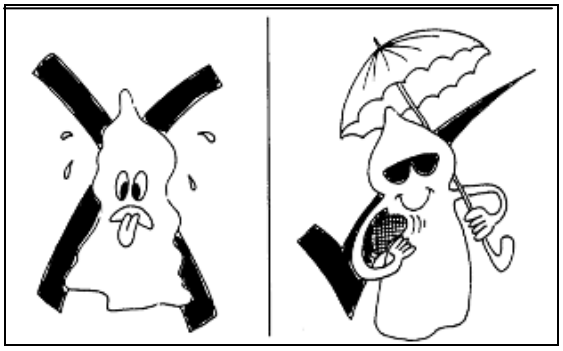


5. After ejaculation (coming), hold rim of condom and pull penis out before it gets soft.

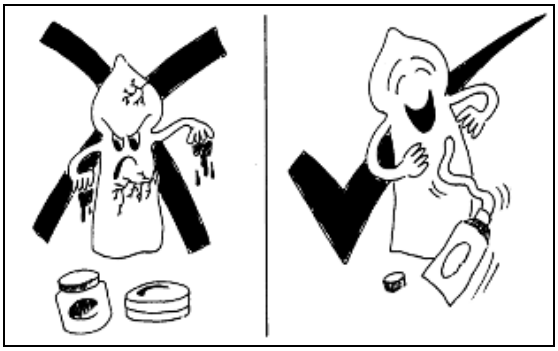


6. Slide condom off without spilling liquid (semen) inside vagina.

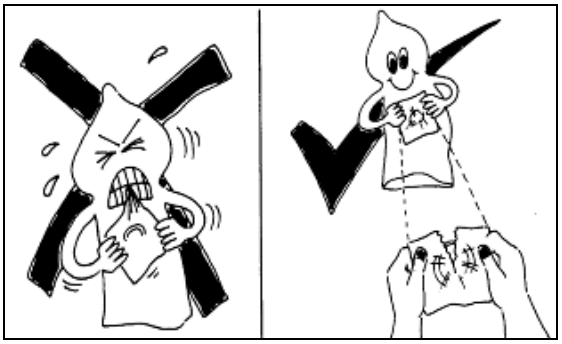
**Proper Care**



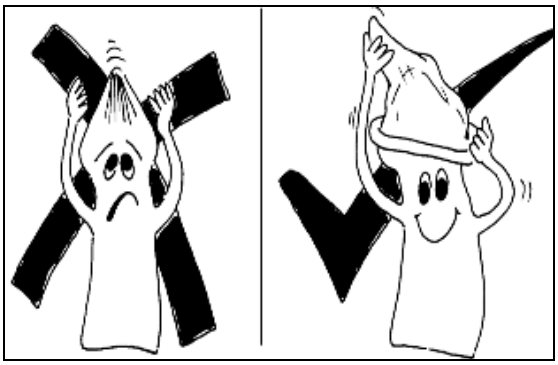
- Do not use condoms that are dry, dirty, brittle, yellowed, sticky, melted or damaged.
- Store in dark, dry place, away from sunlight, moisture and heat.
- Do not keep your condom in a tight pocket or in your wallet for a long period—it is too warm.



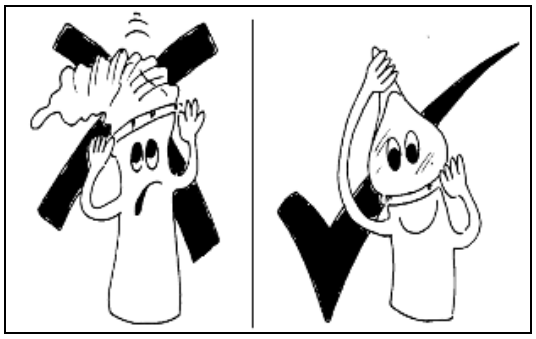
- Do not use grease, oils, lotions, or petroleum jelly to lubricate condoms—these oils cause the condom to break.
- Use only water-based lubricants.



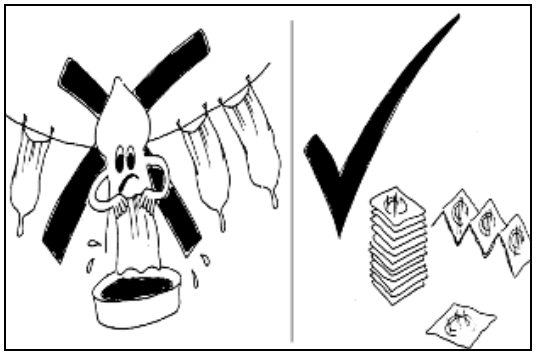
- Do not use your teeth or other sharp object to open the package—it may tear the condom.
- Tear the condom package, and then open carefully using the guides in the package.



- Do not pull the condom tight over the head of the penis—it may cause the condom to burst.
- Squeeze the air out of the tip of the condom before you put it on to leave space for the semen to collect.



- Do not unroll the condom to check for tears before putting it on.
- Unroll the condom directly onto an erect penis.



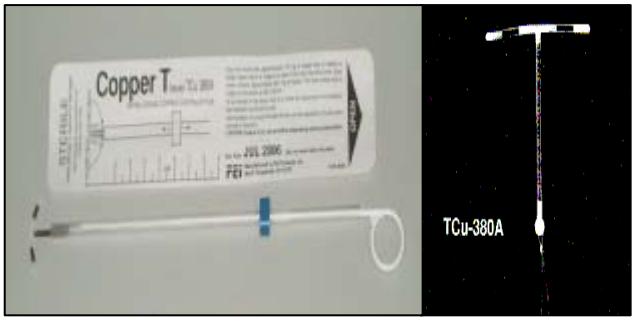
- Do not wash out and attempt to re-use a condom—it may break.
- Use condoms one-at-a-time and then dispose of it properly. Keep new supplies.

**Female Condom**

| Female Condom | |
|---|---|
| **What is it?** | • A sheath made of a thin, transparent, soft, plastic film or latex rubber with flexible rings at both ends placed into the vagina before having sex |
| **How does it work?** | • Prevents sperm from entering the vagina |
| **Is it appropriate for young people?** | • Yes, because they:<br>– Protect against STI/HIV and unwanted pregnancy<br>– Are readily available, affordable and convenient |
| **How effective is it?** | • Pregnancy rate after first year of use is:<br>– When used correctly with each act of sex— 5 pregnancies per 100 women<br>– When not used consistently or commonly—21 pregnancies per 100 women |

| Female Condom | |
|---|---|
| **Advantages** | • Women can initiate their use<br>• Woman is in control of use<br>• Can be used without seeing a health provider<br>• Can serve as temporary or back-up method if a woman misses a pill or has to abstain when using a natural family planning method<br>• Protects against pregnancy and STIs, including HIV |
| **Disadvantages** | • Interrupts sex and may decrease sensation<br>• Can break easily if not stored properly<br>• Re-use is not recommended<br>• Requires partner cooperation<br>• May be relatively expensive<br>• May make noises during intercourse |
| **Method not advised if:** | • Allergic to latex rubber |

**Intrauterine Devices (IUD)**




| | Copper-bearing IUD | Levonorgestrel IUD (Mirena) |
|---|---|---|
| **What is it?** | • Small plastic and copper device inserted into the uterus by a trained provider<br>• Most IUDs have one or two thin strings that hang from the cervix into the vagina | • Small T-shaped, plastic device that contains the hormone levonorgesterol<br>• Has two thin strings that hang from the cervix into the vagina |
| **How does it work?** | • Prevents sperm from meeting the egg | • Suppresses growth of lining of uterus and prevents egg from implanting |
| **Is it appropriate for young people?** | • IUDs are more likely to come out of young women who have not given birth because their uteruses are small | • IUDs are more likely to come out of young women who have not given birth because their uteruses are small |
| **How effective is it?** | • In first year of use—less than 1 pregnancy per 100 women<br>• More than 10 years of use—2 pregnancies per 100 women | • In first year of use—less than 1 pregnancy per 100 women<br>• More than five years of use—less than 1 pregnancy per 100 women |

| | Copper-bearing IUD | Levonorgestrel IUD (Mirena) |
|---|---|---|
| **Advantages** | • One of the most effective and long-lasting methods<br>• Does not require woman to do anything once inserted<br>• Does not interfere with sex<br>• Immediate return to fertility after removed<br>• Safe for a woman with HIV or on anti-retroviral (ARV) medicines and doing well clinically | • One of the most effective and long-lasting methods<br>• Does not require woman to do anything once inserted<br>• Does not interfere with sex<br>• Immediate return to fertility after removed<br>• Safe for a woman with HIV or on anti-retroviral (ARV) medicines and doing well clinically |
| **Disadvantages** | • Slight pain and bleeding during the first few days after insertion<br>• Typically causes longer and heavier bleeding and pain during menstruation, especially in the first 3 to 6 months of use<br>• Does not protect from sexually transmitted infections (STIs), including HIV (use condoms if at risk) | • Slight pain and bleeding during the first few days after insertion<br>• Changes in bleeding patterns—usually lighter or less frequent menstruation<br>• Does not protect from STIs, including HIV (use condoms if at risk) |
| **Method not advised if a woman:** | • Is pregnant or thinks she might be pregnant<br>• Has unusual vaginal bleeding<br>• Has pelvic infections<br>• Has AIDS and is NOT taking ARV medicine | • Is pregnant or thinks she might be pregnant<br>• Has given birth in the last four weeks<br>• Has blood clot in the legs or lungs<br>• Has or had breast cancer |

| | Copper-bearing IUD | Levonorgestrel IUD (Mirena) |
|---|---|---|
| | • Is at high risk of having an STI, i.e., has or has had multiple sexual partners | • Has severe liver disease, liver infection or liver tumor<br><br>• Is at high risk of having an STI, i.e. has multiple sexual partners |

**Natural Family Planning Methods**

**Standard Days Method®**


| Standard Days Method | |
|---|---|
| **What is it?** | • The woman keeps track of her menstrual cycle to know the days that she can get pregnant (fertile days)<br>• Ideal for women whose menstrual cycle is usually between 26 to 32 days long |
| **How does it work?** | • Mark a calendar or use Cyclebeads ® to track the days a woman can get pregnant and the days she is not likely to get pregnant<br>• The days a woman can get pregnant are days 8 through 19 of her menstrual cycle<br>• On those days, the woman must abstain from having vaginal sex to avoid getting pregnant, or she can use a condom or other barrier method |

| Standard Days Method | |
|---|---|
| **Is it appropriate for young people?** | • Until a young woman has regular menstrual cycles between 26 to 32 days long, this method is not advised<br>• May need back up method or emergency contraceptive pills (ECPs) on hand in case abstinence fails |
| **How effective is it?** | • Pregnancy rate in the first year of use:<br>– With consistent and correct use and no unprotected sex on fertile days—5 pregnancies per 100 women<br>– When not used consistently and correctly or as commonly used—12 pregnancies per 100 women |
| **Advantages** | • Allows couple to adhere to religious or cultural norms about contraception<br>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines |
| **Disadvantages** | • Woman needs counseling on how to correctly use the method<br>• Requires partner cooperation<br>• During the 12 days when the woman can get pregnant, the couple must abstain from unprotected sex or use a barrier method (condom)<br>• Does not protect against sexually transmitted infections (STIs), including HIV |
| **Method not advised if a woman:** | • Does not have menstrual cycles that are between 26 to 32 days long<br>• Is not willing or able to abstain from unprotected sex or use a barrier method (condom) during the days she can get pregnant<br>• Cannot keep track of the days of her menstrual cycle |

| Standard Days Method | |
|---|---|
| **Method not advised if a woman:** | • Has not had at least 3 consecutive menstrual cycles since giving birth<br>• Has not resumed menstruation after discontinuing a hormonal method |

**Lactational Amenorrhea Method (LAM)**

| Lactational Amenorrhea Method | |
|---|---|
| **What is it?** | • LAM is the use of full or nearly full breastfeeding to delay the return to fertility after having a baby<br>• LAM requires that the following three conditions be met:<br>– The woman's monthly menstruation has not returned since giving birth, and<br>– The baby is fully or nearly fully breast fed and is fed often—day and night, and<br>– The baby is less than six months old<br>• It is a temporary family planning method |
| **How does it work?** | • Fully or nearly fully breastfeeding stops the release of hormones that cause a woman to release eggs from her ovaries (ovulate) |
| **Is it appropriate for young people?** | • Yes, as long as the young woman meets the three conditions mentioned above |

| Lactational Amenorrhea Method | |
|---|---|
| **How effective is it?** | • Pregnancy rate in first six months after childbirth is:<br>– When all three conditions are met—less than 1 pregnancy per 100 women<br>– When less than three conditions are met—2 pregnancies per 100 women |
| **Advantages** | • Allows couple to adhere to religious or cultural norms about contraception<br>• Does not interfere with sex<br>• No costs and no supplies needed |
| **Disadvantages** | • Effectiveness after six months postpartum is not certain<br>• Fully or nearly fully breastfeeding may be inconvenient or difficult for some women<br>• Mothers with HIV could pass HIV to their infants through breastfeeding<br>• Does not protect against sexually transmitted infections (STIs), including HIV |
| **Method not advised if a woman:** | • Last gave birth more than six months ago<br>• Has resumed her monthly menstruation<br>• Has begun to breastfeed less often, and the majority of feedings are no longer breast milk<br>• Is not breastfeeding upon advice of her health care provider (e.g., if the woman is HIV-positive with advanced disease, or is newly infected and if replacement feeding is acceptable, feasible, affordable, sustainable and safe) |

## Hormonal Injectables

### Progestin-Only Injectables (DMPA & NET-EN)


| Progestin-Only Injectables (DMPA & NET-EN) | |
|---|---|
| **What is it?** | • Injectable contraceptive that contains progestin that is given every two to three months, depending on which of the two types of injectable are used:<br>- DMPA (known as Depo-provera, Depo, Megestron, and Petogen)<br>- NET-EN (known as Noristerat and Syngestal) |
| **How does it work?** | • Contain the hormone progestin<br>• Progestin makes the mucus around the cervix thick, which stops the sperm from meeting the egg<br>• Stop the release of eggs from the ovaries (ovulation)<br>• DMPA (injections every three months) and NET-EN (injections every two months) are types of progestin-only injectables |
| **Is it appropriate for young people?** | • Yes, it is appropriate for young women and can be used without others knowing |

| Progestin-Only Injectables (DMPA & NET-EN) | |
|---|---|
| **How effective is it?** | • Pregnancy rate in first year of use is:<br>– With no missed or late injections—1 pregnancy per 100 women<br>– With some missed or late injections—3 pregnancies per 100 women |
| **Advantages** | • Safe for women who are breastfeeding<br>• Private, i.e., no one can tell you are using an injectable<br>• Do not interfere with sex<br>• Help prevent against certain cancers of the uterus and pelvic inflammatory disease (PID)<br>• Safe for women with HIV/AIDS, whether or not taking anti-retroviral (ARV) medicines |
| **Disadvantages** | • May cause irregular or no menstrual bleeding<br>• There is a delay in fertility after a woman stops the injection—it takes about four months longer than with most other methods to return to fertility<br>• Do not protect from sexually transmitted infections (STIs), including HIV |
| **Method not advised if woman:** | • Is breastfeeding a baby less than six weeks old<br>• Has high blood pressure<br>• Has blood clot in the legs or lungs<br>• Has unexplained vaginal bleeding<br>• Has or had breast cancer<br>• Has severe liver disease, liver infection or liver tumor<br>• Takes medication for seizures or takes Rifampicin |

**Combined Injectable Contraceptives (CICs)**


| CICs (Monthly Injectables) | |
|---|---|
| **What is it?** | • Injectable contraceptive that contains two hormones—progestin and estrogen—and is given every 30 days<br>• Commonly known as Cyclofem, Cyclo-provera, Lunelle and Novafem |
| **How does it work?** | • Progestin and estrogen make the mucus around the cervix thick, which stops the sperm from meeting the egg<br>• The hormones also stop the release of eggs from the ovaries (ovulation)<br>• Woman needs an injection every four weeks (30 days) to prevent pregnancy |
| **Is it appropriate for young people** | • Yes, it is appropriate for young women and can be used without others knowing |
| **How effective is it?** | • Pregnancy rate in first year of use is:<br>- With no missed or late injections—1 pregnancy per 100 women<br>- With some missed or late injections—3 pregnancies per 100 women |

| CICs (Monthly Injectables) | |
|---|---|
| **Advantages** | • More regular monthly bleeding than with DMPA or NET-EN injectables<br>• Private, no one can tell you are using an injectable<br>• Do not interfere with sex<br>• Do not require any daily action, such as taking pills<br>• Safe for women with HIV/AIDS, whether or not taking anti-retroviral (ARV) medicines |
| **Disadvantages** | • There is a delay in fertility after a woman stops the injection—it takes about one month longer than with most other methods<br>• Do not protect from sexually transmitted infections (STIs), including HIV |
| **Method not advised if woman:** | • Is breastfeeding a baby less than six months old<br>• Smokes 15 or more cigarettes a day<br>• Has high blood pressure<br>• Has blood clot in the legs or lungs<br>• Has or had breast cancer<br>• Has severe liver disease, liver infection or liver tumor<br>• Has migraine headaches (a type of severe headache)<br>• Has migraine aura (sometimes seeing a growing bright spot in one eye) |

**Hormonal Implants (Jadelle®, Implanon™, Norplant®, Sinoplant (II) ®)**

| Hormonal Implants | |
|---|---|
| **What is it?** | • Small plastic rods or capsules—each about the size of a match stick—are inserted under the skin of a woman's upper arm and slowly release progesterone into the woman's blood<br>• There are many types of implants:<br>– Jadelle®: two rods, effective five years<br>– Implanon™: one rod, effective three years<br>– Norplant®: six capsules, effective five to seven years (***Note:*** Norplant is being phased out in 2011)<br>– Sino-implant (II) ®: two rods, effective four years |
| **How does it work?** | • A trained provider inserts the implants under the skin, usually on the inside of a woman's upper arm<br>• The implants slowly release a hormone (progesterone)<br>• Progesterone makes the mucus around the cervix thick, which stops the sperm from meeting the egg<br>• The hormone also stops the release of eggs from the ovaries (ovulation) |

| Hormonal Implants | |
|---|---|
| **Is it appropriate for young people?** | • Young people can safely use this contraceptive method<br>• Young women are less tolerant of side effects than older women, and may need more counseling on side effects |
| **How effective is it?** | Pregnancy rate in the first year of use is:<br>• Less than 1 pregnancy per 100 women<br>• Long-term effectiveness by type, depending on weight of user:<br>- Jadelle—over five years of use, less than 1 pregnancy per 100 women<br>- Implanon—after three years of use, less than 1 pregnancy per 100 women<br>- Sino-implant (II) ® – after four years of use, less than 1 pregnancy per 100 women<br>- Norplant—after seven years use, approximately 2 pregnancies per 100 women |
| **Advantages** | • Provide long-term protection from pregnancy for three to seven years—length of protection depends on implant<br>• Safe for women who are breastfeeding—may get implants six weeks after giving birth<br>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral medicines<br>• Do not interfere with sex |

| Hormonal Implants | |
|---|---|
| **Disadvantages** | • Often cause changes in monthly bleeding (menstrual irregularities/spotting)<br>• A trained provider must insert and remove implants<br>• Do not protect against sexually transmitted infections (STIs), including HIV<br>• May be difficult to obtain locally |
| **Method not advised if a woman:** | • Is breastfeeding a baby less than six weeks old<br>• Has a serious problem now with a blood clot in the legs or lungs<br>• Has unexplained vaginal bleeding<br>• Has or had breast cancer<br>• Has severe liver disease, liver infection or liver tumor<br>• Takes medicine for seizures or takes Rifampicin |

**Oral Contraceptive Pills**

| Combined Oral Contraceptive Pills (The Pill) | |
|---|---|
| **What is it?** | • A pill that a woman takes every day to prevent pregnancy |
| **How does it work?** | • A woman takes one pill every day—with the pill being most effective when taken at the same time every day<br>• The pill contains small amounts of the hormones estrogen and progestin<br>• Estrogen and progestin make the mucus around the cervix thick, which stops sperm from meeting the egg<br>• The hormones also stop the release of eggs from the ovaries (ovulation) |
| **Is it appropriate for young people?** | • Young people can safely use this contraceptive method<br>• Young women are less tolerant of side effects than older women, and may need more counseling on the side effects<br>• Some young women find regular pill-taking particularly difficult |

| Combined Oral Contraceptive Pills (The Pill) | |
|---|---|
| **How effective is it?** | • Pregnancy rate in the first year of use is:<br>- With no missed pills—less than 1 pregnancy per 100 women<br>- With some missed pills—8 pregnancies per 100 women |
| **Advantages** | • Woman can control the method<br>• Can be stopped at any time without a provider's help<br>• Do not interfere with sex<br>• Help prevent cancer of the uterus and ovaries<br>• Help prevent pelvic inflammatory disease<br>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral medicines |
| **Disadvantages** | • Woman must remember to take a pill once a day, every day<br>• May cause irregular bleeding during first few months of use<br>• May also cause absence of periods or other side effects<br>• Do not protect against sexually transmitted infections (STIs), including HIV |
| Method not advised if a woman: | • Is breastfeeding a baby less than six months old<br>• Smokes cigarettes<br>• Has high blood pressure<br>• Has cirrhosis of the liver, a liver infection, or liver tumor<br>• Has diabetes<br>• Has gallbladder disease or takes medication for gall bladder disease |

| Combined Oral Contraceptive Pills (The Pill) | |
|---|---|
| | • Has or had breast cancer<br>• Has migraine aura (sometimes seeing a growing bright spot in one eye)<br>• Has migraine headaches without aura (a type of severe headache)<br>• Is taking medication for seizures or is taking Rifampicin |

**Progestin-Only Contraceptive Pills**


| Progestin-Only Pills (Mini-pill) | |
|---|---|
| **What is it?** | • A pill that a woman takes every day to prevent pregnancy |
| **How does it work?** | • Woman takes one pill every day and is most effective when taken at the same time every day<br>• Contains small amounts of hormone (progestin)<br>• Progestin makes the mucus around the cervix thick, which stops the sperm from meeting the egg<br>• Also stops the release of eggs from the ovaries (ovulation) |
| **Is it appropriate for young people?** | • Young people can safely use this contraceptive method<br>• Young women are less tolerant of side effects than older women, and may need more counseling on side effects<br>• Some young women find regular pill-taking particularly difficult |
| **How effective is it?** | • Pregnancy rate in the first year of use is:<br>- With no missed pills—less than 1 pregnancy per 100 women<br>- With some missed pills—3 to 10 pregnancies per 100 women |

| Progestin-Only Pills (Mini-pill) | |
|---|---|
| **Advantages** | • Safe for women who are breastfeeding—may begin the mini-pill six weeks after giving birth<br>• Woman controls the method<br>• Can be stopped at any time without a provider's help<br>• Do not interfere with sex<br>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral medicines |
| **Disadvantages** | • May cause irregular monthly bleeding and for breastfeeding women, may cause delayed return of monthly bleeding<br>• Woman must remember to take a pill once a day, every day<br>• Do not protect against sexually transmitted infections (STIs), including HIV |
| **Method not advised if a woman:** | • Is breastfeeding a baby less than six weeks old<br>• Has serious problem now with a blood clot in the legs or lungs<br>• Has or had breast cancer<br>• Has severe cirrhosis of the liver, liver infection, or liver tumor<br>• Is taking medication for seizures or is taking Rifampicin |

## Emergency Contraception

| Emergency Contraceptive Pills (ECP) | |
|---|---|
| **What is it?** | • The only method that can help prevent pregnancy after a woman has had unprotected sex<br>• Must be used within five days of having unprotected sex |
| **How does it work?** | • ECPs contain the same hormones as combined and progestin-only oral contraceptive pills, but in higher doses<br>• These hormones prevent the release of eggs from the woman's ovaries |
| **How effective is it?** | • When taken within five days of having unprotected sex:<br>- With ECPs—1 to 2 pregnancies per 100 women<br>- With no ECPs after unprotected sex during fertile days—8 pregnancies per 100 women |
| **Advantages** | • Safe for women who cannot use hormonal contraceptive methods<br>• Women can use ECPs if there has been forced sex (rape)<br>• Can be used if there has been contraceptive mistakes or failures, such as:<br>– Condom broke, slipped or was not used correctly<br>– Woman missed three or more combined oral contraceptive pills<br>– Woman started a new packet of pills three or more days late<br>– Woman is more than seven to 14 days late (depends on the type of injectable) for a repeat injection of an injectable contraception<br>– Woman used the Standard Days Method incorrectly |

| Emergency Contraceptive Pills (ECP) | |
|---|---|
| | • Reduce the need for abortion<br>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral medicines<br>• Woman controls the method |
| **Disadvantages** | • Not recommended for regular use as it is not effective as a continuous method of contraception<br>• Do not protect against sexually transmitted infections (STIs), including HIV |
| **Method not advised if a woman:** | • Most women can use ECPs |

**Contraceptives for Young People**

Young people can safely use any contraceptive method. For some contraceptive methods there are specific considerations for young people:

Male and female condoms

- Protect against sexually transmitted infections (STIs) and pregnancy—protection that many young people need
- Are readily available, affordable and convenient for occasional sex
- Young men may be less successful than older men at using condoms correctly. They may need practice putting on condoms.

Intrauterine device

- More likely to come out among women who have not given birth because their uterus is small

Hormonal Contraceptives (oral contraceptives, injectables, implants)

- Injectables can be used without others knowing
- Some young women find regular pill-taking particularly difficult

Natural Family Planning Methods

- Until a young woman has regular menstrual cycles, fertility awareness methods should be used with caution
- Need a back-up method or emergency contraceptive pills on hand in case abstinence fails

Emergency contraceptive pills (ECPs)

- Young women may have less control than older women over having sex and using contraception. They may need ECPs more often.

# Module 10: Sexually Transmitted Infections (STIs), including HIV/AIDS

## Exercise 10: STI/HIV Transmission and Behavioral Risk Factors Game

**Purpose:**

- To help participants understand the risk of STIs, including HIV transmission
- To experience how it may feel to be infected with an STI, including HIV
- To help participants realize how STIs may impact on their future

**Time:** 60 minutes

**Learning Objectives:**

After this exercise, the participants will be able to:

- Identify behavioral risk factors associated with STI/HIV transmission
- Explain the effects of STIs, including HIV to young people
- Name two ways of avoiding STIs, including HIV

**Preparation:**

- For each person, prepare one bag with 30 colored sweets (or other snacks, such as nuts, or rolled-up pieces of paper marked + and –).
- In two of the bags make sure that 10-15 of the sweets are green sweets (if using other snacks such as nuts, make sure that in just two of the bags there are 10-15 nuts of a different type/color/shape than are in all the other bags, etc; if using pieces of paper marked with + and -, only two bags will contain 10-15 pieces of paper marked with a "– "while all the other bags will have papers that only have "+").
- Mark the bottom of the two bags that have varied sweets/nuts/pieces of paper with a " – " sign with an X.
- Have one small card and a pencil for each person. Mark only three of these cards with a small "c".

**Instructions:**

1. Give each person a small card, a pencil and a bag that was prepared earlier but, do not explain to the group what is inside the bags.

2. Explain to the group that this is only a game to help them understand how it may feel to be infected with an STI, including HIV.

3. Ask people to walk around the room and, if they would like, to exchange sweets/nuts/paper with other people in the group. Explain that they do not have to make exchanges if they do not want. However, if they do make exchanges, they must get a signature or a symbol on their card from each person with whom they have exchanged sweets/nuts/paper. And tell them not to eat the sweets/nuts yet!

4. After about five minutes, ask people to sit down again. Find out who has the most signatures on their card. Explain that in this game makes exchanges with someone means having sex with them.

5. People who chose not to exchange sweets/nuts/paper and who have no signatures on their card have chosen to abstain from sex.

6. Tell the group that two people have an X marked on the bottom of their bag. Ask them to stand up. Explain that these two people were the only people to have green sweets/odd shaped nuts/paper with a " – " sign; and that in this game these represent an STI.

7. Now ask everyone to check their bags. Ask anyone else with a green sweet/different shaped nut/paper with a " – " sign in his/her bag to stand up. Explain that because they made exchanges with someone with an STI, they too have now become infected.

8. Next ask people still sitting whose card has been signed by someone who is standing up to stand up too. They could also have become infected with an STI, though this time they were not.

9. If anyone has a “c” on their card they can sit down. In this game the “c” means that they used condoms and were protected from being infected with an STI. (***Note:*** If one of those with green sweets/different shaped nuts has a “c” on his/her card, mention that he/she got infected because the condom burst.)

10. When the game is over, remind everyone that it was only a game and that the “STI” has been “removed”. Ask everyone to explain what s/he felt about the game in a few words. Questions for discussion could include:

    - Did anyone choose not to exchange sweets/nuts/paper and if so, how did it feel?

    - If you did exchange sweets/nuts/paper, how well did you know the other person beforehand?

- How did the people who used condoms feel at the end of the game?
- What could be the hazards of STIs for young people?

11. Ask participants what they would do if they suspected they were infected with an STI. Write responses on flipchart (newsprint/manila paper).
12. Review response and correct any misinformation.
13. If they are infected with an STI, ask them how they would feel.
14. Ask what plans they would make for the future.
15. Ask what could be the hazards of getting an STI.
16. Clarify any misinformation or myths.
17. Ask what young people can do to prevent getting an STI.
18. Provide information on how STIs are transmitted, the signs and symptoms of STI, and preventive measures.
19. Tell participants where individuals can get more information or counseling if they wish.
20. End the activity by asking participants to eat their candies/sweets.

## Facilitators' Notes:

It is important for the facilitator to know the facts about sexually transmitted infections (STIs), including HIV and AIDS, and be prepared to deal with sensitive issues that may be raised. Processing the exercise in this section involves knowing the various ways STIs and HIV are transmitted and prevented. The facilitator should be able to explain important behavioral risk factors associated with STI transmission and to explain methods of prevention.

1. **How might young people feel if they get an STI?**

   - Ashamed and feeling guilty about the possibility of having contracted it
   - Afraid of the reactions of other people such as their families and health workers

2. **How might young people act/fail to act if they know or suspect they have an STI?**

   - Likely to delay or avoid going to a health care provider
   - May fail to seek treatment, as some STIs have no apparent symptoms in their early stages (***Note:*** STIs without symptoms are more common in women)
   - May try to self-treat

3. **What are the dangers of self-treatment?**

   - They may be treating the wrong disease
   - They may make the symptoms, but not the disease, disappear

4. **What are STIs, including HIV?**

   - Can be caused by a virus, bacterium, protozoan or parasite
   - Can occur as a solitary or multiple infection(s) in an individual
   - Can affect certain body parts such as the reproductive organs, mouth, anus, throat, eyes or may affect the whole body
   - Some STIs can be treated and cured
   - If not treated, some STIs can cause serious health problems or complications such as infertility, blindness, complications during pregnancy, paralysis and even death
   - HIV cannot be cured and is one of the leading causes of death in Africa
   - Can be transmitted in the following ways:

- Unprotected sexual intercourse either through vaginal, anal, or oral sex
- Exchange of infected blood and blood products such as contaminated needles
- Mother to child transmission (during pregnancy, delivery, and through breastfeeding)
- Close contact with individuals that have herpes, scabies, or pubic lice

**5. What are the factors that influence the transmission of STIs, including HIV?**

- Having unprotected sex
- Having (or having had) sex with multiple sexual partners
- Having sex with partners whose sexual history or STI/HIV status you do not know
- Failing to follow safer sex practices—e.g., not using a condom
- Delay in treatment of STI
- Having sex with infected partners who are not treated
- Poor compliance with STI treatment
- Being a woman (the vaginal wall is more receptive to infections)

**6. What are the usual signs and symptoms of STIs?**

STIs come in many forms and are very difficult to detect without medical interventions. In some cases, STIs do not have any signs and symptoms, especially among women. This is because the infected area is internal and cannot be seen. In the absence of medical interventions, case detection could be done by observing the common signs and symptoms of STIs. The following indications could be used:

- Signs of STIs are indications that can be seen by the naked eye, such as:
  - Sores, blisters, rash or ulcers in the genitals or the surrounding areas
  - Discharge from the genitals that have an unusual color or smell, or that becomes thicker
  - Scrotal swelling
- Symptoms that one can feel when infected with an STI, include:
  - Painful urination

- Pain in the lower abdomen
- Itchy genitals or the surrounding areas
- Painful intercourse

* ***Note:*** HIV infection does not have signs and symptoms

**7. Who can be infected with STIs, including HIV?**

- Anyone who has unprotected sex, regardless of age
- People with certain jobs that lead to having multiple partners: e.g., sex workers and their clients, truck drivers, overseas contract workers
- Sexually-active persons
- Anyone can be infected with STIs, including HIV; the risk of getting an STI increases if an individual engages in unprotected sexual intercourse or if s/he does not use a condom during sexual intercourse

**8. For HIV, what are the risk factors?**

- Current symptoms/treatment of STIs and a history of previous STI infections, symptoms, and treatment of self and partners
- One's own HIV status and HIV status of partners
- Home life situation, e.g., partner violence (rape)

**9. What are the complications of STIs?**

If left untreated or undetected despite the presence of sexual risk, STIs can lead to serious complications and health problems such as:

- Untreated gonorrhea and chlamydial infection can lead to pelvic inflammatory disease. This can lead to infertility, an ectopic pregnancy or infection of the eyes or lungs of the newborn
- Syphilis can spread through the placenta of a pregnant mother and could cause spontaneous abortion or death of the infant
- Venereal warts can lead to cervical cancer five to 30 years after initial infection
- HIV leads to death

**10. What are ways to prevent STIs, including HIV?**

**A**: Abstain—i.e., do not engage in sex

**B**: Be faithful—i.e., do not have sex outside a mutually-monogamous relationship

**C**: Condoms—use them correctly and consistently with each act of sex

**D**: Do not share needles or syringes and do not abuse prohibited drugs or alcoholic beverages

**E**: Every pregnant woman who engages in sex and knows she has—or thinks she may have—an STI should seek PMTCT (Prevention of Mother to Child Transmission) services

# Module 11: Safer Sex

## Exercise 11-A: Saying "No" to Sex

**Purpose:**

- To enable young men and women to practice negotiation skills, including resisting or postponing sex, and to be assertive about their decisions

**Time: 45 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Use knowledge and skills to inform youth peers on how to resist or postpone sex

**Preparation:**

- Make two situation cards per role play with the two characters described on them

**Instructions:**

1. Divide the group into two rows, standing opposite each other.
2. Explain that the purpose of the activity is to explore how to negotiate safer sex, but it is up to them to decide if this is what happens as part of their role play.
3. Give each row a situation card with their character on it. For example:

   Row A is Sam and row B is Rita. The situation is: Sam and Rita have started going out together. Sam's friends have been exerting pressure on him to take Rita to bed. Sam starts selling the idea to Rita.

4. The person at the top row A begins a conversation as if s/he were Sam. The person opposite replies as if s/he were Rita. Then the second person in row A replies in character. The person opposite replies, and so on taking turns until the last person in row B has spoken, then back to the first person in row A.
5. When the conversation comes to a conclusion you can discuss the following points:

   - How long did it take the characters to talk about safer sex?
   - What made it difficult for the characters to talk about safer sex?

- What else might make it difficult to talk about sex?
- Was it different for boys and girls?
- What do you think are the advantages and disadvantages of discussing safer sex?
- What are the difficulties in discussing and negotiating safer sex or saying “no” when you do not want to have sex?

6. If you have a mixed group, try getting the girls to play a boy and the boys to play a girl and think of all the phrases that they have heard of that people use to persuade someone to have sex, e.g.,
   - “I’ll be very careful”
   - “If you really loved me, you would…”
   - “I’ll leave you if you don’t …”
   - “There are names for people like you and who lead men on …”
7. Try to draw out the differences between the pressures that young men and young women face. Point out that some issues are a result of cultural beliefs and sometimes these are very difficult to overcome. The exercise can allow participants to become aware of these issues and can prepare arguments for condom use when presented with a similar situation in the future.

## Exercise 11-B: The Right Steps to Condom Use

**Purpose:**

- To teach participants to understand the correct use of condoms and be able to demonstrate this to others

**Time: 45 minutes**

**Learning Objectives:**

After this exercise, the participants will be able to:

- Demonstrate the correct use of a condom
- Discuss the importance of using condoms to prevent unplanned pregnancy and transmission of sexually transmitted infections (STIs) including HIV/AIDS

**Preparation:**

- Collect the materials needed:
  - penis model
  - condoms
  - large metal (index) cards or pieces of flipchart paper (newsprint/bond paper)
- On the cards or pieces of paper, write the main steps for using a condom (listed below). The Facilitator can also add some more phrases/steps to make the exercise more fun and challenging (e.g., birds humming/music playing/lapping of the waves in the background, intimate talk, cuddling, etc):
  1. Erection and arousal
  2. Discuss and agree to use condom
  3. Check expiry date on condom package
  4. Tear open condom carefully
  5. Pinch tip of condom
  6. Unroll condom onto erect penis
  7. Add water-based lubricant
  8. Put on before sexual intercourse
  9. Have sexual intercourse
  10. Withdraw penis after ejaculation carefully holding the condom
  11. Slide condom off penis before it gets soft
  12. Throw away used condom carefully

**Instructions:**

1. Divide the participants into two groups.
2. Explain to the groups that they have to place the cards in the right order of using a condom. Distribute the cards/pieces of paper among the group.

3. After participants are done with ordering the steps, review the steps and correct any steps that are not in the right order.

4. Next, ask the group members to use a penis model to demonstrate how to put on a condom.

5. Wrap up the activity by summarizing the options to make unsafe sex safer.

6. Emphasize that for adolescents, postponing sex provides the best alternative for preventing STIs, unwanted pregnancy and unreadiness for sexual relations.

7. Point out that when adolescents have started sexual relations with somebody, mutual monogamy is the next alternative. However, they should still use a condom until each partner has been tested for STIs.

8. Explain that using a condom correctly and consistently with each act of sex is the key to avoid pregnancy or contracting an STI, including HIV.

9. Ask all participants to demonstrate the correct use of condoms.

# Module 12: Effective Peer Communication Skills

## Exercise 12-A: Youth Culture and Language

**Purpose:**

- To create awareness of participants' levels of comfort/discomfort with sexual acts/body parts and words used to describe them
- To provide a forum for discussing sexuality with relative strangers and begin the process of hearing or saying words which may infrequently be discussed
- To identify the various issues that words may create for the professionals and the youth

**Time: 45 minutes**

**Learning Objectives:**

After this exercise, the participants will be able to:

- Explain how language can help or hinder discussions of sexuality
- Use words that describe sexual acts and body parts comfortably

**Preparation:**

- Collect the materials needed:
  - flipchart paper (newsprint/manila paper)
  - colored markers
  - several pieces of flipchart paper (newsprint/manila paper), each with one of the following words on it: intercourse, oral sex, masturbation, homosexual, vagina, penis

**Instructions:**

1. Divide into groups of three or four.
2. Give each group one of the pieces of flipchart paper (newsprint/manila paper) and some markers.

3. Ask the group to generate and write down all the words used by adolescents that they know would mean the same thing as the word on the flipchart paper (newsprint/manila paper). Vernacular, slang, medical, children's words are all acceptable.

4. Pass the lists around so that each group gets a new list. Someone in the group reads the words aloud. Then the group add to the list words they know but that are not yet included on the list.

5. Repeat these steps until every group has had each list.

6. Post the lists in front of the room.

7. Go back to the lists and discuss the responses by asking the following:

    - What was this experience like for you?
    - Are there any words that make you uncomfortable? What are they?
    - Why would we have you do this exercise?
    - How can language help/hinder our discussions of sexuality?
    - What do you notice about the words in the lists?
    - What words may be comfortable for the youth where you work?
    - How do we manage these words as peer educators?

## Exercise 12-B: Talking About Sex with Youth Peers

**Purpose:**

- To help participants identify useful and effective techniques in communicating sexuality to youth peers

**Time: 60 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Use knowledge and skills to inform and counsel youth peers about sexuality, reproductive health (RH) and natural resources management (NRM)

**Preparation:**

- Write role play instructions on a small piece of flipchart paper (newsprint/bond paper)
- Collect the materials needed:
  - flipchart paper (newsprint/bond paper)
  - marker pens

**Instructions:**

Effective Communication skills (10 minutes)

1. Review effective communication skills with participants, highlighting the information in the chart below (the chart below could also be a good handout):

| Skill | Use when a person: | Example |
|---|---|---|
| Clarification | Wishes to check the accuracy of a message, to understand more clearly or to hear the message repeated for reflective purposes. | • "Could you explain the process once again? I'm not clear on the last step."<br>• "I'm not certain I understand. Please clarify for me." |

| Skill | Use when a person: | Example |
|---|---|---|
| Transitions | Wishes to add something to a discussion. Usually, the name of the last person to speak is mentioned to indicate to that person that s/he has been heard or valued. This technique is highly recommended for group discussion. | • "Adding to what you've said Edna, I'd like to suggest …"<br>• "I think that your input has helped me, Rey, and I'd like to say …" |
| Elaborating | Wishes to obtain more information from the speaker. Usually the person who is asking for elaboration is very specific about a need. Use the name of the person in the request. | • "I'd like to hear about the ear, Jerry, please continue."<br>• "I need more details before I can make a decision, Judy. Please give me the most important details." |
| Name calling | Is talking to another. Using a person's name gives value to that person. This technique is highly recommended in a group discussion. | • "How does the group feel about the idea? Joey, I'm interested in hearing your opinion."<br>• "Agnes, would you check to see if all the equipment is in?" |
| "You" message | Wishes to practice some reflective listening. The message usually begins with the word "you" and includes a "feeling word" mentioned by the other person. | • "You feel upset because..."<br>• "You sound excited about …" |
| "I" message | • Simply wants to tell another person something positive , or…<br>• Is having a problem and wishes to tell a third party about it, or…<br>• Is having a problem with a person and s/he wishes to tell that person about it.<br>***Note:*** The word "I" refers to the person who has something positive to say or who is having the problem. The person mentions a feeling that s/he is having. The | • "I am frustrated when you interrupt me in conversations because I forget what I want to say and feel threatened"<br>• "I like the way you talk to children, Ramon." |

| Skill | Use when a person: | Example |
|---|---|---|
| | person directs the positive comment or the problem to a particular behavior in the other person that is seen as positive or problematic to the person sending the "I" message. If it is a problem, it is helpful to mention the impact that the problem is having on the owner of the problem. | |
| Support Statements | Wishes to tell another that s/he agrees with the other person's statement.<br><br>• ***Note:*** People need to hear supportive comments from others. Positive stroking helps people to feel valued and wanted. This technique encourages people to contribute their personal strengths and resources to the task. | • "I'd like to go along with your comment, Jackie."<br><br>• "Hey, that's a good idea George." |
| Closure | • Has been asked a question by another. The person answers the question and then makes "closure" by simply making one of the following comments: | • "Does that answer your question, Nick?"<br><br>• "Are you clear on the idea, Cristy?" |

2. Ask participants what are some common roadblocks to effective communication.

3. If not mentioned by participants, cover the following points related to conservations that present a threatening situation and should be avoided:

   - ***Interrogating***: When responses are in the form of questions and people begin to feel that they are being questioned about their motives

   - ***Labeling***: Giving names to behaviors or thoughts of others, making people feel that their actions and thoughts are "not normal"

   - ***Not accepting feelings***: When people fail to acknowledge how others feel about a particular event or thing, making people feel that they are taken for granted

   - ***Excessive reassuring***: When one person patronizes everything the other person says or feels, making the other person doubt the sincerity of the other

- ***Judging***: When comments are given even if these are uncalled for, making people feel that they are outsiders

- ***Moralizing/preaching***: When actions or thoughts are equated with what is socially acceptable or unacceptable, making people feel that they are doing the wrong things

- ***Advising:*** When a person provides solutions to one's problems, failing to allow the other person to find practical solutions to personal problems

- ***Encouraging dependence***: When a person consciously or unconsciously tries to help another to a point that s(he) takes care of everything

Exercise (40 minutes)

1. Ask participants to form groups of three by asking them to count off (1, 2, 3; 1, 2, 3, etc).

2. Once the participants have formed into groups of three, tell them that one member of their group will play the role of a Youth Peer Educator (YPE), one the role of an adolescent, and one the role of an observer.

3. Give each group the instructions for the role play.

4. Ask participants to pick how who in their group will play the YPE, the adolescent and the observer.

5. Have them play their corresponding roles for 15 minutes.

6. After 15 minutes, ask each group to pick another role to play, and role play another situation.

7. Continue until everyone has had a chance to play the three different people for all the role plays.

8. Wrap up the activity by asking the participants how they felt about the exercise. The following questions could be useful:

    - Were there any unspoken feelings as the role play went on? What could be the reason for these feelings?

    - What suggestions seemed to be helpful? Why?

    - Which were not helpful? Why?

    - What did the YPE do that seemed to bring insight? What did s/he do that seemed unproductive?

- Did the YPE and adolescent communicate well with each other? Were there blocks in communication? Did the YPE really listen fully to the problem or did s/he jump to unwarranted conclusions?

9. List on flipchart paper (newsprint/manila paper) or on the board, techniques that proved useful to, as well as, barriers to effective communication.

10. Summarize the session by emphasizing that it is necessary to practice some techniques of effective communication in order to get adolescents involved with their problems or concerns about sexuality, reproductive health and environmental conservation.

## Facilitator's Notes

### Role Specifications:

PHE Youth Peer Educator (YPE):

First, your task is to help your youth peer to understand his/her problem. Refrain from giving advice. Keep the responsibility for the answers on the youth. You will have succeeded if you have helped him/her redefine his/her problem. A pitfall in helping is when you try to short-circuit—i.e., moving too quickly from problem to action. Alternatives often emerge only after the problem is more clearly understood. After the youth has clearly defined his/her problem to your and to his/her satisfaction, then help in whatever way you can. This might include helping him/her explore his/her problem further. Perhaps just listening and helping him/her think aloud would be most helpful. Whatever you do, be as helpful as you can. Above all, your stance should be objective, non-judgmental and supportive.

Youth:

You are to select a concern or dilemma from the role play situation. Present the concern as simply as possible. Be as open and responsive to the PHE YPE as possible.

### Role Play Situations

Instructions: Copy the following three pages and cut up the different role plays to distribute among the participants.

Case 1

An 18 year old female had unprotected sexual intercourse five days ago. She asked the PHE Youth Peer Educator if there were any drugs that could prevent pregnancy. She does not want to get pregnant because her father would "kill" her. Her father is a fisherman and is gone for days at a time because it is becoming more difficult to catch as many fish.

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Case 2

A 15 year old boy tells the PHE Youth Peer Educator, with embarrassment, that he does not see and feel the body changes that his friends are currently experiencing and talking about. He thinks he is abnormal and might not "grow up" to be a man, like his father who is a chief (or leader) of a farming community and is well respected in the community.

---

Case 3

A 16 year old confesses that she and her boyfriend engage in kissing, petting and touching each other's genitals. On one occasion, her boyfriend tried to force her to have sex, but she managed to convince him to postpone sex. She is worried she might get pregnant as a result of their sexual activities. She is the eldest daughter and has to help her mother cook and take care of her five sisters while her father and brothers go fishing. Another mouth to feed would be very difficult for the family.

---

Case 4

A 19 year old boy feels pain whenever he urinates. He admits that he had engaged in unprotected sexual intercourse with a casual girl friend. He is ashamed to go to a doctor and asks the PHE Youth Peer Educator what medicine he could take. Besides, the health clinic is 35 kilometers from his farm, and he has to help his father collect charcoal to sell at the market.

---

Case 5

A group of boys found out that their neighbor has been fishing using cyanide. They wanted to tell their neighbor the effects of this fishing method on the ocean and reefs, but are afraid that they might be scolded by the neighbor. They ask the PHE Youth Peer Educator how they could convince their neighbor to change his fishing methods.

---

Case 6

A teenage couple with three children has been married for four years. They do not want to have another child at the moment. They are having difficulties putting enough food on the table for everyone. Also, they don't have enough land to feed the family because too many people now in the community are now using the land.

---

Case 7

A 17 year old girl has two children. She and her farmer husband are using withdrawal as an family planning method because her husband does not want to use condoms. She knows a little about pills and thinks they cause cancer. She would like to have three more children so she always tells her husband to earn extra income by cutting down more trees. She even suggests going to the mangroves close to their home (a protected marine park), where there is plenty of wood.

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Case 8

A 19 year old young man, married with three children, wants to have more children. But, he and his wife plan to wait a couple of years before having their next child. They are not using any family planning method because they have no knowledge about contraceptives. The family is having a hard time getting enough food to eat. So, they have already resorted to cutting wood for charcoal, which they sell to make ends meet. Nowadays, they are having a hard time finding enough wood because more and more families in the community are doing the same thing—i.e., cutting wood to sell as charcoal.

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Case 9

A 17 year old girl is married and six months pregnant with her third child. She has not gone to the health center for pre-natal check-ups. She plans to use pills after this birth because she heard about its benefits from her girlfriends. But, she has no time to go to the health center since she is always busy taking care of three small children who are skinny from lack of food. Her husband is always busy farming. There has been a drought in the area for a couple of years. The family is also having water shortage problems because the well near the forest is drying up from lack of rain.

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***Observer***: You are to be a silent participant to the role play. Your role is to observe how the conversation takes place, taking note of how the Youth Peer Educator (YPE) and the adolescent interacted with each other. You might want to take note of techniques/skills used by the PHE YPE in facilitating discussions of the adolescent's concern, or words/actions that may have hampered communication. After the role play, you are to give feedback on your observations to members of your group. Use the following checklist/rating matrix in discussion with your group.

| Characteristics | Evident | Needs Improvement | Not Evident |
|---|---|---|---|
| Speaks clearly and uses words that are simple and easy to understand | | | |
| Is knowledgeable about the subject | | | |
| Talks at moderate pace and appropriate volume | | | |
| Asks questions to make sure client understands | | | |
| Encourages questions and comments | | | |
| Listens attentively to client | | | |
| Makes client feel comfortable and interested | | | |
| Provides information for follow-up | | | |

# Module 13: The PHE Youth Peer Educators

## Exercise 13-A: Identifying PHE Youth Peer Educator Roles

**Purpose:**

- To engage participants in identifying and clarifying roles of PHE Youth Peer Educators (YPEs)
- To understand the importance of the role of a PHE YPE in making adolescents stewards for responsible sexuality and environmental preservation

**Time: 45 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- State the qualifications of a PHE YPE
- State the tasks and functions of a PHE YPE

**Preparation:**

- Collect the materials needed:
  - flipchart paper (newsprint/manila paper)
  - marker pens
  - masking tape
- Prepare an illustration of the role of a PHE YPE, leaving blank space under each heading (refer to Illustration of PHE Youth Peer Educator Role for Exercise 13-A)

**Instructions:**

1. Ask participants what they understand by the term “PHE Youth Peer Educator” and write their answers on flipchart paper (newsprint/manila paper).
2. After everyone has answered the question, tell the participants that they seem to have differing views about the term. Point out that it is important that they agree on one complete definition.

3. Write their complete definition of a YPE on the flipchart paper (newsprint/manila paper) or board.

4. Using the Illustration of PHE Youth Peer Educator role, ask the group to stand up and go to the illustration to fill up the blank boxes in the following order:

    - services rendered by a PHE YPE
    - consumers of the services rendered by a PHE YPE
    - needs of YPEs so they can effectively provide services
    - agencies or networks that could provide the needs of PHE YPEs

5. As the participants answer, tell them to write their answers in the corresponding boxes on the illustration.

6. Review and summarize what participants have written on the illustration. Make the necessary correction if there is an inappropriate answer or response from the participants.

7. Wrap up the activity by presenting the expected tasks of PHE YPEs.

## Facilitator's Notes:

### PHE Youth Peer Educator (YPE):

A YPE is an individual who has established a social network and interaction with fellow youth and is influential in helping change peers' behaviors (knowledge, practices, beliefs, culture).

**Guidelines for Recruitment:** Potential PHE YPEs should possess the following qualities:

- Are between the ages of 17-24 years (either in-school or out of school youth)
- Reside in the project site or are from similar backgrounds
- Have no reservations about family planning or modern contraceptives
- Have no history of juvenile misdemeanors or crimes
- Have good interpersonal skills and relations with other youth in the project site
- Have potential leadership skills
- Are willing to undergo training in PHE Youth Peer Education
- Are committed; and are willing to work without expecting monetary payment
- Are willing to motivate peers to take responsibility for their fertility and their environment, and become involved in population-health-environment (PHE) project activities

### Tasks of PHE YPEs

- Set an example for other youth by being a steward of their own sexuality and environment
- Motivate and educate youth (15-24 years) to practice responsible sexuality and promote pro-environment behaviors
- Conduct one-on-one interpersonal communications and counseling (IPC) sessions with youth in the community using skills learned in the training
- Assist youth to assess their risk behavior, particularly behaviors that put them at risk of unintended pregnancy and sexually transmitted infections (STIs), including HIV
- Discuss the linkages between population, reproductive health (RH) and the environment
- Promote pro-environment behaviors such as participation in activities related to natural resource conservation and protection (e.g. reforestation, coastal clean up, etc.)

- Follow up with each youth previously educated (repeat contact) to reinforce behavior change and to augment motivational efforts
- Educate youth in the project site on PHE linkages, adolescent sexual reproductive health (ASRH), and conserving natural resources; and encourage them to delay first sex and resist unwanted sex (for non-sexually active youth) or practice "safe sex" (for sexually active youth) and protect the environment/natural resources
- Refer youth that engage in "high risk behaviors" to health center personnel for risk reduction counseling and RH needs
- Clarify myths and misconceptions regarding PHE linkages, ASRH, reproductive health/family planning (RH/FP) particularly with regard to pregnancy, STI/HIV prevention and modern contraceptive use and the conservation of natural resources in the community
- Distribute information, education, communication (IEC) materials about ASRH, RH/FP, PHE, the environment, etc., to youth and other target audiences in the community
- Maintain YPE daily logbook of IPC sessions conducted and other activities
- Attend training conducted by nongovernmental organization (NGO) partners
- Assist in the development and implementation of IEC campaigns at the village level to increase community awareness of the benefits of RH/FP, where health and FP services are available, and on pro-environment behaviors
- Assist with the dissemination of IEC messages and materials; participate in community IEC campaign activities
- Educate and motivate community members to practice sustainable use of natural resources

## Illustration of Youth Peer Educator Role for Exercise 13-A

| Networks | PHE Youth Peer Educator (YPE) | Consumers |
|---|---|---|
| YPE Needs |  | Services Rendered |

## Sample of Accomplished Illustration of Youth Peer Educator Role

**Networks**

- Partner NGOs
- CRC-URI
- PATH Foundation
- Youth organizations
- School
- Church/mosque
- BALANCED Project

**PHE Youth Peer Educator (YPE)**

**Consumers**

- Youth
  - non-sexually active
  - sexually active
- Community members
- Families of youth
- Friends and neighbors

**YPE Needs**

- Skills training
- Basic PHE, youth sexuality and reproductive health information
- IEC materials
- Motivation
- Notebook and pen
- Support group

**Services Rendered**

- IPC
- Counseling
- Referrals
- IEC distribution
- Follow-up
- IEC campaigns

## Exercise 13-B: Reporting and Monitoring Forms

**Purpose:**

- To equip participants with the knowledge and skills to prepare the reports needed to monitor and evaluate the program

**Time: 30 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Prepare field monitoring reports

**Preparation:**

- Collect the materials needed:
  - flipchart paper (newsprint/manila paper)
  - printing/bond paper
  - marker pens
  - masking tape
  - scissors
  - reporting forms
- Make photocopies of sample reporting forms for distribution to participants (see Appendix B: Sample Reporting and Monitoring Forms)
- Print on flipchart paper (newsprint/manila paper) the sample reporting forms

**Instructions:**

1. Provide participants with the sample forms they need to complete.
2. Explain each item on the forms.
3. Address concerns and set dates for submission.
4. Proceed to the next topic when finished.

# Module 14: Referral and Support Networks

## Exercise 14: Identifying Referral and Support Networks

**Purpose:**

- To assist participants to identify within the community useful referral and support networks for youth.

**Time: 45 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Identify institutions, organizations and other networks that can serve the needs of the youth in the community

**Preparation:**

- Collect the materials needed:
  - pieces of flipchart paper (newsprint/manila paper)
  - rulers
  - pencils

**Instructions:**

1. Ask participants to identify the actual needs of youth related to their sexuality, reproductive health and environmental concerns. Write their answers on the board or flipchart paper (newsprint/manila paper).
2. Ask participants what the term "referral and support network" means. Write their answers on the board or flipchart paper (newsprint/manila paper).
3. If not mentioned by participants, point out that support networks:
   - Are informal patterns of relationships organized to influence change in the broader environment

- Can be linkages between families, communities and institutions and they could be very useful referral systems

- Increase access to programs and services by combining resources and can promote supportive activities

4. Divide the participants according to their project sites.

5. Distribute flipchart paper (newsprint/manila paper), rulers, and pencils to each group.

6. Ask participants to discuss and identify in their small groups the existing referral and support networks in their communities that serve the actual needs of youth. They could include existing institutions that they are currently working with and potential organizations that they could explore.

7. Tell them to illustrate the referral and support network that they have identified using a spot map. A spot map is a graphical presentation that shows linkages between institutions, organizations, and other networks that can serve the needs of the youth in the community. Tell them to be creative in their maps.

8. When every group has completed their referral and support network map, ask participants the following questions:

    - What difficulties have you encountered in your discussions while identifying networks?

    - What sort of guide could be useful in identifying networks that could address the needs of adolescents?

9. Tell everyone to keep a copy of their maps and use it when they go back to their communities, updating it when necessary.

# Module 15: Evaluation

## Exercise 15: Post-Test/Course Evaluation

**Purpose:**

- To measure participants' level of related knowledge post-training
- To assess the overall performance of the course

**Time: 30 minutes**

**Learning Objective:**

After this exercise, the participants will be able to:

- Assess and refresh what they learned during the workshop

**Preparation:**

- Make enough copies of the post-test for all participants (see Appendix A: Sample Pre-/Post-test)
- Make enough copies of the course evaluation for all participants (see Appendix C: Sample Course Evaluation Form)

**Instructions:**

1. Distribute the post-training test/questionnaires and course evaluation forms to the participants.
2. Make sure participants fully understand the instructions.
3. First, have participants complete the course evaluation forms and then collect them.
4. Next, have participants complete the post-test questionnaire. Once everyone has completed the questionnaire, ask participants to exchange their questionnaire with the participant sitting beside them.
5. Have participants review and check the test/questionnaire they were given.

6. Ask each participant to read one question from the test/questionnaire and give the corresponding answer.

7. Ask the group if the answer needs to be discussed or clarified further, especially if some participants answered incorrectly.

8. Refer to Appendix A for ‘Sample Post Test’ and Appendix C for ‘Sample Course Evaluation Form’.

# Appendix A. Sample Pre-/Post-Test Questionnaire for PHE Youth Peer Educator (YPE) Training

Name: _____ Date: _____

**Multiple Choice: Circle the letter you consider correct.**

1. Some of the changes that occur during adolescence among young girls are onset of menstruation, breast growth and having:

   a. pimples

   b. moustache

   c. baldness

   d. wrinkles

2. The best way to prevent unwanted or unplanned pregnancy is by:

   a. withdrawal

   b. drinking alcoholic beverages

   c. use of condom

   d. taking antibiotics

3. AIDS is caused by:

   a. sexual intercourse

   b. blood

   c. HIV virus

   d. homosexuals

4. One of the ways that HIV can be transmitted is through:

   a. sharing clothes

   b. eating together

   c. blood transfusion

   d. mosquito bite

5. One of the ways to prevent STI or HIV transmission is by:

   a. taking antibiotics before and after sex

   b. abstinence

   c. choosing a partner who looks clean and healthy

   d. taking oral contraceptive pill

6. Some of the changes that occur during adolescence among young boys are change in voice, enlargement of the penis and:

   a. penile lubrication

   b. growth of pubic hair

   c. breast growth

   d. baldness

7. The term "ecosystem" is defined as the community of organisms interacting in a particular location, plus the non-living part of the environment including:

   a. wastes

   b. human-built structures

   c. toxic chemicals

   d. pollutants

8. Human activities that can have beneficial effects on the ecosystems include:

   a. logging

   b. slash-and-burn

   c. reforestation

   d. land conversion/reclamation

9. According to the Food and Agriculture Organization (FAO), food security is:

   a. food required to satisfy nutritional requirements for economically necessary and socially desirable physical activities

   b. enough nutritious and safe food being available and accessible for a healthy and active life for all people at all times

   c. selection, preservation, processing, packaging, distribution and use of safe and nutritious food

   d. assurance that food will not cause harm to the consumers when it is prepared and/or eaten according to its intended use

10. Harmful effects of human activities on the ecosystem include:

   a. loss of biodiversity, soil erosion, decreased siltation

   b. decreased surface runoff, loss of biodiversity, loss of soil nutrients

   c. loss of soil fertility, soil erosion, loss of biodiversity

   d. increased siltation, decreased surface runoff, soil erosion

11. The tasks of a PHE YPE include the following, EXCEPT:

   a. Motivate and educate youth (ages 15-24 years) to practice responsible sexuality and promote pro-environment behaviors.

   b. Clarify myths and misconceptions regarding population-health-environment (PHE) linkages, adolescent sexual reproductive health (ASRH), reproductive health/family planning (RH/FP) particularly with regard to pregnancy, sexually transmitted infections (STIs) including HIV prevention and modern contraceptive use, and the conservation of natural resources in the community.

   c. Encourage all the youth to practice family planning (FP) and sell FP commodities to them.

d. Assist in the development and implementation of information, education, communication (IEC) campaigns at the village level to increase community awareness of the benefits of RH/FP, where health and FP services are available, and on pro-environment behaviors.

12. Effects of rapid population growth on natural resources include:

    a. overexploitation, destruction, overgrazing

    b. overfishing, overproduction, destruction

    c. destruction, overexploitation, food security

    d. overgrazing, increased biodiversity, overfishing

13. Contraceptive methods that prevent the ovary from releasing the egg include:

    a. condom, oral contraceptive pills, intrauterine device

    b. hormonal implant, condom, DMPA injectable

    c. intrauterine device, condom, natural family planning methods

    d. oral contraceptive pills, hormonal implant, DMPA injectable

**True or False: On each space/line provided, write "True" if the statement is correct. Write "False" if the statement is incorrect.**

____ 1. There is no link between rapid population growth and destruction of natural resources.

____ 2. Real men are strong and courageous.

____ 3. One can tell if a person has HIV by his/her looks.

____ 4. People with sexually transmitted infections (STIs) and HIV are only those with multiple partners.

____ 5. Dual protection is appropriate for adolescents.

____ 6. Natural ecosystems are created by people to provide food or other materials to survive.

____ 7. Human activities can reach a scale that ecosystems can no longer support.

____ 8. Youth should be given information on sexuality and reproductive health.

____ 9. Taking care of the environment is the responsibility of men and not of women.

____ 10. Youth play an important role in taking care of the environment.

____ 11. Gender refers to commonly shared expectations about how women and men should behave in various situations.

____ 12. Unprotected sex may result to unplanned pregnancy and getting sexually transmitted infections (STIs), including HIV/AIDS.

ANSWER KEY

A. Multiple Choice

1. A
2. C
3. C
4. C
5. B
6. B
7.B
8. C
9. B
10. C
11. C
12. A
13. D

B. True or False

1. False
2. False
3. False
4. False
5. True
6. False
7. True
8. True
9. False
10. True
11. True
12. True

# Appendix B. Sample Reporting and Monitoring Forms

The PHE youth peer educator (YPE) forms found here are only samples. The staff implementing the project can make their own reporting forms that are suitable and appropriate to their needs.

**1. PHE YPE Diary**

Client:
Date:
Time:
Client Contact: *New* ☐
*Repeat* ☐

Name of Client:
Age of Client:
Educational Attainment:
Occupation:
Address:

**Case Description:**

The PHE Youth Peer Educators (YPEs) will narrate here in the local dialect/language the following:

a) What were the client's main population, health, or environment problems/issues?
b) What was discussed during the session?
c) What kind of information, education or communication did the PHE YPE provide?
d) What kind of problems (if any) did the PHE YPE encounter during the session?
e) Other relevant information?

**Plan for Client:**

*(List here any referrals made or other future plans for client)*

_____
Signature of PHE YPE

The PHE YPE should keep a diary, like the one above or similar, in the form of small notebooks or notepads. Whatever is written in the diary during the PHE YPE's field work or outreach activity shall be recorded by the supervisor in the Client Record.

## 2. Referral Slip

This form is used by the PHE YPE to refer clients for counseling, contraceptives-screening, further medical management or other needs such as information on the environment, reproductive health, etc..

Client No._____
Name of Agency: _____
Location: _____

### Referral Slip

Name of Client:_____ Date:_____
Location or Name of Village Leader/Landmark_____
Age:_____
Marital Status:_____
Sex:_____

Referred to:

Reason for Referral:

Action Taken:

Referred by:

_____ _____
PHE Youth Peer Educator Designation
Date: _____

# Appendix C. Sample Course Evaluation Form

Course Evaluation for the Training for PHE Youth Peer Educators (YPEs)

Training: _____ Date: _____

1. What did you learn from the training?

2. What did you like most about the training?

3. What did you dislike most about the training?

4. Would you recommend this training to others? Why or why not?

5. What are your suggestions to improve similar training in the future?

Content:

Food, venue, etc:

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