FACILITATOR'S TRAINING MANUAL

ADOLESCENTS AND YOUNG PERSONS HEALTH

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OVERVIEW OF THE FACILITATOR'S MANUAL

This facilitator Manual for Adolescent and Young People (AYP) Health is specifically designed for use to and by certified adolescent Peer Educator facilitators to guide them in delivering health interventions to adolescents and Young people aged 10-24 years. This manual endeavours to effectively address and help in improving the target groups attitudes, knowledge and skills on issues revolving around health, life skills, communication and relationships amongst others.

This manual therefore has two tiers namely;

a) Tier one: targets Peer Educator and leaders
b) Tier two: targets adolescents

Facilitators to deliver this intervention should be judicious and deliver the program with integrity as it is outlined in this manual. Any changes or alterations in the delivery of the intervention should be very minimal and should not fundamentally deviate from the spirit and thrust of this manual.

This facilitator's manual contains the entire curriculum for implementing the intervention and focuses on:

- Understanding growth and developmental changes in adolescents and youth
- Introduction to Adolescent and youth health issues needs and care
- Enhancing life skills in order to improve their communication, negotiation and assertiveness skills when faced with peer influence.

TRAINING APPROACH

This Facilitator Manual for Peer Education and Leadership for Adolescent takes a mastery/participatory learning group based approach. Group process offers the participants; significant help in gaining knowledge and building skills, offering opportunities for participants to learn from and share with others, to feel that they are not alone in the challenges they face, to provide appropriate role models and has the potential for more cost-effective service delivery than one on one approaches.

Further, the three modes of learning – audio, visual and practice opportunity –have all been incorporated.

The program thus uses a variety of strategies to help participants by impacting on their attitudes positively, to build their knowledge and skills in dealing with sexual and reproductive health challenges. Some of the strategies used include:

- **Icebreakers** that will be utilized at the begin and through the intervention to enable and sustain building of the group cohesion and comfort.
- **Group discussions and brainstorming** to explore key messages in peer education, life skills and leadership etc. generate ideas, and promote self-reflection
- **Role-plays** with peers to build effective communication and negotiation skills
- **Posters** that convey the key messages through culturally-relevant examples

- **Take-home assignments** completed with a parent/trusted adult to provide opportunities to use new information and skills and initiate important conversations between parents and youth.
- **Demonstrations:** This method is a visual display that will be utilised to showcase how something works or how to do something with clear instruction about the purpose of the demonstration exercise; in other words, why the demonstration is being presented, and how the participant will be able to apply the learning.
- **Illustrated lectures (Power Point Presentations):** Illustrated lectures otherwise known as Power Point presentations serve as a powerful method of engaging the participants' attention throughout the lecture. This method can add memorable value and lasting impact to the facilitators presentation.
- **Buzz group:** Buzz groups brings two or three participants together, without breaking from the plenary, to quickly discuss a given topic for some 5-10 minutes after which they verbalize their point, which is then recorded on board.
- **Group work:** This is one of the most common methods of training. It involves participants divided into groups of about 5-8 to undertake a specified task and prepare a presentation for the plenary.
- **Brainstorming:** Brainstorming means a quick generation of ideas without censorship. Participants shout out their ideas on a given question and the facilitator records them on cards or newsprint. The points are then synthesized and discussed afterwards.
- **Question and answers:** Q and A is a potent instructional technique where either the facilitator asks the participants questions and they respond to the question (this helps to assess whether the training concepts have been grasped). Participants can also ask questions which can be answered by the facilitator; the facilitator can also throw back the question back to participants.

PRACTICAL ASPECTS OF RUNNING A COURSE

Venue

The training venue should be spacious, well lit, ventilated and comfortable. It should have ample space for both the theoretical and practical aspects of the course. It's imperative that the training venue has an extra training room available for some of the breakout sessions that will be required when dealing with the two groups (younger and older girls and boys). These must be communicated to the venue prior to the procurement of to the training venue to ensure that there are no last minute arrangements that may affect the quality of the training.

Budgets and finances

All courses cost money and a careful budget must be established before running any course. If possible, trainers should not be too involved with the day-to-day financial matters of the course such as payment of fees, travel costs and per diems. It is important to explain the financial arrangements to the participants at the beginning of the course.

Before the course starts

Ensure that letters of invitation are sent well in advance to all participants. These letters should include the length and structure of the course, details of the venue and the time they are expected to arrive. It should also include details of costs and any reimbursements.

COURSE SYLLABUS

COURSE DESCRIPTION, GOALS AND OBJECTIVES

Course description

This 3-day course is designed to build the capacity of AYPs for Adolescent with the right attitude, knowledge and skills to transfer basic knowledge, attitudes and skills on sexual and reproductive health, STI&HIV, Sexual and Gender Based Violence, communication and relationships skills, peer education, life and facilitation skills, amongst other skills to their peers in their respective community.

Course goal

The goal of this training is to build the capacity of AYP Peer Educators and Leaders for Adolescent with the right attitude, knowledge and skills to transfer basic knowledge, attitudes and skills on sexual and reproductive health, STI&HIV, Sexual and gender based violence, communication and relationships skills, peer education, life and facilitation skills, amongst other skills to their peers in their respective community.

Course objectives

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

1. Describe growth and developmental changes in adolescents and young persons
2. Demonstrate Adolescent and youth health issues needs and care
3. Demonstrate enhanced life skills.

TRAINING PARTICULARS

Training Methodology

Several methods are employed to facilitate learning during the conduct of the course. The facilitators should ensure that as many practical sessions as possible are carried out to ensure retention of newly acquired knowledge skills. The following methods are encouraged, as indicated in the facilitator's manual:

- Mini-lectures
- Group discussions
- Individual and group exercises
- Role plays
- Case studies
- Brainstorming

Training materials

The following are the components of the training package:

1. Facilitators manual
2. Participant reference manual/material

Participants' selection criteria

The participants should be selected carefully with consideration of;

- They must be willing and highly motivated to become AYP Peer Educators and Leaders for Adolescent health and advocacy
- They must be between the ages of 14-24 years
- They are willing to undertake extra roles and responsibilities demanded by the Peer Educators and Leaders for Adolescent program (mentorship, peer education/facilitation, reporting etc.)

Methods of evaluation

Course evaluation shall take a two pronged approach;

1. **Participants' reactions** intended at evaluating participants' experience and attitude towards the course. This will be done in the form of:

    a. **Beginning and End of course participant's feedback** using a course evaluation form to provide participants an opportunity to give feedback to the trainer on their experience in training as well as make recommendations on changes to be made in future trainings

    b. **Daily participants' verbal feedback** where participants will be encouraged to share their feelings about the training openly during the process of training.

Participants learning; this will be done in two levels in order to evaluate knowledge, skills and attitudes participants have acquired.

c. This will take the form of a rigorous assessment of the participant as they practice implementing AYP Peer Education and Leadership for Adolescent interventions using the skills they've learnt during the practical on the 5th and final day in the class setting.

Certification: Mombasa County department of Health and LVCT Training Institute

Course composition

- 30 participants
- At least a minimum of 2 trainers who are well versed with AYP health
- Adolescent and youth between the age of 14 -24 yrs

ADOLESCENTS AND YOUNG PERSONS 5 DAYS TRAINING TIME-TABLE

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
	MODULE 1: Growth And Developmental Changes In Adolescents And Youth	**MODULE 2: Adolescent and Youth Health Issues Needs and Care**	**MODULE 3: Adolescents and Youth Sexual Reproductive Health**	**MODULE 4: Mental Health, Nutrition and Hygiene**	**MODULE 5: Contemporary Issues**
8:00 - 10:30	**Session 1: Climate setting** • Welcome and introduction • Expectations of group • Course Goals and Objectives • Group norms **Session 2:** • Understanding growth and developmental changes in adolescents and youth 10-14 years 15-19 years 20-24 years • Physical changes • Biological changes-Available	**Day 1 Recap** **Session 5:** • Alcohol & Substance Abuse **Session 6:** • Introduction to Adolescent and youth health issues needs and care • STIs/HIV (definition, Prevention, care and management	**Day 2 Recap** **Session 9:** • Menstrual Health Hygiene	**Day 3 Recap** **Session 12** • Mental health and psychosocial needs (common mental health disorders eg stress, depression, suicidal, prevention, management)	**Day 4 Recap** **Session 15** • Leadership and governance • Life skills • Financial management money and budgeting
10:30 - 11:00					
11:00 - 1:00	**Session 3:** • Environmental effects to adolescent -dysfunctional family, clean water,	**Session 7:** Common infections and infestations eg - skin acne,	**Session 10:** • Hygiene, bodily integrity and grooming • Contraceptives	**Session 13:** • Nutritional in AYP (Nutritional requirements,	**Session 16:** • Communication skills • Relationships

	abusive environment, promotion of safe environment to adolescent	worms, (prevention and management)UTIs		nutritional disorders both under and over, prevention and management) •	
1:00 - 2:00					
2:00 - 4:30	**Session 4:** Normal expected achievement in every stage of life (e.g. education, physical activities ,cognitive and expected responsibility) .	**Session 8:** • Gender based violence	**Session 11:** • First Aid • How to ensure safety • Risk to accidents and Technology and its effects	**Session 14:** • Lifestyle diseases: Obesity, diabetes, hypertension • Eating disorders: Bulimia nervosa, Binge, Anorexia nervosa, pica, Rumination disorder, avoidant	**Section 17:** **Training closure** • Post training planning • Post course assessment • Training evaluation • Certificates and closure

Advance preparation

This is the preparation facilitators need to make in class before commencement of the training. This may include:

- Availing Registration forms and biros for the registration exercise.
- Ensuring materials participants will need are all there e.g. participants' folders, notebooks, pens, stick on.
- Indicate to the participants where important places are; toilets, dining area etc.
- Any other preparation that needs to be in place for this specific session

Time	Objectives/Activities	Content	Training/learning methods	Resources/Materials
105 minutes	Registration	Participants registration	Ask participants to fill in their details and place more than one form to quicken the registration process	Registration form Biros
	Welcome & introduction Familiarise participants with their surroundings, create a conducive learning experience and enhance bonding	Facilitator introductions Participants introduction	• Welcome participants and introduce yourselves and also invite co-facilitators to introduce themselves. • State name, preferred name, roles, give a brief background especially professionally and share expectation **Suggested formats:** Ask participants to introduce themselves, by stating their names, age, a unique thing about themselves, one great moment/triumph in their life etc.	Name tags Post-it stickers Flip chart Marking pens Masking tape
	Course expectations	Sharing expectations	• Ask participants to brainstorm their expectations of the training and list them on a flipchart • Discuss the key points/arising issues as a group	

	Course goal, objectives and outline Group norms/ground rules	Sharing goals, objectives & outline Negotiating group norms	**Interactive discussion:** Take participants through the course goals, objectives and outline. **Plenary Discussion:** List most of the generic norms on a flipchart prior to beginning of the class and then present them to the participants. Ask the participants to add any more of the norms that may have been left out. Here are some important issues for which it is good to agree rules: • Participate actively. • Starting and ending either with prayers or a moment of silence • Respect each other's opinions and experiences. • Punctuality - Be on time for all activities. • Agreed flexibility • Responsible use of phones: either turn mobile phones off or on silent mode during the training (for those who may have phones). • Confidentiality – how to deal with sensitive materials	
Session 1, 2 and 3 : Adolescence, Sexual and Reproductive Health				
135 mins	• Define the physical and emotional changes that occur during puberty	• Female and male reproductive systems	**Group work** **My body is Changing-Am I normal** • Divide the participants into two groups. Give each group two large pieces of blank paper and ask each group to draw the body of a young male and young female going through puberty. They should note the changes that the body is going through. They should draw, or use words or symbols to indicate the changes.	

			• Distribute Hand-out, “Physical Changes during Puberty” (attached to end of session). Ask participants to compare their drawing with the drawing on the hand out. Do they notice the differences in the four images? • Read aloud and slowly the list of changes on the puberty hand-outs. *Remind participants that while puberty is an exciting time of change, it can also be challenging. Ask the group to think of one of the most embarrassing or challenging aspects of puberty for girls and boys.* ***For example:*** *For girls and boys: soiling their pants during menstruation, being called “Class Mamas” due to early breast development, unwanted attention due to growing breasts, etc.* *Reinforce the point that the physical and emotional changes that occur during puberty are normal and represent a healthy body (e.g., change in voice, emotional ups and downs, breast size changing) and that each girl will progress through these changes at her own pace.*	
Session 4: Drugs and substance abuse				

60 mins	• Introduce the various concepts in drugs and substance abuse • Explore children's attitudes about alcohol and substance abuse • Describe reasons for taking alcohol and harmful substances	• Definitions of terms and key concepts in drugs and substance abuse • Categories and types of drugs and substance used and abused •	**Power point presentation** • Facilitator makes a power point presentation on the definitions of drugs and other concepts • The facilitator explains the various categories of drugs and each with the types of drugs and the various ways that drugs are administered **Exercise:** • Place the sign Agree in one corner and the sign disagree in the opposite corners of the room. Ask the children to stand in the middle of the room • Say that you are going to read out a statement and they should go immediately to either agree or disagree corner. • When the children have chosen their corners, ask why they chose to move there. If necessary, give information to correct any wrong information. Use this to talk about the power of peer pressure in our lives. **Attitude statements** • The risks of smoking are exaggerated. I know people who smoke but they don't have any health problems • Smoking is not a serious risk like unprotected sex • Injecting heroin is cool	Flip chart Marking pens Masking tape

			• People who take drugs should be punished • Drug takers only have themselves to blame if they get sick • People who don't drink are either religious fanatics or cowards • Alcohol is a part of our culture **Responsibility and consequences** **Case study:** Mwangi has just become part of a group. He is really happy to be part of the group and enjoys hanging around with them. Recently, they have started to smoke bhang. He does not smoke and does not like the idea. He knows some other groups which use stronger, more harmful drugs. Some of his friends want to try these harder drugs too. Mwangi does not know what to do because he wants to stay part of the group but he does not want to get involved in smoking or taking drugs. **Group discussion** • Divide the group into three or four smaller groups and ask the children to discuss the following questions: • What choices does Mwangi have and their consequences? • Why do you think Mwangi is doing this? • Does Mwangi have the skills to resist peer pressure? How? • What is good and what is bad about taking alcohol and drugs?	

Session 5: Sexually Transmitted Infections including HIV & AIDS, teenage pregnancy				
150 mins	• Understanding HIV • Understanding other STIs • Explain early teenage pregnancy • Explain factors leading to young adolescents engaging in sex • Possible consequences of young adolescents' engaging in sex • Discuss early teenage pregnancy	• HIV & STIs • Early teenage pregnancy • Factors leading to young adolescents engaging in sex • Consequences of young adolescents engaging in sex • Factors leading to unwanted pregnancy	**Brainstorming** Ask the participants the following questions and write the responses on a flipchart • What is HIV and what is AIDS • How do people get infected with HIV? • How can people prevent from acquisition or transmission of HIV? • How can one live with HIV infection? Fill in the gaps using the notes in the reference section ***For the girls and boys*** *summarize by saying that all of us can be at risk for HIV infection if we don't abstain. By learning about the facts about HIV, we can share accurate information with our families and friends. This is one way that we can indeed make healthy choices and make a difference.* ***For the young women*** *include information on the use of condoms correctly and consistently; being faithful to one partner of known HIV status* **Brainstorming** Facilitator to ask the participants to brainstorm on all known STIs they know about or have heard of. Examples include HIV, syphilis, gonorrhoea, Chlamydia, genital warts, etc. and fold the pieces of paper for participants to randomly select one. • *Ask questions:*	• Flip chart • Marking pens • Stickons

			○ *What do you know about that STI (e.g. mode of transmission, symptoms and treatment)?* ○ *What have you heard about it?* Correct answers and add correct information if participants do not know about it. *Mention that having any of these symptoms doesn't necessarily mean that one has an STI; they could be symptoms of other diseases. However if a person has had sex and presents any of these symptoms it is very important that he or she go to the health centre for a check-up.* *Summarise the ways of transmission for HIV as well as other STI's from one person to another. Mostly, these infections are transmitted through `unprotected sex. Explain how the resulting diseases impact on people's health.* *Discuss with participants ways of preventing an infection with HIV as well as other STIs. Do this separately in order to clearly state that HIV can be transmitted through various ways – not only through sexual intercourse.* ***Conclusion: The best way to prevent STIs is to abstain from sex or use a condom.*** **Group work and discussions** Divide the participants into 4 groups and ask them to discuss the following and write on flipchart • Factors leading to young adolescents engaging in sex	

			• consequences of young adolescents engaging in sex • Factors leading to unwanted pregnancy • How to protect oneself from unwanted pregnancy Ask one person from each group to present their discussions to the rest of the participants as you fill in the gaps. *For out of school girls and boys do a condom demonstration*	
Session 6: Common infections and infestations eg - skin acne, worms, (prevention and management) UTIs				
Session 7: Gender based Violence				
120 mins	• Introduce key concepts in sexual and gender based violence	• Addressing negative attitudes, value and beliefs towards SGBV • Key concepts in Sexual and gender based violence	***FACILITATOR NOTE*** *This entire session could lead to discomfort or trauma if a child has had a history of abuse or is currently experiencing sexual abuse. Facilitators should look out for signs of distress, unusual withdrawal and other sudden changes in emotion. They should address these individually in a safe and confidential manner according to the HC facilitator guide on child sexual violence counseling and referral materials. Facilitators need to prepare themselves for strong emotional reactions by having a box of tissue nearby incase a child cries. If this occurs, the child should be excused from the lesson and referred to a counselor with the guardian's consent.* **Self-Awareness activity** • The facilitator prepares beforehand the attitude questions list and three posters – 'agree', 'disagree' and 'not sure' and posts the three posters on the walls. The facilitator should make sure that there is enough space between the cards (place them at the back or one the side of the classroom).	• Flip chart • Marking pens • Masking tape • LCD Projector • Laptop

			• The facilitator asks the participants to stand up and congregate in one central place (preferably in front or at the middle of class). • The facilitator then clearly gives the instructions: *"As you can see on the wall we have three stations; agree, disagree and not sure. I will read a few statements and for each statement, please walk silently, without conversing with any one, and stand at the point where you feel that the statement represents your view. Kindly note that this is not an exam, and therefore everyone is entitled to their own opinion. Under no circumstances should anyone influence others or be influenced by others to make any decision…."* • The facilitator reads a sentence from the list below loudly. <u>*Gender GBV attitude questions*</u> 1. *It is a girl's responsibility only to help her mother to cook, clean the house, utensils etc.* 2. *It is okay for boys to change their siblings napkins/ diapers.* 3. *Only "weak" men can be victims of violence* 4. *Only boys should be disciplined severely when they make mistakes since girls are fragile.* 5. *It is good for a wife to fear her husband.* 6. *If a girl is wearing provocative dress is raped, she is the one responsible for the rape* 7. *The father is the final decision maker in the family.* 8. *It is okay for a boy to play with his friends until late while girls should be home by 6.00 pm.* 9. *All boys and girls have equal rights.* 10. *Only sons should inherit property.*	

			• Each participant evaluates the question and then walk in silence towards where they feel that the sentence represent their understanding. • The facilitator then ask at least two or three participants from each point to share the reasons as to why they made the decision to move to that specific point. • Take turn to repeat each of the steps above for the other questions in the list • The facilitator asks the class to sit down after the exercise and then wraps up the exercise by indicating that everyone has their own values and believes but the training will help them have the right values regarding SGBV. **Sexual and Gender Based violence** **Mini lecture** • The facilitator describe what is sexual and gender based violence and gives context to children and adolescents. • The facilitator lists the main forms of gender based violence and briefly explains each while listing some of the types of violence in each; ***Forms and Types of GBV*** **Brainstorming** • The facilitator then brainstorms with the participants the causes and the effects of sexual and gender based violence and lists the responses on the flipchart. • The facilitator then utilizes the faciliators notes below to describe the caused and effects of SGBV while linking them to the responses given earlier by the participants.	

			• Once the facilitator describes all the forms, they invite questions or clarifications from the participants.	
Session 8: Menstruation Health Hygiene				
60 mins	• Define Menstruation • Explain menstruation hygiene • Describe the process of menstruation • Discuss emotional and psychological effects of menstruation • Discuss impact of menstruation in the society • Describe cultural beliefs, social norms and myths on menstruation	• Define Menstruation • Menstruation Hygiene and hand washing • Process of menstruation • Effects of Menstruation • Impact of menstruation in the society • Cultural beliefs, social norms and myths on menstruation •	**Brainstorming:** • Ask participants: What is Menstruation? • Ask participants how they practice good hygiene during menstruation and potential risk of poor menstruation hygiene • Ask participants to share their experiences regarding the Emotional and Psychological effects of menstruation • Have a discussion on how to address the effects of menstruation and how the participants can be involved • Write their responses on a flip chart and fill in the gaps Have a power point presentation or hand-outs to describe the process of menstruation, effects *Facilitator to address girls' and boys' first period experience, school attendance and stigma* **Group discussion** • The facilitator to ask the participants to share on some of the cultural beliefs, social norms and myths on menstruation they know of • Facilitator to address these beliefs, norms and myths by giving relevant information and facts **Mini lecture**	• Flip Chart • Felt pen • Masking Tape • LCD Projector • Laptop

			• Facilitator fills the gap on issues that they feel that needs to be responded by taking the participants through the menstruation handout. • The facilitator then responds to any queries that may arise after that.	
Session 9: Contraceptives & Bodily integrity				
45 mins	• Describe the role of contraceptives • List and describe some of the common contraceptives	• Role of Contraceptives Common types of contraceptives Common societal perceptions about adolescents and contraceptives	**Mini lecture and plenary discussions** The facilitator takes the participants through: • What contraceptive are and how they work • How contraceptives are administered The facilitator then lists some of the common types of contraceptives and how each work and are administered. After every contraception, the facilitator welcomes any questions from the class **Brainstorming** The facilitator asks the participants to list some of the common perceptions on adolescent and contraception by society and how to respond to them.	•
Session 10: • **First aid** • **Technology and effects**				
120 mins	Describe what first aid is	Brainstorm – Definition of First Aid	**Brainstorm as a whole group:** What is First Aid? What things does First Aid include? What First Aid situations have you seen or experienced in your village? Encourage several participants to share. Record ideas on chart paper.	

			2. Explain the definition of First Aid used in this training. 3. Discuss any similarities and differences between the definitions provided by the participants and the definition included in this training. 4. Answer any questions. 1. Ask participants to stand up. 2. Designate one side of the training area as “Yes” and one as “No”. 3. Read aloud each statement (see Supplemental Materials) and have participants walk to the “yes” side if they think it is a role or responsibility of VHV, and walk to the “no” side if they do not think it is a role or responsibility of AYP. 4. Ask one participant from “Yes” and one from “No” to explain their answer. 5. Give the participants the correct answer. 6. Clarify any confusion and answer any questions	
Session 11: Mental Health				
Session 14: • **Leadership and governance** • **Basic first aid skills** • **Life skills** • **Financial Management**				

300 mins	• Discuss the life skills
	• Discuss Rita and Lucy story
	• Explain Bridge model of behaviour change
		• Self-awareness
		• Self esteem
		• Decision making
		• Problem solving
		• Communication
		  • Assertiveness
		  • Negotiation
			<u>Self-awareness</u>
			
			Question and answers
			
			Ask the participants what is self-awareness? Write on the flip chart ,give them a piece of paper and let them describe themselves in this format
			
			➢ Self-Description:
				• Flip chart
				• Marking pens
				• Stick ons

		• Rita and Lucy story • Bridge model diagram	• Who am I? • Physical qualities • Life Vision and Mission • Personal Values, Beliefs, Goals and Ambitions ➢ Self-Assessment of someone's • Strengths • Weaknesses *Conclude by emphasizing that self-awareness important because it helps people to be aware of their fears, achievement, ambitions etc.* **<u>Self Esteem</u>** **Question and answer** • Ask the participants to define self-esteem? • Write on the flip chart • Fill in the gaps *Conclusion: Healthy self-esteem means that one respects and values oneself – as we all need to do, to be healthy. The feeling of regarding oneself as worthless is one of the most destructive and desolating of all human experiences. But to be healthy, our evaluation of ourselves must be balanced, and based on accurate self-perception* **<u>Decision making</u>** **Group discussion** • Ask participants to think about the day, from when they woke up. • Ask them to share at least one decision they made.	

			• Pick one decision point to discuss, based on the most popular response (e.g. what to wear, who to talk to, what to eat, which way to walk). • Emphasis that we make decisions everyday but we often don't think about them. • Ask participants to think about when they made a difficult decision. • Ask them to turn to the person next to them and explain what the decision was and what happened. • Explain in order to make good decisions it is important to: – One: Stop and think – Two: Consider the consequences of your decision. – Three: Know the facts. • Ask participants to talk to their partner again and see if they went through these steps when making their decision they talked about. If they did not, what could have been helpful? **<u>Problem solving</u>** **Role play** • A short role play is used to show an argument, and the participants are asked to define what the problem is, without making judgments about who is right or wrong. • The group is asked to consider what effect defining a problem has on the way we perceive it. *How does it feel?*	

			• The groups considers each person in the role play in turn, and they write down the feelings each person may have had, without judging how justified the feeling was *Option building* • The group brainstorm to show how many possible courses of action could be taken to solve the problem. • The group looks at the list of feelings generated above and suggests what could be done to meet the needs of each feelings represented. • Once something has been suggested for each feeling, and for each person in the problem scenario, the list of options is compared to the original problem situation, and the group put forward suggestions for an appropriate solution. *Goal setting* • Finally a plan is drawn up, composed of small steps that each person involved in the argument could take to bring about a solution. **<u>Effective communication</u>** **Exercise – Broken telephone** As an introduction, the participants engage in an activity in which one participant whispers a message to another, and this is then whispered from person to person until it has gone around the whole class. At the end, the participants compare the final message to the original, to see if it has changed. • Ask participants to define communication, and under what conditions effective communication is said to have taken place.	

			• The trainer tells the participants that communication can be verbal and non-verbal, and asks the participants to say what they think is meant by verbal and non-verbal communication. • The trainer to fill in the correct definition **Role play** The trainer can do a little role play in which she/he says 'I always have plenty of time to talk to students after school' – and as this is said the trainer glances at his/her watch and nervously begins to pack her books. Three participants are given cards with the words angry, nervous and content written on them. Each participant uses non-verbal behaviour to communicate the emotion on the card. The rest of the class takes turn to guess the emotion that is being expressed. • Ask participant to give examples of a misunderstanding in communication that they have experienced, and to think about how it might have been avoided. • The group is asked how the misunderstanding could have been avoided, and the suggestions are incorporated in a new role play of the situation. **Communication: Negotiation** **Group discussion** What could you say or do if you were in a risky situation and someone was pressuring you to do something you were not prepared to do? For example, what if someone was pressuring you to have sex by what they said or what they did, how would you stop them**?**	

			Explain that it is important that we practice how to stop someone from going beyond where we feel comfortable. We are going to work on a strategy for telling someone "NO." The strategy is called the SWAT technique**.** Explain the four steps of the SWAT technique and the characteristics in each step **S-**Say 'no' effectively **W-** why (give clear reasons to support your choice **A**- "Alternative—Suggest Something Else" **T -**Talk it out (discuss your feelings) **Communication: Assertiveness** It means standing up for your personal rights - expressing thoughts, feelings and beliefs in direct, honest and appropriate ways Ask the participants to give examples of instances when they were assertive. **Role play: Lucy and Rita Story (refer to appendix)** Guiding questions for the facilitator: • In plenary, invite the adolescent's girls and boys to think about and discuss the role-play. • *Is this a realistic situation? Have you seen this happen in your community? Do you think Lucy understood the risks of having sex with*	

			Richard? If she understood what could have happened and she had all the information, why did she have sex anyway? • *What were some of the things Richard said to pressure Lucy? Did Lucy have good reasons for not using the condoms Rita gave her?* • What could happen to Lucy? What do you think will happen between her and Richard? • Which life skills would have been useful to Lucy in this situation? **Communication: Bridge Model for behaviour change** • Project the bridge model without labelling the planks discuss it with the students, pointing out that young people generally know a great deal about the risks of sexual activity and how to avoid them. • Brainstorm with the students some common health information that most students know. Note that most young people learn about HIV/AIDS prevention in school. Does that mean that no one gets infected? • Emphasize that even though people have the knowledge, it does not mean that they do not engage in risky behaviours. • Ask the students to consider: What are the consequences of risky behaviour? If you do not successfully cross the bridge? • Equipped with no skills but knowledge, young people face the risks of HIV infection, alcohol and drug addiction, unintended pregnancy, etc. So, what then is missing? • Inform them that the skills they have learnt are very necessary to help them cross the bridge • Life skills are the tools an individual need to help him translate his knowledge into healthier behaviour.	

			• Have the students brainstorm the life skills necessary to cross the bridge. What does it take to help people use their knowledge to lead a better life? • Write the suggestions on the Bridge Model chart as 'planks' in the bridge. When the bridge is filled and all ideas are exhausted, process the concept with the group again. • Distribute copies of the bridge model with the labelled planks to the adolescents. • Note that all the life skills are essential to a healthy, positive lifestyle. • Explain that the Peer Education programme not only provides information, but also focuses on developing the skills necessary to better use this information.	
Session 15: Communication and relationship				
150 mins	• Describe healthy and unhealthy relationships • Discuss dreams • Discuss decision making in relationships	• Healthy and unhealthy relationships • Decision making in relationships • Dreams	**Mini-lecture** Give a brief lecture on: • What a healthy dating relationship is • Steps of making a healthy dating relationship **Flip-charting** • Label a flipchart in the front of the room with "DECISIONS" and ask the girls and boys to make a list of the things that girls and boys need to decide about as they go through a relationship • Let the girls and boys write on the flip chart with no particular format then the trainers add to the list and discuss with them. **Group work**	• Flip Chart • Felt pen • Masking Tape • LCD Projector • Laptop

			Divide the participants into two groups to discuss the following as they write on the flip chart and then one of them to report to the larger group as the trainer fills the gaps. • How do you know that you are in healthy relationship with someone? • How do you know that you are in unhealthy relationship with someone? • Close the session with a reflection on the type of relationship they would like in their future. And make sure that girls and boys remember every relationship is a partnership. As much as they are looking for perfection, they also need to be realistic and think of themselves in the real world which may be imperfect. **Decision making in relationships** • Label a flipchart in the front of the room with "DECISIONS" and • List of the things that girls and boys need to decide about as they go through a relationship. If not mentioned help them to add: • To go out/be with this person or another • To kiss or not • To get an HIV test together or not • To have sex or not • To trust or not • To spend money or not • To commit to this person or break up • To have a baby or not • To get married or not	

Session 16: Training closure				
90 minutes		• Post training planning • Post course assessment • Training evaluation • Certificates and closure	**Plenary** The facilitator helps the participants to plan for the activities they will be undertaking after the training The facilitator circulates the end of course evaluation to the participants and instructs them to fill it as candid as possible to help improve the delivery of future trainings. After the participant's finish filling the evaluation forms the trainer collects them and puts them in a sealed envelope The trainer asks the training representatives to give a speech/vote of thanks One of the trainer also gives a brief speech If any invited guest is present, they make closing of training remarks, gives out the certificates to the participants and declares the training officially closed	

KEY ISSUES AND CONCERNS OF ADOLESCENT

Developing an Identity

- Self – awareness helps adolescents understand themselves and establish their personal identity. Lack of information and skills prevent them from effectively exploring their potential and establishing a positive image and sound career perspective.

Managing Emotions

- Adolescents have frequent mood changes reflecting feelings of anger, sadness, happiness, fear, shame, guilt, and love. Very often, they are unable to understand the emotional turmoil.
- They do not have a supportive environment in order to share their concerns with others. Counselling facilities are not available.

Building Relationships

- As a part of growing up, adolescents redefine their relationships with parents, peers and members of the opposite sex. Adults have high expectations from them and do not understand their feelings.
- Adolescents need social skills for building positive and healthy relationships with others including peer of opposite sex. They need to understand the importance of mutual respect and socially defined boundaries of every relationship.

Resisting Peer Pressure

- Adolescents find it difficult to resist peer pressure. Some of them may yield to these pressures and engage in experimentation.
- Aggressive self-conduct; irresponsible behaviour and substance abuse involve greater risks with regard to physical and mental health.
- The experiment with smoking and milder drugs can lead to switching over to hard drugs and addiction at a later stage.

Acquiring Information, Education and Services on issues of Adolescence

- Exposure to media and mixed messages from the fast changing world have left adolescents with many unanswered questions
- The widening gap in communication between adolescents and parents is a matter of great concern.
- Trainers still feel inhibited to discuss issues frankly and sensitively.
- Adolescents seek information from their peer group who are also ill informed and some may fall prey to quacks.
- Fear and hesitation prevents them from seeking knowledge on preventive methods and medical help if suffering from RTIs and STIs.

Communicating and negotiating safer life situations

- Sexually active adolescents face greater health risks.

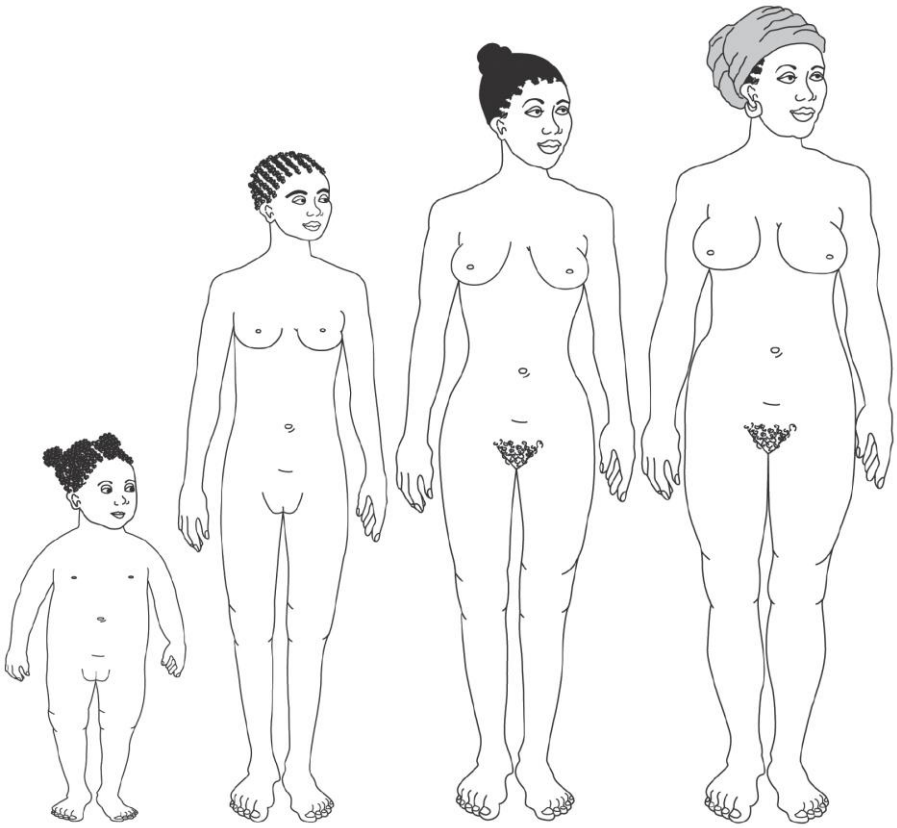
- Girls and boys may also face mental and emotional problems related to early sexual initiation.
- Resisting the vulnerability to drug abuse, violence and conflict with law or society

MODULE 1: GROWTH AND DEVELOPMENTAL CHANGES IN ADOLESCENTS AND YOUTH

SESSION 1-3: UNDERSTANDING GROWTH AND DEVELOPMENT IN ADOLESCENTS

MY BODY IS CHANGING-AM I NORMAL?

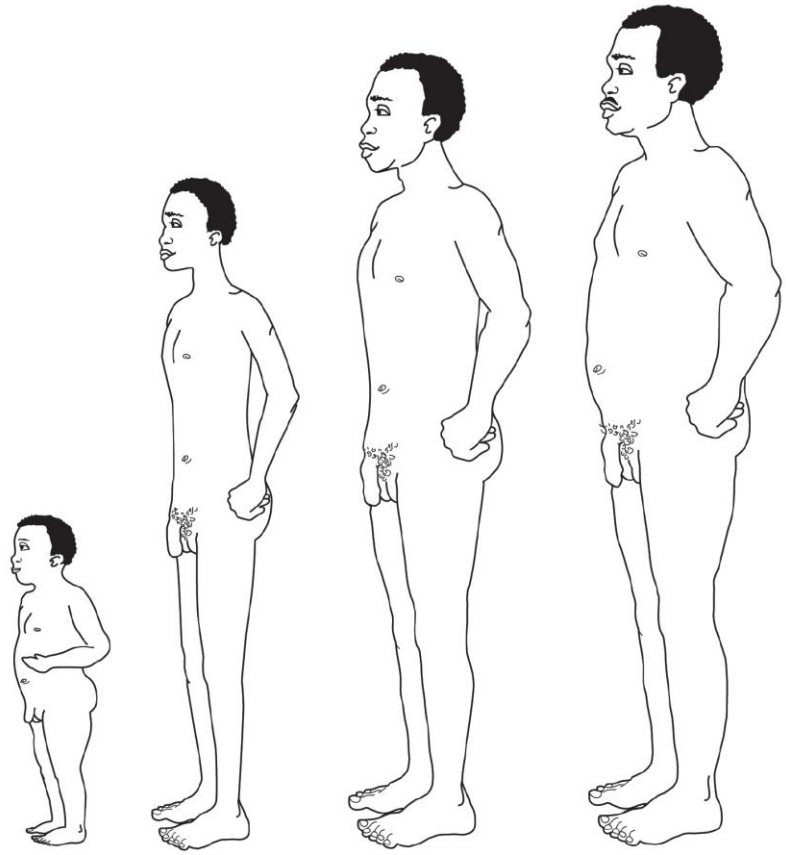
My Body-Female changes during puberty



Grow hair under arms and in pubic area.

- Grows taller.
- Gains weight.
- Body becomes curvier.
- Hips widen.
- Breasts grow larger.
- Start menstrual period.
- Skin becomes oilier and pimples may occur.
- Increased perspiration/body odour

Male changes during puberty



Grow hair under arms, in pubic area, on face and chest.

- Grows taller.
- Gains weight.
- Become more muscular.
- Voice deepens.
- Skin becomes oilier and pimples may occur.
- Increased perspiration/body odour.
- Ejaculation happens/ wet dreams occur.

FEMALE AND MALE REPRODUCTIVE SYSTEMS

Female Reproductive System

External Organs:

• Two folds of skin are called the **labia.**

• The **vagina** is where a man puts his penis during sexual intercourse. Also, menstrual blood and babies come out of the vagina.

• Near the top of the lips, inside the folds, is the **clitoris.** The clitoris is very sensitive and is to help a woman have sexual pleasure.

Internal Organs:

• Every female is born with thousands of eggs in her **ovaries.** The eggs are so small that they cannot be seen by the naked eye.

• The **fallopian tubes** connect the ovaries to the uterus (womb).

• The **uterus** is the womb where babies grow.

SEX AND SEXUALITY

During puberty the need for being in a relationship, feelings of love and readiness for sexual involvement with the opposite sex become stronger. As a result, boys begin to have wet and erotic dreams accompanied by night-time semen emission. Likewise, girls and boys can also have wet dreams and experience lubrication of the vagina resulting into an internal urge to satisfy the dissatisfied sexual need.

In addition to that, there is sometimes peer group influence, erotic movies and music, pushing towards sexual activity. Young adolescents therefore, need knowledge on SRH and life skills to cope with the changes that occur at this stage.

Young adolescents' may experience sexual feelings and this is a natural feeling. These feelings however may provoke many questions about sex: "What is sex? How would I feel if I had sex? What is love? Will I find someone I love and who loves me?

What is sex?

Sex refers to whether or not a person is male or female, whether a person has a penis or a vagina. Many of you may have noticed on different forms you have completed for school or at the doctor's office that there is often a question on the form called "Sex." You are required to check either male or female. Sex is also commonly used as an abbreviation to refer to sexual intercourse.

What is sexuality?

Sexuality may be defined as the way

- People think and the attitudes they hold about others,
- The way they relate with each other and the opposite sex,
- The way they behave, as a result of being females or males.

Sexuality begins at birth and stops at death. However, it differs with age and social exposure. Sexuality refers to the total expression of who you are as a human being, your femaleness or your maleness. Everyone is a sexual being. Your sexuality is interplay between body image, gender identity, gender role, sexual orientation, eroticism, genitals, intimacy, relationships, and love and affection. A person's sexuality includes his or her attitudes, values, knowledge and behaviours. How people express their sexuality is influenced by their families, culture, society, faith and beliefs.

A very narrow view of sexuality has been limited to sexual relationships and reproduction among people. It is important to re-examine this concept in the light of working with adolescents or any group of children at any stage of development. Sexuality is not synonymous with sex; rather it is part of a person's entire life from birth to death. It does not only entail genital and reproductive processes but encompasses gender roles, social roles, self-esteem, feelings and relationships. Sexuality is how one feels about him/herself as being a male or female, how one consequently relates to members of the same and opposite sex, and how one feels about her/himself as a total person.

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviours associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Factors leading to young adolescents engaging in sex

- Lack of knowledge on the possible consequences of sexual activity
- Sexual abuse: rape, incest
- Poverty
- Lack of life skills: assertiveness, self-awareness, negotiation skills, self-esteem and decision-making.
- Alcohol and substance abuse
- Peer pressure
- Environmental social setting: poor housing, slums
- Influence of media
- Insecurity

Possible consequences of young adolescents' engaging in sex

- Early or unwanted pregnancy
- STI's/HIV & AIDS
- Emotional consequences: shame, guilt, fear
- Social consequences: dropping out of school, stigmatisation, forced marriage, low social status

How to protect oneself from an unwanted pregnancy?

There are various ways to protect one from unwanted pregnancies. Modern contraceptives offer a high level of protection. For young adolescents it may be too early to know them in detail. However, it might be useful for those between 12 and 14 to see a condom and to know how it is used correctly once before they are sexually active.

Unwanted pregnancy is a pregnancy that occurs when it is not wanted, mostly by the woman or her partner or both. There are various factors determining whether a couple wants to have a child at a certain point, including the age of partners, influence of the family and the community, financial constraints and a person's plan for life. An unwanted pregnancy is different from an unplanned pregnancy: pregnancy can be unplanned, or unexpected, and the woman or her partner is very happy about it. And of course a pregnancy can also be both unplanned and unwanted. Lastly, an unwanted

pregnancy is different from an early pregnancy, a pregnancy which takes place in a young girl whose body is not mature enough to handle it well, and who is also not emotionally ready to be a mother. An early pregnancy can be wanted or unwanted, planned or unplanned – but it is always a danger to the girl and her baby.

Causes of unwanted pregnancy

The following are possible factors leading to unwanted pregnancy:

- Early marriage
- Peer pressure
- Sexual experimentation
- Unavailability of contraceptives
- Misinformation or myths on male/female sexuality
- Fear or myths about contraceptive use
- Not using contraceptives
- Lack of knowledge or information
- Wish to express love
- Failure to use contraceptive methods properly
- Sexual abuse or sexual violence, such as rape and defilement
- Lack of ability to negotiate contraceptive use or safer sex
- Poverty

Early/Teenage pregnancy

Teenage pregnancy refers to pregnancy in a female under the age of 20 (when the pregnancy ends). A pregnancy can take place at any time before or after puberty, with menarche (first menstrual period) normally taking place around the ages 12 or 13, and being the stage at which a female becomes potentially fertile. Note: A young girl can become pregnant if she has unprotected sexual intercourse around the time of her first ovulation before her ever first menstrual flow.

MODULE 2: ADOLESCENTS AND YOUTH HEALTH ISSUES. NEEDS AND CARE

SESSION 4: ALCOHOL AND SUBSTANCE ABUSE

BASICS IN DRUGS AND SUBSTANCE USE

Definition of terms

a) **Drug:** A drug is a substance that influences the normal functioning of the central nervous system and results in both physical and mental effects. In the broadest terms, a drug is "… *any substance which changes the way the body functions, mentally, physically or emotionally*". This definition focuses on changes in the body and/or behaviour brought about through the use of such substances. These substances are also referred to as psychoactive drugs, meaning that they affect the central nervous system and alter mood, thinking, perception and behaviour.

b) **Drug Use:** Drug use is a broad term to cover the taking of all psychoactive substances within which there are stages: drug-free (i.e. non-use), experimental use, recreational use and harmful use, which is further sub-divided into misuse and dependence.

c) **Drug or substance dependence:** Drug or substance dependence is described as a: 'maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following within a 12 month period:

- Tolerance: a need for increased amounts of a substance to achieve the desired effect or a diminished effect with ongoing use of the same amount of substance
- Withdrawal
- The substance taken in larger amounts over longer periods than was intended
- Persistent desire or unsuccessful efforts to cut down or control use
- A great deal of time spent in activities relating to obtaining the substance, using the substance or recovering from use
- Significant social, occupational or recreational activities are given up or reduced because of use
- Use continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance'

Drug dependence occurs when an individual has a physical dependence on a drug and becomes dependent on it for normal physiological functioning of the body. It is a cluster of cognitive, behavioral and physiological symptoms indicating that a person is continuing to use a substance despite having clinically significant substance-related problems. It is characterized by a strong desire to take the substance, difficulty in controlling use, neglect of other activities in preference for using or seeking the substance, tolerance for the drug requiring larger amounts for the same effect and withdrawal

Stages in drug use

Drug use and dependence begin with the initiation of drug use. Initially everyone is an experimental user and then transits to being a social user, using drugs in recreational and social settings. As drugs offer pleasure, the user shave a tendency to repeat the use of drugs and look forward to using drugs as often as they can. Once they start using drugs frequently, individuals begin to feel normal under the influence of drugs and feel dysphoric without the drugs. In this stage, they are taking drugs to

normalize themselves. Then comes the final stage of compulsive use where they experience significant withdrawal symptoms, physical and/or psychological and have significant craving.

The Three Main Categories of Drugs

Some drugs due to certain factors that change their characteristics, may cause them to fall under different categories at different times. For example, even though Cannabis is considered a depressant, in high enough doses it can also be a hallucinogen.

The three main categories were constructed based on similarities that certain drugs share; however, there are many differences that these drugs have also.

Stimulants

Stimulants are drugs that stimulate the brain and central nervous system, speeding up communication between the two. They usually increase alertness and physical activity. They include Ecstasy, amphetamines, cocaine, crack and some inhalants like amyl or butyl nitrites. Your everyday coffee is a stimulant that many people have formed an addiction to. Those who stop drinking coffee even suffer withdrawal symptoms. Stimulants increase the heart rate, blood pressure and body temperature. They increase self-confidence and reduce feelings of tiredness and hunger. In large doses they can cause anxiety, panic and paranoia. Although less common than with depressant drugs, there have been deaths associated with the use of stimulants. Mixing stimulant and depressant drugs does not negate the effects of each drug. On the contrary, it is more likely to increase the effects and the risks.

Depressants

Depressants slow down the activity of the brain and nervous system, slowing down the communication between the two. For medical purposes they can calm nerves, relax muscles and useful for sleeping disorders such as insomnia. Depressant leads to relaxation and sedation. In small doses, they can lessen inhibition and reduce coordination and concentration. In larger doses, they may cause slurred speech, unconsciousness, vomiting and death. The risks are greatly increased when drugs are mixed. Often mixing depressant drugs dramatically increases the effects of these drugs and, consequently, the risk of unconsciousness, vomiting and death. Some depressants includes; cannabis, inhalants, heroin, morphine, methadone, khat, alcohol, marijuana, tranquillizers and most volatile solvents (aerosols, solvents, glue, petrol, cleaning fluid, laughing gas).

Hallucinogens

Hallucinogens interfere with the brain and central nervous system in a way that results in radical distortions of a user's perception of reality. Perception may be affected to the extent that user sees or hear things which aren't actually present (visual or auditory hallucinations). The effects of hallucinogens vary greatly. Profound images, sounds and sensations will be experienced, but they will not actually exist. Hallucinogens include; magic mushrooms (Psilocybin), LSD (Lysergic Acid Diethylamide), PCP(Phencyclidine), Ecstasy and Ketamine.

Drug administration

Drugs are administered in the following ways;

- *Smoked or inhaled:* Tobacco, cannabis, opium, heroin, ATS, glue
- *Snorted/sniffed:* Cocaine, heroin

- *Ingested (swallowed):* Alcohol, opium, cannabis, sedatives (e.g.diazapam)
- *Injected:* Heroin, cocaine, sedatives, ATS, buprenorphine
- *Chased (or "chasing the dragon"):* Heroin
- Some people transit from one route of use to others (from smoking to injecting heroin)
- Some use multiple drugs and multiple routes (e.g., drink alcohol, smoke tobacco and inject heroin)

Risk and Protective factors for drug dependence

Susceptible individuals include those with a genetic predisposition, victims of child abuse, and individuals with psychiatric pathology including depression and personality disorders, those who experience family disruption including substance-use dependence within the home and those who are socially isolated. With exposure to a substance, neurological pathways within the brain are modified depending on the substance used. Even a small exposure to a substance can alter brain chemistry. Environmental factors such as poverty, social change, cultural norms, drug polices and drug availability and importantly, peer group culture determine further use of drugs.

Social support and integration, perceived control over present situation and economic status also influence the outcome of drug use. The result is that most individuals either do not continue to use or use intermittently over time. Some individuals use intermittently but heavily when they do use and this is termed substance abuse when there is psychosocial fallout from this pattern of use. A minority of individuals, for various reasons, go on to develop substance dependence, which is generally transient but can be lifelong. It has been estimated that around 2-15 per cent of people can become dependent drug users.

Common signs and symptoms of drug use

Drug use can result in common signs and physical, behavioral and psychological symptoms. A few of these are listed below; however, be aware that that these symptoms could also be associated with a variety of other conditions and are contingent on the types of drugs someone may be using.

Physical symptoms and signs	**Behavioral symptoms and signs**	**Psychological symptoms and signs**
• Red eyes or dilated or pinpoint pupils • Changes in appetite • Changes in sleep patterns • Sudden weight loss or gain • Deterioration of physical • appearance • Skin manifestations such as abscesses or ulcers • Needle marks or puncture wounds on skin from injecting	• Drop in attendance and lack of interest in work or school • Unexplained need for money that leads to borrowing and stealing • Engaging in secretive or suspicious behaviour • Sudden changes in friends, favorite hang outs, and hobbies • Frequently getting into trouble (fights, accidents, illegal activities) • Possession of drug gear or paraphernalia	• Unexplained change in personality, attitude, and behaviour • Mood swings, irritability, angry outbursts, or unexplained excitement • Periods of unusual hyperactivity, agitation, or giddiness • Lack of motivation and ambition • Appears lethargic or spaced out • Appears fearful, anxious or paranoid

Harm reduction

Harm reduction emphasizes short-term pragmatic and achievable goals over long-term goals. Efforts to prevent rapid spread of HIV transmission need to be implemented as quickly as possible. The rapid and potentially explosive spread of HIV infection among PWUDs/PWIDs must be prevented. HIV prevention among PWUDs/PWIDs works best when begun early (HIV prevalence<5%). It is difficult to contain the HIV epidemic if HIV prevalence escalates above 20%. In order to attract the PWUDs/PWIDs who are hidden, it is important to provide need-based services which address their multiple needs. A comprehensive approach containing the effective components may be very useful for the drug users.

The strategy has to be practical in order that it can be implemented in a wide variety of settings. An important component is the effectiveness of the approach in containing HIV infection among the drug using populations and their partners. Finally, the approach should have a public health perspective and benefit not only the users and their families, but society as well.

PWUDs/PWIDs exhibit several risk behaviours that produce adverse health and social consequences. Providing access to multiple means for behaviour change is critical. PWUDs/PWIDs require information, education and effective communication about safer practices for behaviour change. Means for change like needles, syringes, water, cookers, cotton and condoms have to be provided to them. HIV testing and counselling will help them to modify their behaviour as well as encourage them to bring their partners. PWUDs/PWIDs have multiple medical and social problems and 'one-stop shopping' would be better for them than fragmented services. PWUDs/PWIDs find it difficult to access various services and ways must be found to integrate services. Collaboration between various service providers is critical and efforts are needed for establishing a continuum of care. The services must be provided in places and settings that are accessible for drug users.

Quality of interventions must be ensured and relates to many issues such as training and competency of staff, dose of interventions and provision of necessary services. Negative attitudes, stereotypes and stigma associated with injecting drug use should be defeated. Humane care of PWUDs/PWIDs is critical to the success of interventions targeting drug users. Helping PWUDs/PWIDs through drug users and ex-drug users is important.

Networking with various agencies is essential for sustainability of the interventions. Additionally, this ensures that the various needs of the drug users are addressed as it is difficult to provide all the required services through a single agency.

It is important to examine the social, legal, cultural and political context with a view to removing the barriers which may exist and prevent safer injecting. Barriers include lack of information, primary health care and drug treatment. Legal barriers such as the criminalization of possession of a clean needle can result in the sharing of common injecting equipment and increase HIV transmission. Drug users want to avoid criminal charges related to possession of clean injecting equipment and therefore may not buy them. Thus, laws to control drug use can inadvertently promote the spread of HIV. The police and law enforcement officials are central players in any response to illicit drugs. The police must be consulted and involved when developing a response to drug use and HIV. It is important to get the police to support harm- reduction programs. There are numerous ways to do this, including involving senior police in early consultations for permission to run a program, educating junior police about the program and what it is aiming to achieve; and using supportive police to educate other police.

Involving current and ex-drug users in designing, promoting and delivering services to PWUDs/PWIDs is an important principle for HIV prevention programs, and is based on the general principles of community involvement. Peer outreach and education programs should be encouraged and used to deliver HIV and other health interventions to other drug users, both in and out of treatment.

Peer Outreach educators have the benefit of personal experience and are perceived by drug users as more trustworthy and credible. Drug-user organizations involve the structured organization of current and ex-drug users, along with other interested individuals, into a group that can represent the interests of drug users, advocate on their behalf, and support and implement HIV and other programs for drug users.

Networks of PWUDs/PWIDs provide excellent opportunities for outreach programs to influence peer group and social norms. The members of the network are provided with information and HIV training and are encouraged to disseminate information and HIV prevention materials (such as condoms and sterile injecting equipment) throughout their sexual and drug-using networks. Peer education programs among drug users are effective and social network interventions using peers have been shown to be more effective in reaching and providing more effective HIV education to PWUDs/PWIDs.

ADOLESCENCE AND ALCOHOL AND DRUG ABUSE

Use and abuse of alcohol and drugs by adolescents is very common and can have serious consequences. Recurrent alcohol and substance use contributes to personal distress, poor school performance, short and long term health problems, relationship difficulties and involvement in antisocial activities.

Adolescents will become dependent or addicted. They can use more than they planned struggle with cutting don or stopping use, or give up important activities in their lives. Some may even become tolerant and experience withdrawal when they stop use. Adolescents who are simply experimenting with alcohol and drugs can die or suffer severe injuries, or acquire HIV or other infections or become pregnant due to engaging in risky behaviour while under the influence of the substance.

What do adolescents abuse alcohol and drug use?

They may do it because:

- They want to fit in with friends or certain groups.
- They like the way it makes them feel.
- They believe it makes them more grown up.

Teens tend to try new things and take risks, so they may take drugs or drink alcohol because it seems exciting.

Teens with family members who have problems with alcohol or other drugs are more likely to have serious substance abuse problems. Also, teens who feel that they are not connected to or valued by their parents are at greater risk. Teens with poor self-esteem or emotional or mental health problems, such as depression also are at increased risk.

What are the signs of substance abuse?

Parents should consider substance use or abuse when they notice changes in their adolescent's behaviour. Changes that might be a sign of substance and alcohol include increased moodiness or sudden changes in mood, getting into fights, secretiveness, and associating with friends who are getting into trouble. Signs of alcohol and substance use can also include doing worse in school, cutting classes, dropping out of activities or getting into more arguments. Parents can be alert to noticing more direct signs such as missing pills, unexplained over-the-counter medications in the house, cigarettes or rolling paper in the laundry, or smells of alcohol or smoke.

How is adolescents' alcohol and substance abuse treated?

Treatment can occur in different settings, depending on the severity of the problem and the availability of treatment options. Milder cases can occur in weekly outpatient counselling. Intensive outpatient treatment involves more time in the treatment, ranging from a few hours to a full day, all or most days of the week. Residential treatment involves admission to a 24 hours, 7 days program and sometimes much longer.

SESSION 5: SEXUALLY TRANSMITTED INFECTIONS INCLUDING HIV AND AIDS

SEXUALLY TRANSMITTED INFECTIONS

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

After infection, a disease will develop, which is why people often also refer to Sexually Transmitted Diseases (STD's). For example, one can contract HIV (the infection) that will eventually lead to AIDS (the disease). Sexually transmissible diseases or sexually transmissible infections are any diseases that are passed from one person to another by sexual contact. This includes all forms of penetrative sex (oral, vaginal and anal) as well as some forms of foreplay such as genital touching. Some STI's can be passed through skin-to-skin contact; others require contact with infected body fluids such as blood, saliva, vaginal secretions or semen. Some STI's can be passed from mother to child during birth. STI's can be caused by viruses (for instance the HIV virus that causes AIDS), bacteria (such as Chlamydia and gonorrhoea), while others can be caused by parasites (wildlife) such as pubic lice. Many STI's (such as the more common ones like Chlamydia) are known as the "Silent Infections", because you may be infected but not have any symptoms such as genital sores. Because you may not know whether you or your partner has an STI, it is important to use a condom and to have regular check-ups at the clinic. If left untreated STI's can cause infertility, poor health, problems in having a healthy baby and, in some cases, can lead to cancer. Condoms are very effective in preventing the transmission or passing on of sexually transmissible infections (STI's). Using condoms, when having sex, is practicing safer sex.

You are at risk of getting a STI if you have:

- Unprotected sex with multiple partners of unknown status
- Unprotected sex with a partner who has had unprotected sex with other partners
- Unprotected sex when your partner uses injectable drugs

How to avoid STI's

If you don't want to catch an STI, stay abstinent or use a condom. Although they don't eliminate the risk they greatly reduce it. If you have vaginal or anal sex without a condom then you run the risk of catching an infection. The risk of contracting STI's is reduced by practicing safe sex: using a condom when having sex. Some STI's can be transferred through oral sex so it is a good idea to use a condom when having oral sex too.

There are around 25 STI's in total. Having one infection can make it easier to catch another, more serious one. The most frequent STI's of them include the following (include pictures):

Common STDs

STD	Organism Type					Transmission	
	Bacterial	Viral	Protozoa	Can be cured	Cannot be cured, but can be managed	Fluids	Skin to Skin
Chlamydia	X			X		X	
Gonorrhea	X			X		X	
Syphilis	X			X			X
Trichomoniasis			X	X		X	
HSV (herpes simplex virus)		X			X		X
HPV (Human Papilloma Virus)		X			X		X

- Chlamydia
- Genital warts
- Gonorrhoea
- Genital herpes
- Non-specific Urethritis UTI
- Yeast infections
- Syphilis
- Pubic lice
- HIV/AIDS
- Hepatitis B

  Common STI Syndromes and Aetiological Agents The common STI syndromes and infections, their signs and symptoms and the causative agent associated with them are summarized below.

Syndrome/Infection	Signs and symptoms	Aetiology
Urethral Discharge (Urethritis)	Urethral discharge Burning on urination Irritation in the distal urethra or meatus	Possible causes: N. gonorrhoea C. trachomatis

	Meatal erythema	Trichomonas vaginalis Herpes simplex virus Mycoplasma genitalium Ureaplasma urealyticum
Vaginal discharge (Cervicitis)	Mucopurulent cervical discharge Cervical friability Vaginal discharge	Possible causes: N. gonorrhoea C. trachomatis
	Strawberry cervix	Trichomonas vaginalis HSV
Genital Ulcer syndrome	Ulcers (erosive or pustular)	Most common:
	Vesicles Papules Inguinal lymphadenopathy	Herpes simplex virus 1 or 2 T. pallidum C. trachomatis (LGV serovars L1, L2 or L3) Haemophilus ducreyi Klebsiella granulomatis
Scrotal swelling	Unilateral testicular pain/swelling	Most common (varies with age):
	May have erythema and edema of the overlying skin	C. trachomatis
	With or without urethral discharge	N. gonorrhoea
	Fever	Coliforms Pseudomonas
Pelvic Inflammatory Disease	Lower abdominal pain	C. trachomatis
	Deep dyspareunia	N. gonorrhoea
	Abnormal bleeding	Genital tract mycoplasma
	Fever	Other aerobic or anaerobic bacterial species
Vaginal Discharge (Vaginitis)	Vaginal discharge	**Most common:**
	Vaginal odour	Bacterial vaginitis
	Vaginal/vulvar pruritus	Vulvovaginal candidiasis
	Vaginal/vulvar erythema Dysuria	Trichomoniasis
Anorectal Syndromes:	**Varies according to specific syndrome:**	Varies according to specific syndrome:
Proctitis	Mucopurulent rectal discharge	N. gonorrhoea
Proctocolitis	Anorectal pain	C. trachomatis (LGV and nonLGV serovars)
Anal/Genital Lesions/growths	Growths in anal/genital region or on mucous membranes	Human papillomavirus
	Multiple and or polymorphic	Molluscum contagiosum
	Asymmetrical	Skin tags ?fissures

	Non-inflammatory	Carcinoma
	May be accompanied by: Pruritus Bleeding/ Obstruction, depending on location (i.e., urethra or vagina)	Normal variations

Effects of STI's if not treated can lead to

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

What to do in case of STI's

- Seek treatment as soon as possible from a qualified health care provider
- Inform your sexual partner (s) in order for them to seek treatment as soon as possible
- Complete the treatment prescribed
- Seek counselling and HIV testing

HIV AND AIDS

How is HIV transmitted?

The most common ways of transmitting HIV are through vaginal and anal sex; possibly oral sex; through sharing needles or other sharp equipment such as razors, which could have another's blood on it; through direct blood transfusions of untested blood; or from mother to infant during pregnancy, delivery, or breastfeeding. There is no way to catch HIV by being near a person with HIV, or by sharing their cups or bathrooms, or by hugging them or kissing them when blood is not present. There are no documented cases of HIV transmission through sharing toothbrushes. This practice could only present a risk if there was blood present on the toothbrush.

The relationship between STIs and HIV

Having an STD is one of the most important factors in HIV transmission. It can increase the risk of HIV transmission substantially. A genital sore or ulcer as in syphilis, cancroid, or herpes expands the portal of entry, having a discharge, as in gonorrhoea or chlamydia, means that more white blood cells are present. Since white blood cells are hosts for HIV, it means that more viruses can be transmitted or received when the discharge is present. Quick and proper treatment of STDs and immediate referral of partners can be important strategies for HIV prevention. Often women do not have apparent symptoms of sexually transmitted diseases, so check–ups and partner referrals are very important. But men, too, may occasionally not have symptoms, even of gonorrhoea; so, it is important that the man seek treatment also if his partner is infected and avoid blaming partners for infection.

Common STIs and symptoms

Gonorrhoea	Syphilis	Genital Herpes	Chlamydia
• Yellow–green or white discharge from the penis or vagina • Burning sensation on urination • Symptoms usually 2 to 14 days after exposure • Possible swelling in area of testicles • Possible sterility if untreated • Possible blindness in new-borns if not treated with drops in eyes	• Painless sore on penis or vagina • Sore appears 10 to 90 days after exposure • Non–itching rash on body (palms and soles) • Hair loss, fever, and chills • Possible death if untreated • Possible death or bone deformation in new-born if mother not treated early in pregnancy	• No cure, treatment is medicine called Acyclovir • Small painful blisters on genitals or mouth • Symptoms may recur when under stress • Viral infection • Severe neurological damage or death to new-borns if exposed in birth canal	• Early stage chlamydia infection cause few or no signs and symptoms • Painful urination • Lower abdominal pain • Vaginal discharge in women • Discharge from the penis in men • Painful sexual intercourse in women • Bleeding between periods and after sex in women • Testicular pain in men

HIV prevention

- Sexual Abstinence
- Being faithful to one sexual partner of known status
- Consistent and correct condom use
- Don't share injecting needles/syringes or sharp objects that are infected
- Education
    - Education and correct information
    - Early diagnosis and treatment of STI

HIV testing

Making HIV testing a routine part health care for adolescents is one of the most important strategies for reducing the spread of HIV and improves health outcomes for those who are already infected.

Why HIV testing is important?

- Learning one's HIV infection status is an important part of prevention. Studies show that people who know they are infected are far less likely to have unprotected sex than those who do not know

- Early diagnosis of HIV infection and linkage to care enable people to start treatment sooner, leading to better health outcomes and longer lives.

Why is HIV testing important for adolescents?

- The early debut in having sexual intercourse
- Most adolescents are having multiple partners by this age which increases the risk and exposure to STIs

Preventing the spread of HIV to others

The most common mistake an individual can make is to be sexually active with one partner, break up with that individual, and then immediately become active with another even if it is months after the last sexual event. Not being tested between partners has led to a wildfire effect that has led to individuals being infected with HIV

The importance of HIV testing is not only to protect your life, but also the lives of those you care about and with whom you might be intimate sexually. Remember the importance of HIV testing and have yourself be tested regularly.

Condom demonstration

Since HIV is usually transmitted through sex, not having sex is a good way to prevent HIV transmission. If someone has sex, latex condoms are a good barrier to protect one from coming in contact with the fluids. Condoms are not 100% per cent effective, usually because they are not used consistently and correctly.

Steps to follow:

1. Inspect the condom by checking the expiration date. Do not use if there are any tears or it is past the expiration date
2. Carefully open the condom package by pushing the condom to one side. Do not use your teeth or fingernails to open the package.
3. Pinch the tip of the condom to prevent air being trapped.
4. Roll the condom gently down to the base of the erect penis.
5. Withdraw before the erection is completely gone and remove the condom carefully, tying it off so that the fluid does not spill and carefully dispose of the condom.

REMEMBER:

- It is important to talk to your partner about using a condom before sex.
- Do not use cooking or vegetable oil, baby oil, hand lotion or petroleum jelly for lubrication. These will cause the condom to deteriorate. If a condom breaks, immediate withdrawal is recommended. A new condom can then be used.
- Do not reuse the condom. Use a new condom for each act of sexual intercourse.
- Condoms should never be used more than once.
- Lubricated condoms should be used for anal and vaginal sex and must be put on before any genital contact.

SESSION 7: SEXUAL AND GENDER BASED VIOLENCE

ATTITUDES, VALUES AND BELIEFS TOWARDS SEXUAL AND GENDER BASED VIOLENCE

Much about the conceptions on masculinity and femininity are not biological at all but cultural. Traditional attitudes and ideas influence and shape the way people think about the roles of men and women in the society. Attitudes are formed, nurtured and perpetuated by society, institutions, religions and families.

A person's attitude to gender-roles reflect beliefs and values about the roles of men and women in a particular community. These attitudes define the kinds of things that are acceptable or appropriate for men to engage in but not women, and vice versa. For example, people vary in the degree to which they endorse the idea that “decisions about what is best for a community should largely be in the hands of men."

Different cultures have different value placed on gender. Males most often inherit power, and keep it. This patriarchy affords men most of the social power in many societies. The division of gender roles is in such a way that the roles that men play in the society are perceived to have greater value than those played by women. Attitudes, values and beliefs form a basis for gender inequality which is a major cause of Gender Based Violence in the society. Efforts to achieve gender equality, need to start with a progressive change on the traditional beliefs, attitudes and values in regard to gender and gender roles.

Gender

Refers to the socially constructed roles and responsibilities assigned to men and women by society. It is a social idea of what are the responsibilities of a woman and man. Defined as social expectations of what men and women should do in different social environments.

Sex

Refers to the biological/ secondary sexual characteristics that define male or female. Sex is static, universal and innate hence cannot be changed or altered. Each male and female have their specific and unique sexual characteristics that are unique to them.

Gender roles

Gender roles vary from one region/community/culture to the other, they are learnt and are set by society. It is based on culture and is different from one society to another.

Tradition gender roles

Women	**Men**
• Caregivers • Feeding children • Household chores • Gathering wild fruits • Building Houses	• Hunting • Security • Building houses • Reconciliation • Decision making

• Giving birth	• Men initiate sex • Inheritance

Current (In some settings)

- Both men and women make decisions
- Both men and women are bread winners
- House hold chores are shared in some families
- Women can initiate and negotiate for sex*
- Better pay/positions
- Women acquiring/inheriting property

Sexual and Gender Based Violence

Gender-based violence (GBV) is an umbrella term used for any harm that is perpetrated against a person's will and that has a negative impact on the physical or psychological health, development, and identity of the person.

FORMS OF GBV

1. **Physical violence:** Any forceful or violent physical behavior that causes actual harm. It includes plucking out the hair, biting, choking, kicking, slapping, burning and shoving.
2. **Psychological/Emotional violence:** Any threat to do bodily harm to a child, a family member, friends or oneself. It involves not only hurt and anger, but also fear and degradation.
3. **Harmful traditional practices** for example; FGM, early marriages, girls or boys not being taken to school,
4. **Sexual violence:** Sexual violence entails non consensual sexual act or behavior. It includes rape, coercion to do sexual acts, gang rape, attempted rape and defilement. Rape and other forms of violence are about power and control; where the perpetrator uses their position of authority to oppress the vulnerable victim.
5. **Economic violence:** Limit money to conduct duties or needs, not allow woman to work, unequal employment payments, salary of woman belongs to the husband.

Types of GBV

1. Early/forced marriage
2. Female genital mutilation
3. Widow inheritance
4. Rape and defilement
5. Honor killings

6. Infanticide
7. Refusing girls or boys opportunities to get education

Causes of GBV

There are many factors contributing to acts of gender-based violence in any setting. In general, the overriding causes are:

- Gender inequity
- Abuse of power
- Lack of respect for human rights

Effects of GBV

1. Physical health – injuries, functional impairment , permanent disability
2. Mental – depression, low self esteem, substance abuse, sexual dysfunction, eating disorders etc
3. Social effects – family break ups.

CHILD ABUSE

Children experience different forms of child abuse mainly due to lack of family care, poverty, cultural beliefs etc. Child abuse is a violation of children's rights and it can lead to poor physical, mental and emotional development of the child.

Types of child abuse

Child abuse can be physical, emotional or sexual. Child abuse happens in all cultural, ethnic and income groups

Physical abuse	**…is physical injury as a result of punching, beating, kicking, biting, shaking, stabbing, choking, hitting or whipping (with hand, stick or other object), burning or otherwise harming a child. Such injury is considered abuse regardless of whether the person intended to hurt the child.**
Emotional abuse	…is verbal or psychological abuse which impairs the damages a child's emotional development or self-esteem. It can be inflicted deliberately or by neglect. Such abuse can include: excessive criticism, threats, foul language, discrimination, as well as denying love, support or guidance.
Sexual abuse	…includes any activities by an adult (parent, guardian, teacher or other responsible person) or another child that violates a child's body, such as: touching genitals or breasts, having unwanted or forced sex (or sex with a minor), incest or exploitation through prostitution or involvement in pornography.

Other forms of child abuse

Neglect	**This occurs when a child does not receive sufficient support for their physical, intellectual and emotional development.**
Early Marriage	This can be considered a type of abuse because of the physical, mental and emotional effects on the girl.
Child Labour	This form of abuse refers to situations where children are made to work in risky, exploitative circumstances not suitable to their age. Child labour can refer to paid employment (in cash or kind) or excessive work beyond normal household chores.
Child Prostitution	This is a form of child labour where girls and boys (and sometimes boys) are forced to sell their bodies for money or other material resources. This not only violates their dignity, but increases their health risks, including contracting HIV.

Signs of abuse

Children who suffer from one or more types of abuse might show some of the following signs:

- Unexplained, unusual or frequent physical injuries
- Inadequate verbal abilities and motor skills
- Obvious neglect (dirty, poor clothing, malnourished, frequent ill-health)
- Shy or afraid of adults
- Afraid to go home
- Aggressive or difficult behaviour, including bullying or abusing other children.
- Withdrawing from play and activities with other children.
- Frequent crying or sadness
- Lack of confidence and self-esteem
- Excessive tiredness and fatigue
- Poor concentration and performance in class
- Lack of interest in completing their education, regular absenteeism.
- Knowledge of and talking about sexual acts beyond their age
- Contracting STIs (including HIV) and/or becoming pregnant.
- Drug or alcohol abuse

CHILD SEXUAL VIOLENCE

Child sexual violence is not uncommon and is a serious problem. Accepting that the child has been violated is not always easy for the person that the child talks to. Therefore, strategies and skills in handling the sexually violated children are vital

NB: Emphasize that child sexual violence is a very serious problem; especially, since child sexual abuse is a taboo topic that is often kept a secret or even denied all-together

Definition of child sexual violence

There is no universal definition of child sexual violence

Child sexual violence occurs when an adult forces or coerces a child into sexual activity and may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and anal intercourse

Effects of child sexual violence

Children who have been sexually abused can suffer a range of psychological and behavioural problems, from mild to severe, in both the short and long term

Physical	**Emotional**
• Scratches, Bruises, burns • Body, genital, anal injury • Pelvic pain	• Depression • Fear • Anger

• Pelvic inflammatory disorder • Pregnancy • Backaches • Headaches • Broken bones • Violent shaking • Sexually transmitted infections • Self-injurious behaviours	• Crying • Sad • Shame • Self-blame • Low self-esteem • Anxiety • Suicidal • Guilt • Blocked feelings
Behavioural • Alcohol or substance use • Loss of interest • Sleeping problems • Eating disorders • Low performance in school • Withdrawal from family and friends • Engaging in high-risk sexual behaviour • Clinging to adult strangers • Delinquency	**Cognitive** • Difficulty in concentrating • Low understanding in school • Slow in speaking for an infant • Short attention

Rape victims suffer both physical and psychological injury. For most, physical wounds are not severe and heal within a few weeks. Psychological pain lasts longer and is often considered to be worse than the physical suffering. Often young adolescents are abused by someone they know and trust.

Perpetrators of violence including sexual violence include:

- Parent
- Boyfriend
- Family member
- Another person at home
- Teacher
- Neighbour
- Stranger
- Teacher

Why sexual abuse is a reproductive health issue

- It causes injuries to body parts including the reproductive organs
- Leads to unwanted pregnancies and its consequences
- Can result into STIs including HIV/AIDS
- Abortion related injuries
- Sexual dysfunction

Support services for young adolescents who have been abused

- Health workers
- Trained counsellors
- Police
- Legal services
- Local leaders
- Teachers
- Youth centres and youth clubs

What should one do?

1. **Seek Medical care**

    a. Do not change clothes, bathe, douche, or brush your teeth until evidence is collected.

    b. A complete medical evaluation includes evidence collection, a physical examination, treatment and/or counseling.

At the hospital, the survivor receives:

- Treatment of injuries
- Collection of evidence
- HIV testing
- ARV drugs (PEP) to prevent HIV infection, if HIV negative.
- Prevention of pregnancy (Emergency contraception)
- Prevention and treatment of Sexually Transmitted Infections
- Counselling
-

2. **Report to the police**

Remember: Sexual violence is a criminal act

MODULE 3: ADOLESCENTS AND YOUTH SEXUAL REPRODUCTIVE HEALTH

SESSION 8: MENSTRAUL HEALTH AND HYGIENE

Menstruation

Menstruation happens for most women about **once a month,** and that is why it is commonly called the "monthly period." It usually lasts between three and seven days. It is a sign that a **girl or woman can become pregnant** if she has sexual intercourse.

What causes menstruation? Every month the ovaries release an egg that waits in the fallopian tubes between 5-7 days to see if it will be fertilized with sperm. If the egg does not meet sperm, the lining of the womb is shed and comes out as blood through the woman's vagina. This is the monthly period. (See "Process of Menstruation")

Some girls and boys may begin to menstruate at age nine or ten, others may not get their first period until a few years later. A woman knows that she has started her period when a little blood comes out of her vagina. The blood comes out slowly, like a dribble. It is important to anticipate when each month she will start bleeding, so she can wear a sanitary pad or other protection to prevent clothing stains.

While most girls and boys menstruate monthly, some girls and boys will be irregular. It may take the body a while to adjust to all the changes taking place. Her menstrual cycle will probably become more regular with time.

Menstruation process

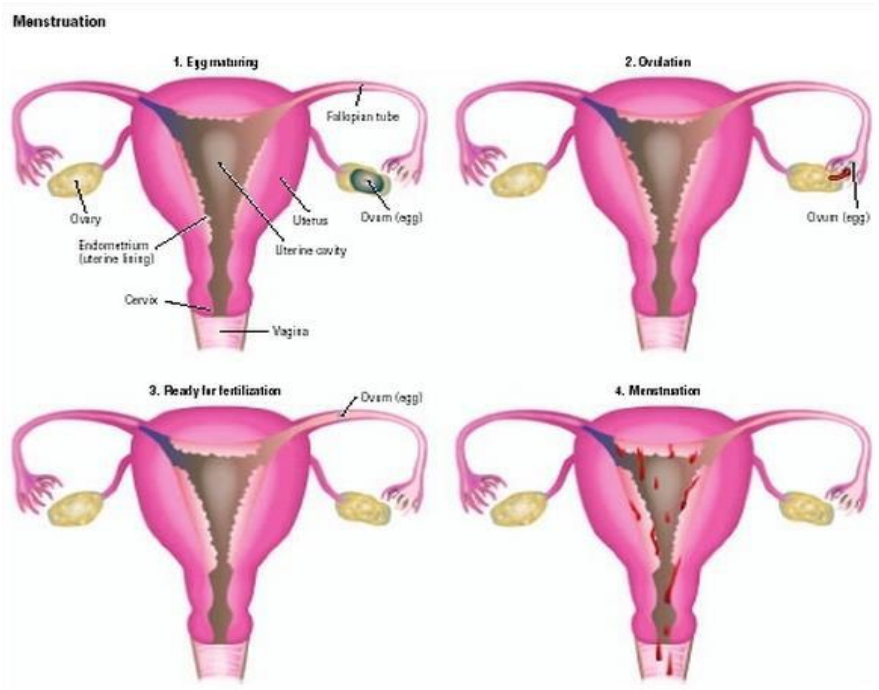


Figure 1: Menstruation: Adapted from http://healthofchildren.com/M/Menstruation.html#b#ixzz2EjF8mFee. (Illustration by GGS Information Services.)

Emotional and psychological effects of menstruation

- Abdominal or pelvic cramping
- Lower back pain
- Bloating and sore breasts
- Food cravings
- Mood swings and irritability
- Headache and fatigue
- Sadness

When do girls and boys' get their first period?

Receive responses that show the range and confirm the fact that is from age 9 – 17 years, all are normal and generally follow body changes such as growing breasts, hair underarms and in private places, developing hips, etc.

What does a period signify to a girl? Receive any responses and be sure to clarify, it is the first physical sign that a girl can get pregnant and is growing up.

How long is a girls and boys' period? Receive any responses and be sure to share the facts that is often 3-7 days.

So if a girl misses school during her period, how many days could she miss a term? Receive any answers and be sure to calculate for them like in the booklet.

- 3 x 3 = 9 days in a term if you have a short period
- 3 x 5 = 15 (minus weekends) or 3 weeks in a term if you have a long period

And how many days could a girl miss over a year if she stayed home during her period?

- 9 x 3 = 27 days/more than a month of school in year
- 15 x 3 = 45 days/almost 2 months of school in a year!!!

And how many days would boys miss in a year because of a period?

Of course, none

Remind girls and boys that every day they stay home because of problems with their period they are missing out on critical information that will help them to be even more successful in the future.

And our last question, why do girls and boys' miss school because of their periods? Receive any responses and highlight common responses.

- Not having trusted menstrual care or toilets/latrines to take care of your period during class
- Fear of blood leaking onto dress/skirt
- Excessive pain or discomfort (which should be referred to a doctor if common remedies do not work)
- Worry that others will know or you will be made fun of
- Lack of confidence, self-esteem and support from friends during this time of the month

Remind girls and boys that they should be each other's best friends when they have their periods. Everyone will have a period, eventually, and everyone needs a little more care when they come – to fend off negative comments from other girls and boys or boys, to be told if a leak might be starting

and could be avoided, to build self-esteem and confidence and to just feel good. If they take care of each other, periods won't stop them from attending school or make them worry or feel bad.

Impacts of menstruation in the society

1. **Impact on education**

   Many schools do not support adolescent girls and boys or female teachers in managing menstrual hygiene with dignity. Inadequate water and sanitation facilities make managing menstruation very difficult, and poor sanitary protection materials can result in blood-stained clothes causing stress and embarrassment. Teachers (and male members of staff in particular) can be unaware of girls and boys' needs, in some cases refusing to let them visit the latrine. As a result, girls and boys have been reported to miss school during their menstrual periods or even drop out completely. With studies linking child survival more closely to their mother's education level than their poverty level, factors that reduce educational opportunities for girls and boys potentially have wide ranging implications. To prevent girls and boys from dropping out of school due to problems concerning menstruation, it is necessary to educate students about health issues in general and reproductive and sexual health in particular, including menstrual hygiene.

2. **Impact on health**

   Menstruation is a natural process; however, if not properly managed it can result in health problems. Reports have suggested links between poor menstrual hygiene and urinary or reproductive tract infections and other illnesses. Further research and robust scientific evidence are needed in this area. The impact of poor menstrual hygiene on the psychosocial well-being of women and girls and boys (e.g. fear and embarrassment, and social exclusion during menstruation) should also be considered.

3. **Impact on sustainability**

   Neglecting menstrual hygiene in WASH programmes could have a negative effect on sustainability. Failing to provide disposal facilities for used sanitary pads or cloths can result in a significant solid waste issue, with latrines becoming blocked and pits filling quickly. Failure to provide appropriate menstrual hygiene facilities at home or school could prevent girls and boys from staying in school.

Challenges in emergencies

Women and girls and boys face particular challenges in emergency situations, where they may be forced to live in close proximity to male relatives or strangers. Their usual coping mechanisms for obtaining sanitary protection materials, bathing with privacy, and washing or disposing of menstrual materials are disturbed. In some cases, conflict restricts their movement and makes it difficult to collect water or find somewhere to manage menstruation safely and with dignity. With little or no money to buy soap and non-food items such as buckets and bowls, it is impossible to maintain personal hygiene or wash and dry sanitary materials properly.

Challenges for girls and boys and women in vulnerable, marginalised or special circumstances

Marginalised women and girls and boys, such as those who are homeless or living with illnesses like HIV, face multiple layers of exclusion that affect their daily lives. Homeless people are often unable to obtain hygienic sanitary materials or access water and somewhere to bathe. As a result, they cannot

manage menstruation with privacy, sometimes resorting to washing and using sanitary cloths taken from refuse. Those with disabilities face additional accessibility barriers to accessing WASH facilities due to limited consideration of their needs in the design process. Personal caretakers of people with disabilities or HIV/AIDS do not always have the appropriate knowledge to provide menstrual hygiene support.

Cultural beliefs, social norms and myths on menstruation

Many cultures have beliefs or myths relating to menstruation. Almost always, there are social norms or unwritten rules and practices about managing menstruation and interacting with menstruating women. Most cultures have secret codes and practices around managing periods. Some of these are helpful but others have potentially harmful implications. Many myths and social norms restrict women and girls and boys 'levels of participation in society. This can make their daily lives difficult and limit their freedom. For example, in some cultures, women and girls and boys are told that during their menstrual cycle they should not bathe (or they will become infertile), touch a cow (or it will become infertile), look in a mirror (or it will lose its brightness), or touch a plant (or it will die) Are they helpful or potentially harmful to health and dignity? Related to menstruation These differ from culture to culture and practitioners should find out what applies in their particular context.

- In Tanzania, some believe that if a menstrual cloth is seen by others, the owner of the cloth may be cursed.
- In Bangladesh, women bury their cloths to prevent them being used by evil spirits.
- In Sierra Leone, it is believed that used sanitary napkins can be used to make someone sterile.
- In Nigeria, people who follow the religion of the Celestial Church believe a woman or girl should not touch any juju (charm) during menstruation or it will become ineffective.

Menstrual myths

Myth: Bed rest is a must during your period.
Fact: Sure, you should get plenty of sleep during your period, but you should always get plenty of exercise, too. You'll feel better if you get up and get out there (especially since exercise has been shown to alleviate cramps and brighten your mood)!

Myth: Hot water increases period flow.
Fact: The only thing that will change your flow is your own body. So you can't make it lighter and you can't make it heavier. And a nice warm bath or shower, or a hot water bottle wrapped in a towel, can help with cramps.

Myth: Irregular periods are bad for your reproductive health.
Fact: First, talk to your health care provider if you've missed your period. It can take anywhere from six months to a year to become regular after the first time you get it. And, for some girls and boys, it never becomes completely regular. There are lots of things, including stress, illness and intense exercise that can mess with your cycle. That's why you should consult a health professional first.

Myth: Menstrual cycles are 28 days.
Fact: That's only an average. Days in the menstrual cycle vary from woman to woman. Your body will tell you what your cycle is, no other people.

Myth: You can shorten or delay a period by _____.
Fact: Don't bother filling in the blank. You shouldn't try to fight your body's natural menstrual cycle. Doing so could potentially cause other health problems.

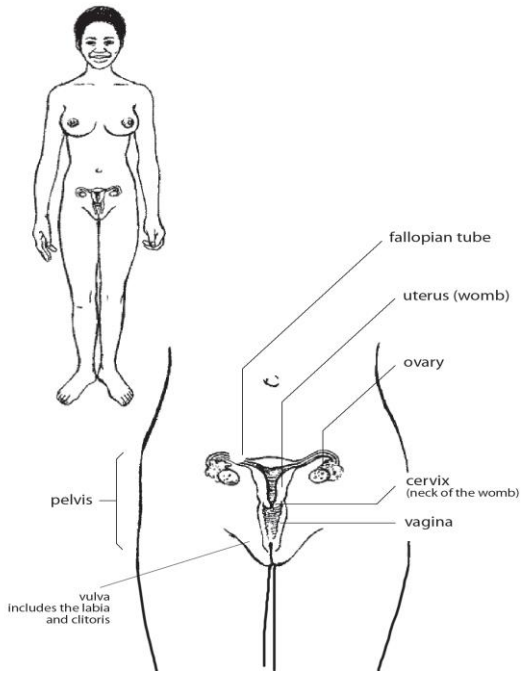
Myth: Menstrual blood is different from regular blood.
Fact: Menstrual blood *is* regular blood. This myth probably gained traction because menstrual blood flows from the vagina. And because vaginas are a normal part of the female body, there's nothing unusual or wrong with menstrual blood. And did you know it has no odor? Now *that's* a fact!

Potential risks of poor menstrual hygiene management

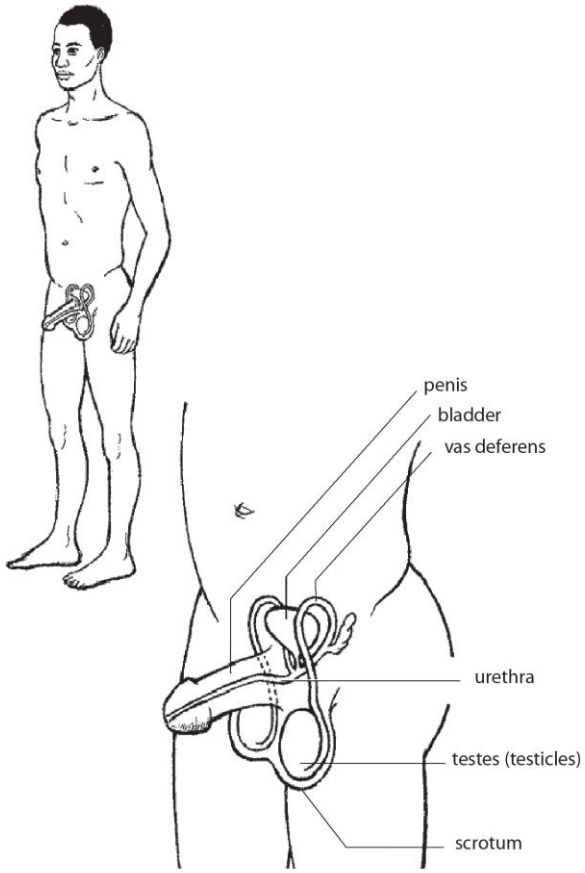
The risk of infection (including sexually transmitted infection) is higher than normal during menstruation because the plug of mucus normally found at the opening of the cervix dislodged and the cervix opens to allow blood to pass out of the body. In theory this creates pathway for bacteria to travel back into the uterus and pelvic cavity. In addition, the pH of the vagina is less acidic at this time and this makes yeast infections such as Thrush (Candidiasis) more likely. Certain practices are more likely to increase the risk of infection.
Using unclean rags, especially if they are inserted into the vagina, can introduce or support the growth of unwanted bacteria that could lead to infection. Some girls and boys and women may roll up sanitary pads and insert these into the vagina. Prolonged use of the same pad will also increase the risk of infection.
Douching (forcing liquid into the vagina) upsets the normal balance of yeast in the vagina and makes infection more likely. The practice of wiping from back to front following defecation or urination causes contamination with harmful anal bacteria, such as *Escherichia coli (E.coli)*, which can also be transmitted from the rectum to the urinary tract and/or vagina during sex.

How Pregnancy Happens

Fertilization takes place when a male sperm cell meets a female egg. After the male puts his penis in the female vagina and ejaculates, ejaculated sperm swim up through the cervix into the uterus to the fallopian tubes. If a mature egg is present, fertilization can take place. Sperm can fertilize an egg up to seven days after intercourse. If an egg is fertilized, it will move into the uterus (womb) where it will grow.



Male Reproductive System



The **penis** has the capacity to be limp or erect; it is very sensitive to stimulation. Part of the penis is covered by the **foreskin** in men who are not circumcised. The penis provides passage for both urine and semen. The penis places sperm in the woman's vagina during sexual intercourse.

The **testes** are two egg-shaped organs in front of and between the thighs. Each testicle produces and stores sperm, which can fertilize a woman's egg to begin fertilization, beginning at puberty

CONTRACEPTIVES

Contraception as defined by the oxford dictionaries is the deliberate use of artificial or other techniques to prevent pregnancy as a consequence of sexual intercourse. (Oxford Dictionaries 2013.)

Methods of contraception

There are many different methods (types) of contraceptives available today. According to World Health Organization (2013), factors to consider when choosing a particular contraceptive method include;

- The characteristic of the potential user,
- The background risk of diseases,
- Safety and adverse effect profiles of different products,
- Cost,
- Availability and
- Patient preferences.

Some of the common contraceptives are broadly categorized into four main types;

a) Hormonal methods
b) Intra uterine devices
c) Barrier methods
d) Natural methods

Each form of contraceptive under the broad type of contraceptive method are described below;

Hormonal methods

1. **Combined oral contraceptives (Pills)**

These are pills that contain estrogen and progesterone hormones. They function by preventing ovulation through the inhibition of follicle stimulating hormone and luteinizing hormone. The progesterone hormone makes the cervical mucus impenetrable and reduces the receptivity of the endometrium for conception. (WHO 2007, 41.) Combined oral contraceptives are said to provide almost 100% protections from unwanted pregnancies. While using them, the person experiences regular, short, light and painless bleeding at the end of each pack and this reassures protection. (Guilleband 2004, 9.)

In addition, combined oral contraceptives reduces the risk of endometrial and ovarian cancer and should not be taken while breastfeeding (WHO, 2013.) They are safe and suitable to nearly all women including those who have or have not had children, unmarried women, women of any age including adolescents and those who are over 40 years old. (WHO 2011, 5.)

2. **Progestrone only pills**

Progestogen only pills (pop) also known as mini-pill contains progestogen hormone but no estrogen. They disrupt ovulation by suppressing the mid-cycle peak of luteinizing and follicle stimulating hormones. Progesterone only pills also reduce the amount and increase the viscosity of the cervical mucus hence preventing the penetration of sperms. The failure rate of progesterone only pills is slightly higher than that of combined oral contraceptives. Pops's are safe for almost all women including those who have contradictions with estrogen. (Shoupe 2011, 40-41.) Progestrone only pills are taken daily with no pill-free days' interval. They should be taken at the same time to every day to maintain efficacy. Progestrone only pills are however known to cause altered bleeding patterns.

3. **Emergency contraceptive pills**

Emergency contraceptive pills are pills that contain hormones similar to those in oral contraceptives but in higher doses. They are also known as morning after or post-coital pills. They can be used to prevent pregnancy up to three days after unprotected sex. Emergency contraceptive pills are not a regular family planning method and are intended for emergency use only. Emergency contraceptive pills work by preventing implantation by altering the inner lining of the uterus (endometrium), prevent fertilization and as well prevent transport of the sperm and ovum. The mechanism depends on the time of the menstrual cycle when emergency contraceptive pills are used. However, emergency contraceptive pills do not interrupt of abort an already established pregnancy. Once a pregnancy has occurred, they are not any more effective. They must be taken within 72 hours of unprotected sex. (Hossaian, Khan, Rahman & Sebastian 2005, 21-24.)

4. **Progestogen only injectables**

Progestin -only injectables contain progestin similar to the natural hormone progesterone found in a woman's body. They do not contain estrogen and they can be used throughout breastfeeding and by women who cannot use methods that contain estrogen. Injectables are also known as depo-provera, the shot, megastron , is the most widely used .(IPPF 2013.)

Progestogen only injectables are injected into the muscle (intramuscular injection).The hormone is then released slowly into the skin and works by preventing ovulation. The effectiveness depends on the person getting injections regularly and the risk of pregnancy is greater when an injection is missed. With DMPA, a person may take an average of about 4 months before returning to fertility while NET-EN month longer than other methods. NET-EN however affects bleeding patterns less than DMPA and users have fewer days of bleeding in the first six months and are likely to have no monthly bleeding after one year as compared to DMPA. This is however, According to IPPF, (2013) is not harmful and it is considered similar to not having monthly bleeding during pregnancy,

5. **Combined injectable contraceptives (CIC))**

Combined injectable contraceptives are a group of hormonal contraceptives that are administered through intramuscular injection. As the name indicates they contain both progestin and estrogen. They provide protection against pregnancy for a period of 30 days hence the name monthly injectables. There are some similarities of CICs and progestin-only injectables in the sense that the new CICs contain exactly the same progestin as the two most widely used progestin-only injectables (Depo-provera and Noristerat) but the dose received over this time is lower with combined injectable contraceptives. Although the difference between progestin-only injectables and the combined injectables contraceptive is the presence of estrogen, the estrogen was incorporated mostly to improve of the menstrual cycle. (Population Reports 1996, 12.) Combined injectables provide contraception mainly by preventing ovulation. They also thicken the cervical mucus as well as suppressing the endometrial growth. (Population reports 2005, 9.)

6. **Implants**

These are small flexible rods or capsules that are placed just under the skin of the upper arm. They are barely visible but can be felt under the skin. They are one of the most effective contraceptive methods and provide long-term protection of up to 3 to five years depending on the type. Implants do not affect future fertility and fertility returns immediately after they are removed. They work by thickening the cervical mucus and this blocks the sperm from meeting the egg. They also disrupt the menstrual cycle including preventing ovulation. The most common side effect with implant is changes in the bleeding pattern although it is usually not harmful. (Population Reports 2007, 1-3.)

Intrauterine Devices

1. **Copper-bearing intrauterine device (IUD)**

This is a device that is inserted into a woman's uterus by a specifically trained health care provider. It is a safe and very effective contraceptive and once inserted the user benefits from up to 12 years of effective protection against unintended pregnancy although the recommended years of use may vary according to guidelines and policies of a particular country, (World Health Organization, UNFPA, UNAIDS and FHI 2011, 10). The copper IUD acts by preventing fertilization in the sense of the copper ion being toxic to the sperm. (Bhathena & Guillebaud 2008, 262.) According to World Health Organization, UNFPA, UNAIDS and FHI (2011, 10) studies have shown that copper bearing IUD is nearly effective as male or female sterilization. It is safe and suitable to nearly all women including those over 40 years, adolescents, those who have had pelvic inflammatory disease and are currently free from infection as well as those who are HIV infected and are on antiretroviral therapy and doing clinically well.

However, just like with most other contraceptives, copper-bearing IUD has some possible health risks which may include longer, heavier and sometimes painful menstrual periods especially during the first 3-6 months of use, risk of perforation of the wall of the uterus during insertion and occasionally an IUD can be expelled from its rightful place and if not noticed the woman becomes pregnant. This method is reversible immediately upon removal.

2. **Levonorgestrel Intrauterine Device**

This is an intra-uterine device just like copper-bearing IUD. It is inserted into the uterus by a trained health professional. It contains levonorgestrel hormone. Levonorgestrel hormone is a hormone similar to the hormone progesterone produced by the body. As a hormone, levonorgestrel is used to prevent pregnancy, reduce blood loss for women with heavy menstrual periods and in preventing endometrial hyperplasia (abnormal proliferation of the endometrium). It works by preventing the release of eggs from the ovary and increases the thickness of vaginal fluid hence preventing the sperm from reaching the egg .Levonorgestrel also changes the lining of the uterus hence making it difficult for the egg to develop. Levonorgestrel intra-uterine device is only suitable for long term use and is usually replaced after every five years. It however may increase chances of developing breast cancer and women using it need to regularly examine their breasts for any changes or lumps, (EMC Medicine Guide, 2010.)

Permanent methods

1. **Female sterilization**

This is a method of contraception that permanently prevents women from getting pregnant. It works by blocking the fallopian tubes such that the sperm cannot meet with the egg for fertilization. The procedure for female sterilization can be surgical or non-surgical. Through a surgical procedure, the fallopian tubes are cut, sealed or tied using tiny incisions made around the abdomen. This procedure is also known as tubal ligation and it works to prevent pregnancy right away. With the non-surgical procedure, a small spring-like coil is placed into each fallopian tube through the vagina and uterus using a thin tube. The coils cause scar tissues to form in the tubes thereby blocking them. It may however take up to three months for the scar tissue to block. U.S Department of Health & Human Services (2000)asserts that sterilization cannot be undone and it is only recommended for women who are sure they never want to have a baby or who do not want to have more children.

2. **Vasectomy**

Vasectomy is an operation that makes a man permanently unable to get a woman pregnant. In the male reproductive anatomy, sperms are made in the testicles and they travel through the vas deferens to mix with the seminal and prostrate fluids. The sperm, seminal fluid and prostate fluid makes up the semen that goes through the penis to outside the body during ejaculation. Vasectomy involves cutting the vas deferens on each side such that the sperm can no longer get into the semen. This procedure may be done through a small opening that is made on the side of the scrotum. A part of the vas

deferens is pulled and cut, the ends are then sealed either by stitching or searing with heat and the opening in the scrotum is closed using stitches. The other type of vasectomy procedure is called the no-scalpel vasectomy. It involves working through a small puncture in the scrotum. This puncture (hole) is so small and heals without stitches. (Ohio State University,2013.)

Barrier Methods

1. **Condoms**

There are both male and female condoms. The male condom has a covering that fits over a man's erect penis and forms a barrier to prevent contact of sperm and egg. With correct and consistence use, male condom effectives to prevent pregnancy is about 98 %. It also protects against sexually transmitted diseases including HIV. On the other hand, female condom is made of a thin transparent and soft plastic film. It contains linings that fit loosely inside a woman's vagina hence forming a barrier to prevent sperm and egg from meeting. Effectiveness of a female condom is rated 90% when used correctly and consistently. Similar to the male condom, according to the World Health Organization (2013), female condoms also protects against sexually transmitted infections including HIV.

2. **Spermicides and Diaphragms**

Diaphragm is a cup made of latex or silicone. This device is coated with a gel and is folded for insertion into the vagina. It is placed deep in the vagina before sex and needs to cover the cervix for proper protection. On the other hand, Spermicides is a jelly cream that is designed to prevent fertilization by killing or inactivating sperm and preventing passage of sperm to the cervical canal during contact. It dissolves the lipid component in cell membrane of the sperm. However, spermicides are not highly effective when used alone and are commonly used in combination with other barrier methods such as diaphragm for effectiveness.(Shoupe 2011, 103 and 109.)

3. **Cervical cap**

Cervical cap is a small, bowl-shaped device that fits over the cervix. It has a strap that makes it easy to remove. Like the diaphragm, the cervical cap is designed to use with the spermicide. It prevents pregnancy by creating both physical and spermicidal barrier at the opening of the cervix. After an intercourse, the cap should be left in place for at least six hours. The Association of reproductive health professionals (ARHP) maintains that the cervical cap should not be worn for more than 48 hours. (ARHP, 2011.)

Natural methods

1. **Fertility awareness method**

Fertility awareness based method (FAB) involves identifying the fertile days of the menstrual cycle either by observing fertility signs such as cervical secretions, basal body temperature or by monitoring menstrual cycle days, MMWR Recommendations Report (2010). According to Family Planning association (2010), it is difficult to tell the efficacy of this method and pregnancy rate vary depending on the method used or a combination of methods. Fertility awareness method is more effective when used consistently and correctly with no sexual intercourse during the fertile phase. If the person decides to have intercourse during the fertile period, other barrier methods may be used to reduce chances of pregnancy.

2. **Withdrawal method**

Withdrawal means pulling out the penis out of the vagina and away from the woman's external genitalia before ejaculation during an intercourse. It is also known as coitus interrupts or the pull out method. It can be used to prevent pregnancy when no other method is available although it requires great experience and trust. Withdrawal method has no medical or hormonal side effects and when

combined with other forms of contraceptives such as the cap, condom or diaphragm it is more effective. It is however not recommended for teens, sexually inexperienced persons or men who ejaculate prematurely because a considerable experience is needed for man to be able to tell exactly when he is going to ejaculate. (Freundl, Sivin & Batar 2010, 120-121.)

3. **Lactitional amenorrhea method (LAM).**

This is a temporary contraception for new mothers whose monthly bleeding has not returned. It requires exclusive breastfeeding day and night for infants less than 6 months old. It prevents the release of eggs from the ovaries hence preventing pregnancy. It is however a temporal family planning method based on natural effect of breastfeeding on fertility. (WHO 2013.)

Adolescent use of contraceptives

According to World Health Organization (2010, 12), adolescents are eligible to use any method of contraception and must have access to a variety of choices. Age alone does not make a medical reason for denying adolescents any method of contraception. Over the years, concerns have been raised regarding use of contraceptives. Most studies show that perceptions are a major factor influencing use of contraceptives among adolescents. Even though there is inadequate literature on perceptions and environment factors that influence adolescence use of contraceptive, perceptions about contraceptive use are influenced by information adolescents receive from family school and media. (Kinaro ,2012.)

According to Jaccard (2000, 1426), interest in the role of parents influencing the sexual behavior of adolescents has increased. Many parents adopt abstinence orientation but also discuss birth control with them to ensure they will use protection if they decide to engage in sexual intercourse. Some other parents are reluctant to adopt such approach with the fear that approving birth control may encourage adolescents to engage in sexual intercourse. Contrary to believes and perceptions, providing adolescents with information about contraception does not result in increased rates of sexual activity, earlier age of first intercourse or a greater number of partners . Instead, if adolescents perceive obstacles, they are more likely to experience negative outcome related to sexual activity. (AAP, 2007.)Social and behavioral issues should be important considerations in the choice of contraceptives methods by adolescents. Proper education and counseling before and at the time selecting a method of contraceptive can help adolescents address their problems and as well make informed and voluntary decisions, (WHO 2010, 12.)

Perception of the society regarding adolescence sex and use of contraceptives

Very often, gender stereotypes and role expectations of the society often put adolescents in various risks and limits. For instance, in some society men are taught that being sexually active is very important part of being a “man”. Some may be ridiculed for not being sexually active or are teased for being homosexuals. There are those who may be encouraged to have unprotected sex and in this case sexually transmitted infection may be regarded as a rite of passage for masculinity. On the other hand, female adolescents are often encouraged to be non-aggressive and to abstain from sexual activity until marriage. A female adolescent is more respected for being quiet, innocent and unaware of any sexual matters and this places them in difficult positions and may reduce their ability to refuse unwanted sex or to even negotiate safer sexual practices when sexual intercourse is desired. In the same way, in the societies where females/girls are married early to older men, marriage confers them to the status of adulthood. However, by virtue of age difference, education, income generating capacity and the non-assertive role expectations of the young woman and her older husband, it creates an imbalanced relationship. This makes it even more difficult for the adolescent wife to discuss matters such as desired timings and number of children to have, contraceptive use or any means of protection from sexually transmitted infections. (WHO 2004, 6-7).

According to Ikamari &Towet (2007), there are theoretical patterns that have been used to explain sexual activity among adolescents in today’s society. These are the social disorganization model and

the rational model. The social disorganization model observes that adolescent's sexual behavior is seen as a failure of social control over the young people by the elders and the rise of behavior is directed towards personal satisfaction and emotional pleasure rather than family responsibility. Urbanization and the increased influence of the western cultural practices to the young people are said to be responsible for the breakdown of traditional customs in the sense that the increased premarital sexuality and unmarried teenage pregnancies are seen as consequences of introduction of the western values and ways of conduct.

On the other hand, with rational adaptation model, young people exchange sexual favors for clothes, gifts or schools fees while others may opt to become pregnant as a way of proving their fertility and fitness for marriage or to gain financial benefits thereafter. This suggests that young people becoming sexually active may be a rational decision based on the benefits such as money or getting a husband verses the costs such as pregnancy and dropping out of school, abortions or even abandonment by a potential husband, (Ikamari & Towet, 2007, 1-2.)

When it comes to use of contraceptives, research have shown that very few sexually active adolescents especially in the developing countries do use modern contraceptives such as oral contraceptives or condoms although the statistics may vary with country. Among the identified limits to contraceptive use by adolescents include lack of knowledge, limited sex education and access to services, risk misperceptions and negative social norms around premarital sex and pregnancy. (Willliamson, Parkes, Wight, Petticrew & Hart 2009, 2.)

In addition, the environment for contraceptive by young people in both school and at home is not always that favorable and mostly the perceptions of contraceptives are generally negative. Majority of parents or guardian would object contraceptive use by unmarried adolescents and have negative opinion of unmarried adolescents using contraceptives. Most parents and teachers have negative perceptions and they focus their messages on negative effects of contraceptives. Moreover, in many schools sexuality education is left to unskilled teachers who give negative messages on contraceptive use hence the information given is inadequate while as parents lack confidence to discuss sexuality issues with the young people. (Kinaro, 2012.)

Religiosity which is simply defined as religious beliefs, practices, moral values and guidance and involvement in a faith community is also another factor when it comes to use of contraceptives. As part of moral guidance most religions have traditionally taught that sexual intercourse is between a man and woman who are within the context of marriage. There are those that teach that abortion and artificial means of contraceptives particularly the abortifacient types (those that are likely to cause abortion) are morally unacceptable. For instance, the Roman Catholic is clear on its opposition to both uses of contraception and abortion while as other faith systems such the Lutherans, Evangelicals, Jews and Muslims do prohibit abortions and may have limits on the use of some birth control methods that might cause an abortion as it is the case with the Lutherans. Parental religiosity has highly been linked to adolescents' behavior in the sense that adolescents whose parents are religious, they are likely to acquire the same. Research on adolescents shows that a higher level of religiosity (which could be more frequent attendance to church and self-report of religious importance) is associated with delay in the onset of sexual activity, lower number of lifetime partners, increased conservative sexual attitudes as well as decreased likelihood of having an abortion among pregnant adolescents, (Fehring and Ohlendolrf 2007, 402-405).

BODILY INTEGRITY

Bodily integrity is the inviolability of the physical body and emphasizes the importance of personal autonomy, self-ownership, and self-determination of human beings over their own bodies.

The principle of bodily integrity sums up the right of each human being, including children, to autonomy and self-determination over their own body. It considers an unconsented physical intrusion as a human rights violation.

While the principle has traditionally been raised in connection with practices such as torture, inhumane treatment and forced disappearance, bodily integrity has the potential to apply to wide range of human rights violations, which also affect children's civil rights.

Practices which violate a child's bodily integrity include all forms of physical violence, ranging from corporal punishment to forced medical treatment, sometimes against a child's express wishes. Non-therapeutic and unconsented surgeries are also violations of bodily integrity, and include practices such as 'corrective' genital surgery performed on intersex children, gender reassignment surgery, female genital mutilation, routine circumcision of male infants and boys, and the sterilisation of people with learning disabilities.

Children are especially vulnerable to such practices, as these are usually performed on people at a very young age when they are unable to speak up for and defend themselves, or give - or refuse - consent.

Why gender inequality is linked to bodily integrity

Violations of women and girls' bodily integrity, including Gender Based Violence (GBV), are often rooted in gender inequality. GBV infringes human rights and reinforces the inequities between women and men. Such violations include sexual assault, sexual exploitation and forced marriage. Therefore, bodily integrity is closely linked to our programmes in the area of sexual and reproductive health and rights (SRHR). However, bodily integrity and GBV go beyond sexual violence and SRHR. Restricting women's and girls' access to resources (including water), education and the labour market are also examples of gender inequality which strongly influence bodily integrity.

Having control and deciding over your own body, and the relation to maternal health

Bodily integrity is very important to Maternal Health. Women and girls have the right to decide freely on the number and timing of their children and to have the information and means to do so. To be able to make these choices it is important to have knowledge on reproductive health and access to contraceptives. Pregnant women and girls have the right to receive quality antenatal care, delivery services and post-natal care. Being aware of these rights is essential for women and girls to have a voice and claim this care. Rejecting an arranged marriage or demanding contraceptives or quality services during childbirth is impossible without being aware of these rights.

SESSION 10: FIRST AID, HOW TO ENSURE SAFETY AND TECHNOLOGY AND ITS EFFECTS

FIRST AID

Definition of first aid: When you provide basic medical care to someone experiencing a sudden injury or illness, it's known as first aid. In some cases, first aid consists of the initial support provided to someone in the middle of a medical emergency. This support might help them survive until professional help arrives. In other cases, first aid consists of the care provided to someone with a minor injury. For example, first aid is often all that's needed to treat minor burns, cuts, and insect stings

3 steps for emergency situations

If you encounter an emergency situation, follow these three basic steps:

1. Check the scene for danger: Look for anything that might be dangerous, like signs of fire, falling debris, or violent people. If your safety is at risk, remove yourself from the area and call for help. If the scene is safe, assess the condition of the sick or injured person. Don't move them unless you must do so to protect them from danger.

2. Call for medical help, if needed: If you suspect the sick or injured person needs emergency medical care, tell a nearby person to call 911 or the local number for emergency medical services. If you're alone, make the call yourself.

3. Provide care: If you can do so safely, remain with the sick or injured person until professional help arrives. Cover them with a warm blanket, comfort them, and try to keep them calm. If you have basic first aid skills, try to treat any potentially life-threatening injuries they have. Remove yourself from danger if at any point in the situation you think your safety might be at risk.

First aid bandage

In many cases, you can use an adhesive bandage to cover minor cuts, scrapes, or burns. To cover and protect larger wounds, you might need to apply a clean gauze pad or roller bandage. To apply a roller bandage to a wound, follow these steps:

1. Hold the injured area steady.
2. Gently but firmly wrap the bandage around the injured limb or body part, covering the wound.
3. Fasten the bandage with sticky tape or safety pins.
4. The bandage should be wrapped firmly enough to stay put, but not so tightly that it cuts off blood flow.

To check the circulation in a bandaged limb, pinch one of the person's fingernails or toenails until the color drains from the nail. If color doesn't return within two seconds of letting go, the bandage is too tight and needs to be adjusted.

First aid for burns: If you suspect that someone has a third-degree burn, call 911. Seek professional medical care for any burns that:

- cover a large area of skin
- are located on the person's face, groin, buttocks, hands, or feet
- have been caused by contact with chemicals or electricity

To treat a minor burn, run cool water over the affected area for up to 15 minutes. If that's not possible, apply a cool compress to the area instead. Avoid applying ice to burned tissue. It can cause more damage.

Over-the-counter pain relievers can help relieve pain. Applying lidocaine or an aloe vera gel or cream can also reduce discomfort from minor burns.

To help prevent infection, apply an antibiotic ointment and loosely cover the burn with clean gauze. Find out when you should contact a doctor for follow-up care.

First aid CPR: If the area around the unconscious person seems safe, approach them and begin CPR. Even if you don't have formal training, you can use hands-only CPR to help keep someone alive until professional help arrives. Here's how to treat an adult with hands-only CPR:

1. Place both hands on the center of their chest, with one hand on top of the other.
2. Press straight down to compress their chest repeatedly, at a rate of about 100 to 120 compressions per minute.
3. Compressing the chest to the beat of "Staying Alive" by the Bee Gees or "Crazy in Love" by Beyoncé can help you count at the correct rate.
4. Continue performing chest compressions until professional help arrives.

Learn how to treat an infant or child with CPR and how to combine chest compressions with rescue breathing.

First aid for bee sting: For some people, a bee sting is a medical emergency. If a person is having an allergic reaction to a bee sting, call 911. If they have an epinephrine auto-injector (like an EpiPen), help them find and use it. Encourage them to remain calm until help arrives. Someone who's stung by a bee and showing no signs of an allergic reaction can usually be treated without professional help. If the stinger is still stuck under the skin, gently scrape a credit card or other flat object across their skin to remove it. Then wash the area with soap and water and apply a cool compress for up to 10 minutes at a time to reduce pain and swelling. To treat itching or pain from the sting, consider applying calamine lotion or a paste of baking soda and water to the area several times a day

First aid for nosebleed: To treat someone with a nosebleed, ask them to:

1. Sit down and lean their head forward.
2. Using the thumb and index finger, firmly press or pinch the nostrils closed.
3. Continue to apply this pressure continuously for five minutes.
4. Check and repeat until the bleeding stops.

If you have nitrile of vinyl gloves, you can press or pinch their nostril closed for them. If the nosebleed continues for 20 minutes or longer, seek emergency medical care. The person should also receive follow-up care if an injury caused the nosebleed.

First aid for heatstroke: When your body overheats, it can cause heat exhaustion. If left untreated, heat exhaustion can lead to heatstroke. This is a potentially life-threatening condition and medical emergency. If someone is overheated, encourage them to rest in a cool location. Remove excess layers of clothing and try to cool their body down by doing the following:

- Cover them with a cool, damp sheet.
- Apply a cool, wet towel to the back of their neck.
- Sponge them with cool water.

Call 911 if they develop signs or symptoms of heatstroke, including any of the following:

- nausea or vomiting
- mental confusion
- fainting
- seizures
- a fever of 104°F (40°C) or greater

If they're not vomiting or unconscious, encourage them to sip cool water or a sports drink.

First aid for heart attack: If you think someone might be experiencing a heart attack, call 911. If they've been prescribed nitroglycerin, help them locate and take this medication. Cover them with a blanket and comfort them until professional help arrives. If they have difficulty breathing, loosen any clothing around their chest and neck. Start CPR if they lose consciousness.
First aid kit for babies: To prepare for potential emergencies, it's a good idea to keep a well-stocked first aid kit in your home and car. You can buy preassembled first aid kits or make your own.

If you have a baby, you might need to replace or supplement some of the products in a standard first aid kit with infant-appropriate alternatives. For example, your kit should include an infant thermometer and infant acetaminophen or ibuprofen. It's also important to store the kit in a place where your baby can't reach it. Ask your pediatrician or family doctor for more information about infant-friendly first aid.

First aid kit list

You never know when you might need to provide basic first aid. To prepare for the unpredictable, considering storing a well-stocked first aid kit in your home and car. It's also a good idea to have a first aid kit available at work.

You can buy preassembled first aid kits from many first aid organizations, pharmacies, or outdoor recreation stores. Alternatively, you can create your own first aid kit using products purchased from a pharmacy.

A standard first aid kit should include:

- adhesive bandages of assorted sizes
- roller bandages of assorted sizes
- absorbent compress dressings
- sterile gauze pads
- adhesive cloth tape
- triangular bandages
- antiseptic wipes
- aspirin
- acetaminophen or ibuprofen
- antibiotic ointment
- hydrocortisone cream
- calamine lotion
- nitrile or vinyl gloves
- safety pins
- scissors
- tweezers
- thermometer
- breathing barrier
- instant cold pack
- blanket
- first aid manual

It's also smart to include a list of your healthcare providers, emergency contact numbers, and prescribed medications in your first aid kits.

Outlook

It's important to protect yourself from contagious illnesses and other hazards when providing first aid. To help protect yourself:

- Always check for hazards that could put your safety at risk before approaching a sick or injured person.
- Avoid direct contact with blood, vomit, and other bodily fluids.
- Wear protective equipment, such as nitrile or vinyl gloves when treating someone with an open wound or a breathing barrier when performing rescue breathing.
- Wash your hands with soap and water immediately after providing first aid care.

In many cases, basic first aid can help stop a minor situation from getting worse. In the case of a medical emergency, first aid might even save a life. If someone has a serious injury or illness, they should receive follow-up care from a medical professional.

HOW TO ENSURE SAFETY

TECHNOLOGY AND ITS EFFECTS

MODULE 4: MENTAL HEALTH NUTRITION AND HYGIENE

SESSION 11: MENTAL HEALTH

MENTAL HEALTH DISORDERS IN ADOLESCENTS

Common mental Health disorders among adolescents

Introduction: Adolescence (10–19 years) is a unique and formative time. Multiple physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Promoting psychological well-being and protecting adolescents from adverse experiences and risk factors that may impact their potential to thrive are critical for their well-being during adolescence and for their physical and mental health in adulthood

Psychologic and social problems, particularly involving behavior and school issues, are more common during adolescence than at any other time during childhood. Adolescents are much more independent and mobile and are often out of the direct control of adults. When misbehavior becomes severe and frequent, adolescents should be evaluated for a psychosocial disorder by a mental health professional. In particular, depression, anxiety, and eating disorders are common during adolescence. Adolescents who have anxiety or mood disorders may have physical symptoms such as fatigue or chronic fatigue, dizziness, headache, and abdominal or chest pain.

Depression: Depression includes a feeling of sadness (or, irritability in children), and/or loss of interest in activities. In major depression, these symptoms last 2 weeks or more and interfere with functioning or cause considerable distress. symptoms may follow a recent loss or other sad event but Is out of proportion to that event and persists beyond an appropriate length of time. Mood dysregulation disorder involves persistent irritability and frequent episodes of behavior that is very out of control

Symptom of Depression in Children

- Feeling sad or irritable
- Having no interest in favorite activities
- Withdrawing from friends and social situations
- Being unable to enjoy things
- Feeling rejected and unloved or worthless
- Feeling fatigued or without any energy
- Not sleeping well and having nightmares or sleeping too much
- Blaming themselves
- Losing their appetite and weight
- Having problems thinking, concentrating, and making choices
- Thinking about death and/or suicide
- Giving away valued possessions
- Complaining of new physical symptoms
- Making lower grades in school

Suicide: Suicide behavior is an action intended to harm oneself and includes suicide gestures, suicide attempts, and completed suicide. Suicidal ideation is thoughts and plans about suicide. Suicide attempts are acts of self-harm that could result in death, such as hanging or drowning.

- A stressful event may trigger suicide in children who have a mental health disorder such as depression.
- Children at risk of suicide may be depressed or anxious, withdraw from activities, talk about subjects related to death, or suddenly change their behavior.
- Family members and friends should take all suicide threats or attempts seriously.
- Health care practitioners try to determine how serious the risk of suicide is.
- Treatment may involve hospitalization if the risk is high, drugs to treat other mental health disorders, and individual and family counseling.

Risk factors to suicide

Suicidal thoughts do not always lead to suicidal behavior, but they are a risk factor for suicidal behavior. Several factors typically interact before suicidal thoughts become suicidal behavior. Very often, there is an underlying mental health disorder and a stressful event that triggers the behavior. Stressful events include

- Death of a loved one
- A suicide in school or another group of peers
- Loss of a boyfriend or girlfriend
- A move from familiar surroundings (such as the school or neighborhood) or friends
- Humiliation by family members or friends
- Being bullied at school, especially for lesbian, gay, bisexual, and transgender (LGBT) students
- Failure at school
- Trouble with the law

Anxiety disorders are characterized by fear, worry, or dread that greatly impairs the ability to function and is out of proportion to the circumstances.

Types of anxiety disorders

Anxiety disorders include

Agoraphobia

Adolescents experience intense fear or anxiety during or before activities such as

- Using public transportation
- Being in open spaces
- Being in enclosed public spaces (such as a store or movie theater)
- Standing in line or being in a crowd
- Being outside the home alone

Panic disorder

Panic disorder is characterized by panic attacks that occur at least once a week. A panic attack is a brief (about 20-minute) episode of intense fear that is usually accompanied by physical symptoms, such as rapid breathing, a rapid heartbeat, sweating, chest pain, and nausea.

- Panic disorder is diagnosed when one have panic attacks frequently enough to cause significant impairment or suffering.
- Panic disorder is usually treated with a combination of drugs and behavioral therapy.

Separation anxiety disorder

Separation anxiety disorder involves persistent, intense anxiety about being away from home or being separated from people to whom a child is attached, usually the mother.

- Most children feel some separation anxiety but usually grow out of it.
- Children with separation anxiety disorder often cry and plead with the person who is leaving and, after the person leaves, think only about being reunited.
- Doctors base the diagnosis on symptoms and their duration.
- Behavioral therapy is usually effective, and individual and family psychotherapy may help.
- Treatment aims to enable children to return to school as soon as possible.

Some degree of separation anxiety is normal and occurs in almost all children, especially in very young children. Children feel it when a person to whom they are attached leaves. That person is usually the mother, but it can be either parent or another caregiver. The anxiety typically stops as children learn that the person will return. In separation anxiety disorder, the anxiety is much more intense and goes beyond that expected for the child's age and developmental level. Separation anxiety disorder commonly occurs in younger children and is rare after puberty.

- Some life stress, such as the death of a relative, friend, or pet or a geographic move or a change in schools, may trigger separation anxiety disorder.

SOCIAL ANXIETY DISORDER IN CHILDREN AND ADOLESCENTS

Social anxiety disorder involves a persistent fear of being embarrassed, ridiculed, or humiliated in social situations.

- Children and adolescents with social anxiety disorder typically avoid social events and other situations that might expose them to humiliation or embarrassment.
- Doctors diagnose social anxiety disorder based on symptoms.
- Behavioral therapy may help, but a drug to reduce anxiety may be needed.

Sometimes social anxiety disorder develops after an embarrassing incident.

Generalized anxiety disorder involves excessive, persistent nervousness, worry, and dread about many activities or events.

- Because of their worries, children with generalized anxiety disorder have problems paying attention and may be restless and irritable.
- Doctors diagnose generalized anxiety disorder based on characteristic symptoms that have lasted 6 months or more.
- Training children how to relax is often the best treatment, but sometimes a drug to reduce the anxiety is needed.

Symptoms: In children with generalized anxiety disorder, worries are general and encompass many things and activities rather than one specific thing such as being away from their mother (as in separation anxiety disorder). Controlling the worries is difficult. Stress worsens the anxiety.

These children often have difficulty paying attention and may be hyperactive, restless, and irritable. They may feel keyed up, tense, or on edge. They may also sleep poorly, sweat excessively, feel exhausted, and complain of physical symptoms, such as stomachache, muscle aches, and headache.

Diagnosis: The diagnosis of generalized anxiety disorder is based on symptoms: excessive worries that do not focus on a particular activity or situation or that include many activities and situations. General anxiety disorder is diagnosed when symptoms last for 6 months or more.

Treatment

- Relaxation training
- Sometimes drugs

If anxiety is mild, relaxation training is often the most appropriate treatment. Other types of counseling may also be tried.

Signs and symptoms of stress overload: The most dangerous thing about stress is how easily it can creep up on you. You get used to it. It starts to feel familiar, even normal. You don't notice how much it's affecting you, even as it takes a heavy toll. That's why it's important to be aware of the common warning signs and

Symptoms of stress overload

Cognitive symptoms:	Memory problems Inability to concentrate Poor judgment Seeing only the negative Anxious or racing thoughts Constant worrying
Emotional symptoms:	Depression or general unhappiness Anxiety and agitation Moodiness, irritability, or anger Feeling overwhelmed Loneliness and isolation Other mental or emotional health problems
Physical symptoms :	Aches and pains Diarrhea or constipation Nausea, dizziness Chest pain, rapid heart rate Loss of sex drive Frequent colds or flu
Behavioral symptoms:	Eating more or less Sleeping too much or too little Withdrawing from others Procrastinating or neglecting responsibilities Using alcohol, cigarettes, or drugs to relax Nervous habits (e.g. nail biting, pacing)
Common causes of stress	
External causes of stress	Major life changes

include:	Work or school Relationship difficulties Financial problems Being too busy Children and family
Internal causes of stress include:	Pessimism Inability to accept uncertainty Rigid thinking, lack of flexibility Negative self-talk Unrealistic expectations / perfectionism All-or-nothing attitude

SESSION 12: NUTRITIANAL NEEDS AMONG ADOLESCENTS

Adolescents (10 - 19 years)

Growth during adolescence is faster than at any other time in an individual's life except for the first year. This period is associated with hormonal, cognitive and emotional change, and is often confounded by lifestyle changes, such as leaving home, changing schools or starting work. It is also the time when peer-influenced, lifetime eating habits are established. Investing in good nutrition during adolescence helps this age group to develop good health that will carry on into their later years.

Eighteen percent of adolescents in Kenya fall pregnant. Because they still require energy and nutrient reserves for their own growth, conception could result in competition for these reserves with their unborn child. Consequently, adolescent mothers could end up suffering from moderate preconception anaemia, and their infants being born with low birth weight.

A large number of adolescents between 14-19 years of age are in boarding schools and may not have control over the foods they are served. They are also vulnerable to peer pressure and media, especially in relation to body image and marketing of food choices/sources. This could result in consumption of excess salt, sugar and/or fats, risky health behaviors such as anorexia nervosa (refusal to eat for fear of gaining weight). They could also get exposed to, and start engaging in habits such as smoking, drugs and alcohol use. Such habits may increase the risk of undernutrition, over nutrition and NCDs.

Nutritional requirements

Adolescents have the highest energy and protein requirements of any age group. During the adolescent growth spurt, protein needs (relative to body weight) are high and utilization of protein is dependent on adequacy of energy intake. In cases where the protein intake is sufficient but calorie intake is not, the protein cannot be utilized for growth unless energy requirements are met. Adolescent males have higher energy requirements since they experience greater increases in height, weight and lean body mass than females. The requirement for certain vitamins and minerals, which play significant roles for tissue growth, cell and bone formation, is higher. Iron requirements also increase dramatically as a result of expansion of the total blood volume, increase in lean body mass and onset of menses in young females. Therefore, adolescents, particularly girls, are vulnerable to iron deficiency anaemia.

Energy and Protein Requirements

During adolescence, there are significant increases in height and weight. Both muscle and fat increase, but girls gain more fat, and boys gain more muscle. The requirement of energy (carbohydrates, healthy fats) and proteins increases considerably during this period. The nutrient needs also change depending on the adolescent's physical activity, so the more active the adolescent is in sports, farming, etc, the higher their energy and protein requirements. It is important to note that the protein requirement of an adolescent living in an economically poor environment will be met for as long as they take adequate energy foods. However, if their energy intake is low, the protein they eat is used to meet energy needs. The adolescent will then risk having low growth rate and muscle mass even if they take adequate protein in their food

Iron requirements: Iron needs are at their highest during adolescence due to rapid growth with sharp increase in lean body mass, blood volume and red cell mass. In boys, there is a sharp increase in the iron requirements. After the growth spurt and sexual maturation, there is a rapid decrease in growth spurt and need for iron. As a result, there is an opportunity to recover from an iron deficiency that might have developed during this peak growth.

In girls, however, the growth spurt is not as great, but menstruation typically starts about one year after peak growth and some iron is lost during menstruation. The risk for iron deficiency is therefore

heightened if iron losses are not restored through adequate iron intake in the diet. Iron requirements in adolescence are greater if there are infectious diseases such as HIV, malaria and parasitic infections that can cause iron loss, and because of low bio-availability of iron from diets

Calcium requirements: During adolescence, there is increased muscular, skeletal and endocrine development; hence dietary calcium needs are greater during puberty and adolescence than in any other population age group except pregnant women. The mineral quantity in the bone must be optimal during puberty to prevent osteoporosis (risk of fracture/breaking bones in later life).

Zinc requirements: Zinc is important for growth and sexual maturation during puberty. It helps in bone formation and prevents bone loss. Limited intake of zinc-containing foods may affect physical growth as well as development of secondary sex characteristics (beard, breasts, voice change, etc.)

Iodine requirements: With the high rate of teenage pregnancies, iodine is important to support their own growth as well as the needs of the foetus. Iodine deficiency during pregnancy may cause increased miscarriages, still births, birth abnormalities and mental retardation. Severe iodine deficiency in children results in learning disability and lowered achievement

Vitamins: The requirements for vitamins are also increased during adolescence. Because of higher energy demands, more vitamin B rich foods are necessary to help release energy from carbohydrates. The increased rate of growth and sexual maturation increases the demand for folic acid and vitamin B-12. With increasing evidence of the role of folic acid in the prevention of birth defects, all adolescent girls should be encouraged to consume the recommended amount of folic acid from supplements in addition to intake of food folate from varied diet. The rapid rate of skeletal growth demands more vitamin D. Vitamins A, C are needed in increased amount for new cell growth.

A large number of adolescents between 14-19 years of age are in boarding schools and may not have control over the foods they are served. They are also vulnerable to peer pressure and media, especially in relation to body image and marketing of food choices/sources. This could result in consumption of excess salt, sugar and/or fats, risky health behaviours such as anorexia nervosa (refusal to eat for fear of gaining weight). They could also get exposed to, and start engaging in habits such as smoking, drugs and alcohol use. Such habits may increase the risk of undernutrition, overnutrition and NCDs

Recommended calorie intake

Age category	**Calorie intake**
10-15 years	40-60kcal/kg
15-18years	35-40kcal/kg

Nutrient	**Male**	**Female**
Energy (kcal)	2500	2150
Protein (g)	0.9	0.9
Vitamin A (µg RE)	600	600
Vitamin D (µg)	5	5
Vitamin E (mg α-TE)	10	7.5
Vitamin K (µg)	35-65	35-65
Vitamin C (mg)	40	40
Vitamin B1 (mg)	1.2	1.1
Vitamin B2 (mg)	1.3	1.0
Niacin (mg NE)	16	16
Vitamin B6 (mg)	1.3	1.2

Folate (µgDFE/day)	400	400
Vitamin (B12)	2.4	2.4
Calcium (mg)	1300	1300
Phosphorus (mg)	1200	1200
Magnesium (mg)	250	250
Iron (mg)	12	15
Zinc (mg)	15	12
Iodine (µg)	110	100
Selenium (µg)	34	26

Key messages

1. Eat at least three nutritious meals every day and two snacks.

2. Eat a variety of foods from at least four food groups. Eat several servings of dairy products, green leafy vegetables and other calcium-rich foods and beverages for the growth of bones, in addition to the other basic foods of starches and proteins.

3. Avoid sticky, sugar-rich and salty snacks that are high in fat to reduce exposure to excess weight gain, tooth decay, diabetes and cardiovascular diseases.

4. For girls, eat iron rich foods due to menstruation, increased blood volume and muscle mass.

5. At home, limit eating in rooms of the house other than the kitchen and dining room.

6. Have “family meals” and keep mealtimes pleasant.

· Turn off the TV so you can enjoy being together

· Talk to each other

· Model polite table manners

7. Encourage the adolescent to make his/her own snacks and meals, like breakfast. Ask him/her to plan some family meals.

8. Help the adolescent to start his/her day with a healthy breakfast which includes foods from at least 3 main food groups. Together with the rest of the family, create and post a list of breakfast ideas as a handy reference. Do the same for snacks and packed lunch ideas. If the adolescent needs energy boost for after school sports activities, remind him/her to pack a healthy snack and water.

9. Keep plenty of calcium-rich foods and beverages on hand (milk and milk products, omena, amaranth seeds, etc.).

10. Encourage iron-rich foods to meet the increased needs for menstruating females (to replace iron loss in blood) and for males (as their muscle mass develops). Good iron sources: beef and pork (choose lean cuts: round and loin), shellfish, skinless poultry, fish, iron-fortified cereals and breads, tofu, legumes, dried fruits, dark green vegetables. Vitamin C (found in many fruits and vegetables) enhances the absorption of iron from plant food sources.

11. Watch for signs of an eating disorder: extreme concern or fear about body weight and shape, refusal to eat, excessive exercising, laxative abuse, bingeing (out of control eating), vomiting after meals. If one has any concerns about the adolescent, they should seek professional help.

12. There should be a positive role model for the adolescent. If the role model (parent, caregiver, older sibling, uncle or aunt) eats and enjoys a well-balanced diet, tries new foods, uses polite table manners, and practices healthy eating habits, chances are that the adolescent will do the same.

SESSION 13: EATING DISORDERS

Early warning signs of eating disorders

Adolescents can become fussy about particular foods or lose weight for lots of reasons. It is important to get any concerns checked by a health professional. Some signs that a young person might have an eating disorder and that should be investigated further include:

- rapid weight loss or weight gain
- changes in shape
- feelings of unhappiness with body shape and size
- an intense fear of gaining weight
- denial of being hungry
- deceptive behavior around food -- for instance, throwing out or hiding school lunches
- avoiding food and eating in social situation
- excessive physical activity
- compulsive exercising and a need to be active all the time
- eating in secret
- cutting out particular food groups, such as meat or dairy products
- developing food rituals – such as always using the same bowl, cutting food up into tiny pieces or eating very slowly
- behavioral changes – such as social withdrawal, irritability or depression
- sleep disturbance.

Types of eating disorders

The main types of eating disorders are

anorexia nervosa – characterized by restricted eating, loss of weight and a fear of putting on weight

bulimia nervosa – periods of binge eating (often in secret), followed by attempts to compensate by excessively exercising, vomiting, or periods of strict dieting. Binge eating is often accompanied by feelings of shame and being 'out of control'

binge eating disorder – characterized by recurrent periods of binge eating (can include eating much more than normal, feeling uncomfortably full, eating large amounts when not physically hungry). Feelings of guilt, disgust and depression can follow binge eating episodes. Binge eating does not involve compensatory behaviors

other specified feeding or eating disorder (OSFED) – feeding or eating behaviors that cause the individual distress and impairment, but do not meet criteria for the first three eating disorders

Adults (20-59 Years)

Nutritional requirements

Energy requirements do not change greatly between the ages of 20 and 59, except during pregnancy or lactation. The type of work (heavy manual or sedentary) affects the level of energy expenditure and needs. The dietary energy intake of a healthy, well-nourished adult should allow him/her to maintain an adequate BMI at the population's usual level of energy expenditure. At the individual level, a

normal range of 18.5 to 24.9 kg/m2 BMI is generally accepted. Women have the additional requirements of iron and calcium due to menstruation, pregnancy and breastfeeding.

RECOMMENDED KILOCALORIE INTAKE FOR ADULTS WITH DIFFERENT NUTRITIONAL STATUS

	SEDENTARY	MODERATE	ACTIVE
OVERWEIGHT	20-25 kcal/kg	25-30kca/kg	30-35 kcal/kg
NORMAL	25-30 kcal/kg	30-35 kcal/kg	35-40kcal/kg
UNDERWEIGHT	30-35kcal/kg	35-40kcal/kg	40-45kcal/kg

Mineral and Vitamins Requirement for adults Nutrient	**Adult women**	**Adult men**
Vitamin A (µg RE)	500	600
Vitamin D (µg)	5 (19-50) 10 (50+)	5 (19-50) 10 (50+)
Vitamin E (mg α-TE)	7.5	10
Vitamin K (µg)	55	65
Vitamin C (mg)	45	45
Vitamin B1 (mg)	1.1	1.2
Vitamin B2 (mg)	1.1	1.3
Niacin (mg NE)	14	16
Vitamin B6 (mg)	1.3(19-50) 1.7 (50+)	1.3 (19-50) 1.5 (50+)
Folate (µg)	400	400
Vitamin (B12)	2.4	2.4
Calcium (mg)	1000	1000
Phosphorus (mg)	800	800
Magnesium (mg)	220	260
Iron (mg)	15	29
Zinc (mg)	12	14
Iodine (µg)	110	130
Selenium (µg)	26	34

SOURCE: WHO/FAO (2001)

Key messages

Adults 20-59 years should follow the key messages outlined in Chapter 2 to maintain a healthy eating pattern while staying within their calorie needs. In addition, the following messages can be used to promote healthy diets among this age group.

1. Build healthy eating patterns.

· Select an eating pattern that meets nutrient needs over time at an appropriate level, depending on energy expenditure.

· Consume meals from at least 3-4 food groups.

· Assess all foods and beverages to determine how they fit within a total healthy eating pattern.

· In cases when meals are taken away from home, carry healthy meals or select from healthy food choices.

· Follow food safety recommendations (highlighted in Chapter 5 of these Guidelines) when preparing and eating foods to reduce the risk of food borne illnesses.

2. **Maintain appropriate energy intake to maintain a good health status.**

Balance intake of meals that provide energy with energy expenditure to manage weight. For overweight or obese people, this will mean consuming foods that are lower in food energy.

3. Avoid intake of sugar-rich, salty and high fatty foods/ snacks and beverages.

· Limit intake of sugars to 5% of total energy. This is equivalent to 25g (or around 6 level teaspoons).

· Limit the amount of total fat intake to less than 30% of total energy intake.

· Use iodised salt but limit it to less than 5g of salt (equivalent to approximately 1 teaspoon) per day.

4. Engage in some form of physical activity (refer to Chapter 6 for age-specific recommendations).

MODULE 5: CONTEMPORARY ISSUES

SESSION 14: LEADERSHIP AND GOVERNANCE, LIFE SKILLS, FINANCIAL MANAGEMENT

LEADERSHIP AND GOVERNANCE

Qualities of Effective Leadership and Its impact on Good Governance

Introduction: Without effective leadership and Good Governance at all levels in private, public and civil organizations, it is arguably virtually impossible to achieve and to sustain effective administration, to achieve goals, to sustain quality and deliver first-rate services. The increasing complexities and requirements arising from the constant change in society, coupled with the constant push for higher levels of productivity, require effective and ethical leadership. Good governance and effective-ethical leadership are the essential requirements for an organization to be considered successful in the eyes of all stakeholders in the 21st century.

What is meant by Leadership? Leadership is a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent. A process whereby an individual influences a group of individuals to achieve a common goal. From the above definition of the term one can understand that it includes the process by which individuals influence others. The outcome of the process is nothing but achieving a common goal through the commitment and willingness of both leaders and followers.

Governance: Governance" means: the process of decision-making and the process by which decisions are implemented (or not implemented. governance can be used in several contexts such as corporate governance, international governance, national governance and local governance. it is also defined as "the manner in which power is exercised in the management of a country's social and economic resources for development". governance can be seen, therefore, as the exercise of economic, political and administrative authority to manage a country's affairs at all levels. It comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences.

Since governance is the process of decision-making and the process by which decisions are implemented, an analysis of governance focuses on the formal and informal actors involved in decision-making and implementing the decisions made and the formal and informal structures that have been set in place to arrive at and implement the decision.

Essential Qualities of Effective Leadership

Competence: Competency is among the important qualities of an effective leadership. In its most basic form, the anatomy of leadership is a matter of character and competence. As a leader, the leader must be seen by his followers being an expert in our field or an expert in leadership. Unless his followers see as highly credential--either by academic degree or with specialized experience--and capable of leading his group or organization to success, it will be more difficult for him to be respected, admired, or followed.

Practically speaking, not all leaders immediately possess all of the qualities that spell success. Many leaders learn along the way with hard work. As crises and challenges arise, those at the top of the hierarchy have key opportunities to demonstrate to others that they are in fact, qualified to be leaders. In actuality, greater competency can be achieved as a leader gains more on-the-job experiences.

For a leader to be genuinely competent, he needs to demonstrate both ***professional and leadership competencies***. Leader's professional competency rests on a particular expertise of certain professional area. This shows that based on the area of expertise, professional competency varies. The other important aspect of an effective leadership quality is leadership competency, which refers to how the leader understands different levels of leadership responsibility and kinds of leadership approach applied appropriately to the right level. Leadership in private institutions is exercised differently from leadership regarding public institutions. This shows that in each case the leadership skills are different based on the nature of the institutions.

Accountability: Accountability is a concept in ethics and governance with several meanings. It is another important quality for an effective leadership and often used synonymously with such concepts as responsibility, answer-ability, blameworthiness, liability and other terms associated with the expectation of account-giving. As an aspect of governance, it has been central to discussions related to problems in the public sector, nonprofit and private (corporate) worlds.

In leadership roles, accountability is the acknowledgement and assumption of responsibility for actions, products, decisions, and policies including the administration, governance, and implementation within the scope of the role or employment position and encompassing the obligation to report explain and be answerable for resulting consequences.

Through accountability, a leader fosters trust. Accountability can be manifested by taking risks for both success and failure of an organization. Accountability is not something blaming others for failure. Rather it is taking part in every process or journey to reach at best the destination by learning from the current events be it good or bad. It is a true leader that acts in this by taking a risk.

Openness/Integrity: Openness is the other essential quality of an effective leader**.** Openness as a leadership quality has many things in it. The first is openness to accept change or new idea. Since change is an undeniable part of life, the leader has to be ready to accept this. The reality is that life stops when change stops. A key part of leadership is recognizing and adapting to change, and making choices about how change happens when you need to Change is feared by most people, so it is understandable that they resist it.

Our ability to choose the direction of change, and to recognize the opportunities that present themselves when uninvited change occurs is enhanced by our self-awareness. It results in an openness to change that is the second key to what makes a good leader. When we become open to change we could get to choose the kind of change that happens and how it will work for us and our organization. Openness, among others, consists integrity in it. Through openness, we build our personal integrity which implies that our strong internal guiding principles that one does not compromise.

Language/Relationships: In our everyday life, the way we communicate with others may have its own positive or negative impact on the relationships we have with others. Whatever the case, in order to have a positive relation with others, we have to use positive language instead of negative language. Negative languages are "killing languages". When we say language, it is not mere types of language we speak; rather it is the style of receiving and giving certain information by using any language. While communicating with others, the leader has to use constructive words, terms or phrases instead of killing words or terms or phrases. We have to wash our destructive words by using more constructive terms.

Effective communication skills undoubtedly top the list of most important leadership qualities - irrespective of which field is being taken into consideration. An individual shouldn't just have ideas, but should also exercise the means of communicating these ideas across the table in an effective manner.

> The concept of effective communication is not just restricted to the act of delivering speeches from the stage or addressing a gathering of people, it includes any communication with

individuals at the grass roots and taking their feedback. As a leader of certain organization we may address various issues with people at different level, but ignoring these differences while communicating costs us a lot if we did not use constructive terms while communicating with others based on the context at hand. The leader is expected to communicate positively even towards irritating issues or persons.

Values/Community: Value is another important quality that effective leaders must possess. Value is the intrinsic worth, quality or excellence that renders a thing useful or desirable. It is a core belief what is right and fair in terms of one's actions and interactions with others. It is the tool we use in making decision. What we build through a process while living in a given society is our own character. And it is our character … that ultimately determines the course of our lives. Values may be based on knowledge, aesthetic consideration, moral grounds or combination of these.

A leader must choose the values that are most important to him; he has to select the value that he believes in and defines him more. And he has to live them visibly every day at work. If we object lying, we have to keep ourselves from lying. Because living our value is one of the most powerful tools available for us to lead and influence others.

Values are influenced by culture and society. Given the difference in culture in our globe, values are interpreted by each of us in our own way. Putting it in another word, value reflects culture and has social elements, principles, or standards that are accepted by a group of society over a long period of time.

Relating it to leadership, it is an essential quality for effective leadership. It helps the leader to be aware of different philosophical beliefs and values even if they do not agree with them. Adherence to the values accepted by the leader is the most important factor in an organization's success. Because it tells us what is right and wrong while making a decision that affects positively or negatively certain organization or society while we are acting as a leader.

Perspective/Balance: This is another essential quality that is important to be an effective leader. Having this quality gives you the ability to see the world from different angles. A leader who is equipped with this quality expectedly says ***"the way I see the world is not the only way it is***" His thinking is changed to ***"the world is the way we all see it***". Perspective here means that, there is a possibility to change my view to give me new insights for my action. This quality entails great intellectuality and philosophical humbleness from member of certain organization.

To sum up, whatever our task may be, it always helps to have the right perspective or approach towards various work-related issues. A true and an effective leader is able to visualize his/her goals from different angles and plans things accordingly. This would enable proper distribution of tasks and ensure productive results.

Power/Influence: Power is another important quality that the leader must possess. Power or the way the leaders behave emanate from the principles on which organizations are crafted. Hence, the power that is exercised is the other side of the coin. Due to the system's tenets, individuals are influenced and have some kind of "shape" in their performance and leadership style. It is through this kind of power that individuals impose influence over others.

In the past we have been taught that leadership is position, so we go for position, but when we are in the esteemed position, we realize that it does not follow that everyone follows us. We do not lead through structure, through influence. Positional leaders only influence positional followers, whereas, real leaders influence everyone. From this one can understand that having a position does not mean influencing others. Position does not make the leader, but the leader makes the position if he influences others willingly and enthusiastically. For an effective leadership, power is influencing

people to commit to the vision and mission of an organization. It is not having position of certain level and exerting force over others.

Humility: This is one of the effective leadership qualities. Though leaders have the maximum responsibility, and though they are the ones who work harder than anyone else in the group, a leader needs to be down-to-earth. He should not think of himself as someone special, he should understand that he is just a leader and not the owner of his people. Only if the leader is humble, people will approach him. It is the duty of a leader to motivate his people, and only if a leader is a humble will he be able to guide and support his group members.

Principles of Good Governance: Various literatures express principles of Good Governance in different contexts. Some of them put it in relation to development and others from the view point of human rights. For instance, the United Nations Development Program (UNDP) and the World Bank put it in relation to development. Whereas, the United Nations High Commissioner for Human Right states it in terms of the degree to which it delivers on the promise of human rights, civil, cultural, economic and political and social rights. Whatever the case, the writer of this short term paper adheres himself to take the principles of Good Governance which are proposed by the UNDP and the World Bank.

According to UNDP and World Bank, Good Governance has eight principles/characteristics. These are:

- Participation;
- Rule of law;
- Transparency;
- Responsiveness;
- Consensus oriented;
- Equity and inclusiveness;
- Effectiveness and efficiency;
- Accountability;

Conclusion

Good governance and effective leadership are the essential requirements for an organization to be considered successful in the eyes of all stakeholders in the 21st century. There is a direct link between Good Governance, effective leadership and economic prosperity.

FINANCIAL MANAGEMENT

DEFINITION OF TERMS

Advantage: Any condition, situation, or opportunity that helps someone to succeed or benefit.

Budget: A written plan that estimates future income, expenses, and savings.

Conflict: A situation when two or more people fight or disagree.

Deficit: When there is not enough money to cover all costs at the end of a budget period.

Disadvantage: A negative condition or situation that can cause someone harm.

Expenses: Money out—this can be money spent for any purpose.

Goal: Something someone wants to achieve in the future—perhaps in school, perhaps related to family, perhaps related to work. A goal might be to visit a relative who lives in another place, or to learn a new skill, like sewing or typing.

Short-term goal: A goal that can be achieved in a relatively short period of time, such as 1–2 months.

Long-term goal: A goal that will take a long period of time to achieve, like 1–2 years.

Income: Money in—this could be regular or irregular, from a job, or even a gift.

Loan: A sum of money that is borrowed and that must be paid back.

Needs: A basic necessity that you cannot live without—like food, water, and a place to live.

Outcome: The result of something.

Saving: Putting money aside for future use.

Savings Plan: A written guide for how to manage and save money to achieve a savings goal.

Self-Employment: A self-employed person operates his or her own business or job, and makes all of the necessary decisions related to the business—such as working hours, investment, products and services, etc.

Surplus: Money remaining or left over (at the end of a budget period—like a week or month).

Wants: Something that is desired, but not necessary for daily survival—such as sweets, makeups, extensions etc.

Why financial management for adolescents and young persons

1. To build an understanding of basic principles of good money management;
2. To promote awareness of personal financial issues and choices;
3. To develop knowledge, skills and behaviors to manage day-to-day expenses, prepare for life cycle events, set financial goals, and develop strategies to achieve them;
4. To make young people more informed financial decision-makers as they move into adulthood.

Role of financial education to adolescents and young persons

1. Equips young people with the knowledge and skills and strengthens attitudes and beliefs in themselves to make informed, confident and timely money management decisions.
2. Helps develop a broad range of basic knowledge and skills about:-
    - Earning
    - Spending
    - Saving
    - Borrowing money
3. Helps young people to use scarce resources effectively and choose the financial services and products that meet their needs.
4. Helps shift them from reactive to proactive decisions – making, allowing them to work towards their financial goals.(by taking small steps towards managing their money in the present, young people can develop life financial habits that they will use throughout their lives and help transform their future goals into reality.)

Managing money

Developing skills in personal financial planning will help you to manage your money and live within your income. Two important financial planning skills are saving and budgeting. Learning these skills will enable you to look towards the future and build the confidence that will enable you to plan for it.

Managing money involves all these things:-

- Saving money
- Spending money
- Planning how you will spend your money and
- Keeping track of how you spend your money

Savings

Savings are essential for good money management. People save by putting money aside when it comes in and spending less when it goes out. To save, you need to spend less than you earn. Savings can be kept in banks, credit unions, or piggy banks. Developing the discipline to save is one of the most important things that can be done to manage money.

Importance of saving

Why do you think saving is important?

- Helps you use your money better,
- Helps you depend less on other people,
- Makes you feel secure when you have a problem and need money,
- Helps you to plan for the future and achieve those plans.

Why is saving money difficult?

- Do not have regular income,
- Do not have any extra money,
- Give any leftover money to parents for household expenses,
- Spend extra money on things like sweets or make-up,
- Do not have a safe place to keep money aside.

What would make you want to save money?

- Take care of personal needs/wants,
- Avoid depending on other people,
- Be able to make own decisions,
- Help out family in household needs.

What would make you not want to save money?

- It is not safe to save, you can lose your money,
- Money is too little to save,
- Don't know how to save.
- .

THE STEPS FOR SAVING AND EARNING MONEY

1. Choose a Savings Goal

2. Make a Savings Plan

3. Know the difference between needs and wants

4. Control Spending

5. Think about the future: Money in and Money out.

6. Save Regularly

7. Save in a Safe Place

8. Deal with setbacks in saving

MAIN REASON/ CATEGORIES FOR SAVING

1. Meet personal or family use: - includes food, clothes, rent or snacks; other examples include Hair maintenance, sanitary towels, lotion, gas for lights, etc.
2. Deal with emergencies: - those unexpected events that we need to deal with right away. Other examples include illness, accidents or natural disasters, theft, fire parent loses a job, poor harvest etc.
3. Take advantage of future opportunities e.g. School fees to get trainings in a skill or trade or start a business.

Meet financial goal with a saving plan

Having a financial goal will motivate you to save. Each person's goal will be a little different. It is important to save for the things which are most important for you. **A savings plan** guides the way you manage your money so that you can meet your financial goals. The following steps will guide you in developing a savings plan.

- Decide on a **financial goal**: something that you want to save for.

  Example: Imagine your goal is to attend a computer training program that will start 10 months from now. The course tuition is Kshs 20000. This is your financial goal.

  You can think of your personal financial goals as **short-term** or **long-term**. Short-term goals concern things you want or need immediately or in the next few weeks or months, like a new dress or a pair of jeans. Long-term goals involve things you want or need in a year or more. Examples could be taking a trip, getting your own place, or buying a motorcycle.

- Calculate your **savings target**: the amount you need to save over a period of time to meet your savings goal.

  Example: The tuition for the training program is Kshs 20000 and you have 10 months to save that amount. You must save Kshs 2000 each month. This is your savings target.

- Make a **savings plan** to help you meet your savings target. Look at the amount of money you expect to get each month, including money you earn, allowance from your parents and gifts. Calculate the amount you could put aside towards saving for the course tuition.

There are two main ways to save: Increase your income or reduce your expenses. If you don't have enough money coming in to save Kshs 2000 each month, think of ways you could increase your income. Work additional hours or take on other odd jobs. Next, identify ways you might be able to cut back on expenses and put this money into your savings.

Example: Spend less on video rentals, sodas, clothes and other non-essential items.

If you realize that saving Kshs 2000 a month is too ambitious, adjust your savings target.

Example: Make your savings target Kshs 1000 a month. It will now take you 20 months to save up for the computer training program.

Ways to Save

- Do you really want to be able to manage your money well? Find the discipline to save, and make it a habit.
  Save regularly. Try to save something, even a small amount, every day or week. When you put money into your savings on a regular basis it will become more automatic. Even small amounts add up. Develop this habit when you are young and it will become easier as you get older.
- Take stock of your savings plan. Regularly check the amount you have saved and the amount you have to fall back on in an emergency and/or how close you are to your goal. This is the best way to see how the small amounts you put aside grow into larger savings. When you have saved enough to feel more secure or meet a financial goal, you will be motivated to keep saving
- Have patience. Remember, it will take time to reach your financial goals. But when you do experience progress towards attaining a goal, you will realize that you have the power to control your spending and work towards achieving what you want.

Budgeting

A **budget** is a summary of estimated income and expenses, including savings, over a period of time (for example a week or month). It is a plan for spending and saving money. A budget helps you:-

- ✓ Make decisions about how much money you can spend.
- ✓ Take control of your money and
- ✓ Serves as a guide to help you live within your income.

Creating a budget involves three basic steps:

1. Estimate your expected income over an average week or month including income you receive from work, allowances, gifts or other sources.
2. Estimate your expected expenses over the same period of time. Think about all the things that you spend money on and estimate the amount you spend on each item (on average) every week or month. You should include both necessities, such as rent, school fees, food, clothing and transportation, and non-essential items such as entertainment.
3. Estimate the amount you expect to save every week or month. Here is where your savings plan comes in—it will help you create your budget.

Sample budget

Budget items	Amount (Estimated average per week or month)
Income	
TOTAL INCOME	
Expenses	
TOTAL EXPENSES	
TOTAL SURPLUS /DEFICIET	

Financial services

Good money management involves keeping a little money aside when it comes in, avoiding unnecessary expenditure, and finding a safe place to store what is left over.

1 **What are Financial Services**?

Financial services such as a formal bank can help you manage your money. They are particularly helpful when you want to get hold of a large sum of money, or lump sum. You may need a lump sum for a variety of reasons including a large purchase, an important life event.

There are two ways to get a large sum of money: You can save it, or you can borrow it. In both cases, the process involves depositing small amounts of money on a regular basis with a financial service provider. When you save it, you make small regular deposits until you have accumulated the amount of money you need. When you borrow, you get the lump sum right away and make small regular payments on the loan. A financial service provider is useful in both cases.

Financial services can also help you to manage money by providing a way to transfer money from one person to another safely. Money transfers may be made through checks, wire transfers, phones, cell phones, internet, or automated teller machines (ATMs).

Who offers financial services?

Various groups and organizations offer savings and borrowing services. Banks are the best known formal financial service providers. Other institutions that operate like banks include post offices, credit unions, cooperative banks, and microfinance institutions. The main difference between these formal financial service providers is that they operate under different legal charters.

Informal financial services include:-

- Savings clubs,

- Self-help groups,
- Village banks,
- Money lenders and
- Rotating Savings and Credit Associations (ROSCAs, usually known by a local name wherever they are common, such as merry-go-rounds in Kenya).

All of these provide a place to save and/or borrow money. The main difference between formal and informal financial service providers is that the informal providers are not governed by banking laws; their rules are usually made and enforced by members, and they operate largely on the basis of trust between members.

You should find out what financial service options you have in your area and how their savings and loan products fit your needs. Some may require you to be at least 18 years old to open an account by yourself. Learn about bank products and their requirements by visiting banks, reading their brochures and other information, and talking to people. The more you know about financial institutions the better you will be able to choose the right one for you.

Savings services

Common terms used in financial service providers.

Savings: something, especially money, which is kept aside and stored up for future use.

Deposit: to put money into an account.

Withdrawal: to take money out of an account.

Transaction fees: fees charged for withdrawals from or deposits into a savings account.

Minimum balance: the amount of money needed to keep an account open.

Informal savings: savings held outside of a formal financial institution.

Saving services, both formal and informal, can help you stick to a savings plan in three very concrete ways:

- They keep your money out of your immediate reach, making it harder for you to spend.
- They keep your money safe.
- Some pay interest on the money in your account, and help your money grow.

You can choose how and where to save. Each savings option has its own advantages and disadvantages. You will have to decide which is best for you.

Informal Savings Options

Keeping money at home. The most common place that people save their money is at home. Keeping money hidden under a mattress or in a jar buried in the ground is easy and convenient, but carries risks.

Saving money at home and other informal saving

Advantages	**Disadvantages**
• Easy and convenient	• Risk of theft

• No bank charges or fees • No minimum balance required • No age limits • Money is easily available for emergencies • Costs, in some cases, are lower than formal savings services. • They may provide a chance to meet with friends or neighbors of other community members. (Through these relationships you may be able to build networks that can help you in your work or other aspects of community life.)	• Temptation to spend the money because it is so accessible. (You need strong discipline to avoid spending your savings yourself and to resist the pleas of other family members or friends.) • Money saved at home does not earn any interest and might lose some of its value over time. • May be unreliable, insecure and/or illiquid. Informal savings devices are not protected legally and enforcement of the rules often depends on mutual trust of members

Formal Savings Options

Banks and other formal financial service providers are usually the safest place to put your money. They offer different types of savings accounts to meet a variety of savings needs and goals. Increasingly, banks offer convenient automated teller machines (ATMs) that give you access to your account all the time. Banks are not only for rich people. While you generally do need a minimum amount of money to open an account, that amount may not be as high as you expect. However, banks may also charge fees for transactions that can add up to a lot of money.

Saving money with formal financial service providers

Advantages	**Disadvantages**
• Safety. Most banks have secure premises and insurance to guard your savings. • Privacy. Your account information is private. • Account and product choices. Some savings accounts allow for frequent deposits and withdrawals while others promote long-term savings by holding the money you deposit for a fixed period and paying a higher rate of interest. Savers may have better access to the bank's loan products. • Convenience. While the queues inside banks can be time-consuming, many banks now offer cash machines called Automated Teller Machines, or ATMs that enable clients to deposit and withdraw money 24 hours a day, 7 days a week.	• Bank requirements might be difficult to meet. In many cases, one must be 18 years old to open an account. • Banks also set minimum deposit amounts to open and/or maintain an account. • Banks charge transaction fees for deposits and withdrawals. Making small and frequent deposits or withdrawals can be expensive. • Limited banking hours may make it difficult for you to get your money in the case of an emergency. • The location of the bank may be a disadvantage. If the bank is not near where you live or work, you will need time and money to get there.

When you are deciding where you want to save your money, compare your options. Find out what the terms and conditions are at each institution

Lending Services

Terms used in credit Services

Credit: money that a financial institution provides a client on a temporary basis; the client borrows funds with the intent to repay them.

Loan: a sum of money that is borrowed and is expected to be paid back.

Debt: something, especially money, that is owed or due.

Loan terms: the conditions of a loan, including the amount that can be borrowed, interest rate, and length of time to repay.

Principal: the original sum of money lent; the lender charges interest on this amount.

Interest: a fee paid for the use of money. A borrower pays the bank interest on a loan. A bank usually pays interest to its savers for the use of their savings deposits.

Interest rate: the percentage of a sum of money that is charged for its use.

Collateral: an item of value that the borrower pledges to the lender in case he defaults on his loan (such as land, vehicle, savings, or guarantees from peers or co-signers).

Assets: cash or anything of value that can be converted to cash, such as personal property or a savings account.

Guarantor: a person who will back a borrower up in the case that he cannot repay a loan; this person may be required to co-sign the loan agreement with the lender.

Repayment schedule: the due dates for incremental payments to a lender.

Default: failure to pay a loan or otherwise meet the terms of a loan.

Lending money is another key financial service offered by banks and other financial institutions. A **loan** is money that is borrowed and is expected to be paid back within a defined period of time. It costs money to take a loan. Lenders typically charge both interest on the loans they make and fees to process the loan application. When you borrow money, you must repay the amount you borrowed, plus interest, usually calculated as a percentage of the loan.

A loan is useful in the following situations:-

- You need money for an emergency (for example, a medical emergency in your family).
- You have an opportunity to make a good investment. A good investment would be one which brings in enough extra money to allow you to repay both the loan and the interest charges on the loan. For example, a loan to buy a motorcycle that you will use to make deliveries is a wise investment if it generates enough income to more than cover the cost of repaying the loan.

A loan is not useful in these situations:

- You spend it for an item that you do not need immediately, or an activity that does not earn income. Items for personal use should be purchased with savings to avoid the cost and responsibility of borrowing.

Borrowing may give you easy access to money, but it comes at a price. Borrowing costs money. Borrowed money must be paid back. Banks and moneylenders typically require that you pay interest on the loan and that you repay on time.

You may get into legal trouble if you don't meet these requirements to repay. You want to be confident that you will be earning enough money to honor your repayments without making important sacrifices in your daily life. You do not want to miss a payment or fail to live up to other requirements. The penalties might put you deeper into debt.

Before you take out a loan

- Think carefully about why you want to borrow money.
- Know the terms and conditions associated with taking out a loan so that you understand exactly what your responsibilities are. Know the amount you must repay, when you must make your payments and what interest rate you are being charged.
- Remember that if you can use your own money instead of taking out a loan, you avoid paying interest and you don't have the pressure to repay on time.

Information is a Key to Making Good Choices about the Use of Financial Services

Gather information. Banks and other financial institutions offer a wide variety of financial products and services. Each has its own policies. Find out what these are before selecting the bank you will use. Sometimes banks have printed information you can read and compare. You can ask the bank employees to tell you more about their services and to write down the details for you. In some cases you can get information on the internet about financial products and services at a particular institution. Take time to understand their terms and fees before you make a decision.

Financial negotiations

The real winners in life are the people who look at every situation with an expectation that they can make it work or make it better.

Negotiation is Communication

Negotiation can be defined as communication with others for the purpose of reaching agreement.

Negotiation is a part of daily life. You probably negotiate something with someone every day. For example, you may negotiate with your parents about how late you can stay out or how much money you can borrow. You may negotiate with your friends about where to meet, about what music to listen to or what movie to see.

The better you become at negotiating, the smoother and easier your life will be. Negotiating is a skill that you can learn. The best negotiators are those who try to reach a friendly agreement, a compromise that gives everyone involved at least part of what they want.

Negotiations can result in different outcomes:

- The best outcome in any negotiation is a win-win outcome. This means that both sides in the negotiation feel pleased with the outcome and get something they want or need. Both will be willing to negotiate again. For example, you might negotiate with your parents about going out with your friends on Friday night and they might agree on condition that you stay home and look after your younger brother on Saturday. Both you and your parents get something you want. This is a win-win situation.
- Not all negotiations end with a win-win outcome. In a win-lose or lose-win situation one participant gets what she wants and the other gets nothing. When this happens, the loser is less likely to want to negotiate with the winner again.
- In a lose-lose situation the two parties cannot come to agreement and decide to end the negotiation with neither party getting anything.

POSSIBLE NEGOTIATION OUTCOMES

Win - Win	Both Participants in the negotiations get something they want or need, if not everything.
Lose – Lose	Nether person involved in the negotiation gets what she/he wants.
Win – Lose/Lose - Win	One participant gets what she or he wants and the other gets nothing.

Negotiations that Involve Money

Money is one of the most difficult topics to talk about with other people because it is a very private issue. People also get emotional about money which can make financial negotiations difficult. Yet, financial negotiations are a regular part of life. Asking your parents for money, bargaining for things at the market, or discussing with friends about who will pay for what are all examples of financial negotiations.

To improve your financial negotiation skills, consider these practical steps:

1. **Prepare** for the negotiation ahead of time. Being prepared will give you an advantage when you are actually negotiating. To prepare for a specific financial negotiation you expect to have, ask yourself these questions:

- What do I want and why?
- What are the interests and motivations of the other person?
- What are the possible agreements that will satisfy all those involved in the negotiation?
- What will I do if we cannot agree?
- What information or experience do I have to back up my position and ensure fairness?

2. **Decide what you want** from the negotiation.

- Collect information to help choose the outcome you will seek.
- Evaluate your options.

- Seek advice from someone who might know more about the situation.

Communicate your needs and desires clearly and with confidence.

- **Understand the interests of the other person**. This will help you to develop a proposal that offers benefits to both sides. Listen to what the other person is saying. Listening skills are crucial for good communication.
- Maintain eye contact.
- Acknowledge the other person's point of view—do not immediately reject his/her ideas.
- Try to look for a compromise that will satisfy everyone involved.

4. **Control your emotions** and do not allow conflict or anger to ruin the negotiation.

- Maintain a respectful dialogue with the other person. Do not be rude or insulting. People are more likely to accept your proposal if they have good feelings about you.
- Remember that you might want to negotiate with this person again in the future and you do not want to create a bad relationship.
- If you continually bear in mind that you are trying to work towards the end result of win-win, you are more likely to be able to remain calm and to complete the negotiation in a satisfactory manner.

5. **Stay focused on the issue**. You do not want to get side-tracked talking about something else, and never complete the negotiation.

6. **Be willing to compromise**. If you are flexible and do not lock yourself into one position, you are more likely to negotiate successfully and come to a solution which benefits both sides. Accomplishing some, if not all, of your goals, is better than walking away with nothing.

7. **Know what you will do if the negotiation fails**. If it is clear that a negotiation is not going to be successful, try to end the negotiation to avoid anger or misunderstanding. You might want to negotiate with this person again in the future.

8. **Allow yourself to feel a sense of accomplishment when you have successfully completed a negotiation**. Even walking away from an unsuccessful negotiation in a calm and pleasant way should be counted as a success.

The more we practice our negotiation skills, the better prepared we will be to become real winners in life, negotiating outcomes that provide win-win results to us, and to our friends, families and communities.

Earning money

Work is an important part of life. At the most basic level, work means exerting energy to accomplish something. You can work for school, work at home, or work at a job. This section focuses on work to earn money.

As adolescents and young people, you are likely growing more aware of what economic independence means. You are probably beginning to make the link between education, work, and money. If you are thinking about the type of work you would like to do, you may be making the connection between different types of work and your abilities, interests, and experiences. You know that each occupation requires specific skills and that the earning potential of each type of job varies. These are the factors that are helping you to form your attitudes about work. Thinking positively about yourself is especially important for making career and occupational choices.

During this time parents, mentors, and other adult role models can have an important influence in shaping your values and expectations around in come earning activities.

Think ahead about the risks, challenges and benefits of earning money. Anticipating these issues will help ensure that you have a safe and productive entry into the work world. Making the right choices can make working a rewarding and empowering experience.

Personal Qualities, Interests and Skills

Assess your personal qualities, interests, and skills. These features will help you shape your preferences, strategies, and choices about work.

Reflect on your **personal qualities**—your personality and temperament—to develop a vision of the type of work you would like to do. Certain types of work may fit some personality types better than others. For example, if you are friendly, outgoing and talkative, you may prefer to work in sales. If you like to pay attention to detail, you might be happy as a bookkeeper or a bank teller. If you are cheerful but tough, you might do well in a health clinic. Consider your personality traits and match them with the traits that are called for in certain jobs or occupations.

Take stock of your **interests, skills, and abilities** to help you make decisions about earning money. If you like to cook and bake, you might be suited to food processing and preparation. If you are good at fixing things, auto mechanics might be for you. If you interact effectively with children, teaching might be a good option.

Self-Employment and Wage Employment

Consider whether you want to work for yourself (self-employed) or work for someone else in a job that pays you a wage. Understanding the range of employment options and types of work—and how they differ—will also help you develop ideas for earning money. The two basic options are **wage employment** and self-employment. The skills required for each one don't always differ, but the terms of employment often do and your personality may fit one type better than the other.

You can earn money through wage employment by working for an employer who pays you a wage. You can be paid in different ways. If you have a salaried job, you will earn a specific amount every month and may also have benefits such as health insurance, sick leave, or a savings plan. If you have a wage job, you will have set hours and work in return for a specific amount per hour or day, with or without other benefits. If you earn money as a casual worker, you might work for one employer on one day, another employer the next day, and have no work the next day. You will not have any benefits and what you do and the amount you earn will probably vary.

You also can earn money through **self-employment** by working for yourself in your own business. As a business owner, you hope to earn a profit, but accept the risk of a loss. You are also your own boss; you can set your own hours and make your own decisions. While you will decide what to do with your profits, the amount you earn may be irregular. Sometimes you might lose money if no one buys what you are selling. You will be responsible for all aspects of the business.

Make Safe Choices

Learn about the risks associated with each type of work you are considering in order to make safe choices concerning your job.

Consider the risks associated with different types of jobs. For example, a job that is located in a remote location or that requires you to use dangerous equipment may pay more, but can pose high risks.

Some jobs pose serious risks to your health by exposing you to dangerous chemicals or life-threatening diseases. Many jobs lack legal protection and/or have employers who do not respect the rights of workers. You may find yourself seriously exploited and without security. If the work you do is illegal, you could end up in jail.

If you are a young woman, you probably will face some unique challenges in earning money sometime during your life.

Women are a critical part of the labour force throughout the world. They do both paid and unpaid work that is essential to the economy. In most countries, the majority of women participate in the labour force. However, gender stereotypes put women at a disadvantage in the workplace. Women often have access to a narrower range of job possibilities than men. The lowest paying jobs often have a high proportion of women. Jobs and occupations dominated by women generally have lower average earnings than those dominated by men. Women who work in the same jobs as men often earn less. If you are a young woman entering the work world, this may affect your access to certain jobs or occupations and reduce your earnings.

Women often face more challenges than men in juggling work and family roles. Women generally spend more hours working in unpaid household activities such as child care, cooking, and cleaning than men do. This increases stress and reduces the amount of time they have for rest and leisure activities.

The risks of sexual harassment and coercion are greater for women. If you are a young woman, it is important that you learn to recognize what sexual harassment and coercion are, and that you talk to other women about how to deal with these issues. It is essential that you know how to establish boundaries with work colleagues and learn how to protect yourself from unwanted comments or advances.

CONCLUSION

You have so much to think about as you plan your future! While you still face so many uncertainties, one thing is certain. Right now you can start to take the small steps towards managing your money. You can budget, spend carefully and save regularly. Developing these wise financial habits now will serve you well throughout your life. Taking control of your finances now will help you transform your future from dream to reality.

LIFE SKILLS

The abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO)

The terms ***'Life skills'*** are defined as psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (UNICEF).

Key Life Skills

Life skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner. Essentially, there are two kinds of skills -those related to thinking termed as ***"thinking skills"***; and skills related to dealing with others termed as ***"social skills"***. While thinking skills relate to

reflection at a personal level, social skills include interpersonal skills and do not necessarily depend on logical thinking. It is the combination of these two types of skills that are needed for achieving assertive behaviour and negotiating effectively. Young people as advocates need both thinking and social skills for consensus building and advocacy on issues of concern.

The Ten core Life Skills as laid down by WHO are:

1. Self-awareness
2. Decision making
3. Problem Solving
4. Effective communication – Assertiveness, Negotiation (for money, for condoms, with perpetrators etc.)
5. Interpersonal relationship
6. Coping with stress
7. Coping with emotion

1. **Self-awareness** includes recognition of 'self', our character, our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognize when we are stressed or feel under pressure. It is often a prerequisite to effective communication and interpersonal relations, as well as for developing empathy with others.

   Self-awareness helps the children learn about 'me' as a special person, have self-control as well as understand ones rights and responsibilities

   - **I love myself because I'm special**
   - **It's OK to have different feelings.**

2. Decision making helps us to deal constructively with decisions about our lives. This can have consequences for health. It can teach people how to actively make decisions about their actions in relation to healthy assessment of different options and, what effects these different decisions are likely to have.

   Decision-making helps children generate new ideas about things that could also otherwise be taken for granted.

   - **I make important decisions for myself every day**
   - **I know ways to solve many of my own problems**
   - **I stand up for myself when people tell me to do bad things.**

3. Problem solving helps us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

   Children are able to generate solutions to difficult problems or dilemmas

4. Interpersonal relationship skills help us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may mean keeping, good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively

Children learn how to value relationships with friends and family, forming new relationships and also being able to support and seek advice from others.

- Everyone I meet is special.
- I respect other people
- I'm an important part of my family.

5. Effective communication means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, and also needs and fears. And it may mean being able to ask for advice and help in a time of need.

   Communication enables children to be assertive in the face of peer pressure to do health damaging activities e.g. use of drugs, unprotected sex etc.

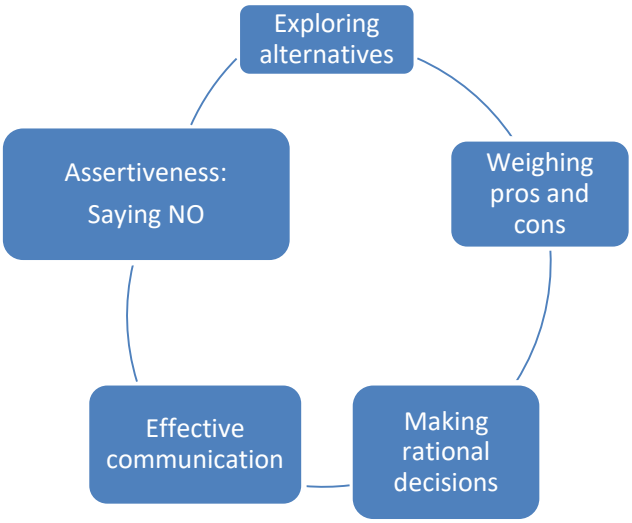
6. Coping with stress means recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help us control our levels of stress, by changing our environment or lifestyle and learning how to relax.

   Children are able to identify sources of stress, methods of coping in stressful situations and coping with stress.

7. Coping with emotions means involving recognizing emotions within us and others, being aware of how emotions influence behaviour and being able to respond to emotions appropriately. Intense emotions like anger or sadness can have negative effects on our health if we do not respond appropriately.

   Children understand recognition of the expression of different emotions, how emotions affect the way we behave ad how to cope with them.

   Importance of life skills



SESSION 15: COMMUNICATION SKILLS AND RELATIONSHIPS

COMMUNICATION SKILLS

Effective communication involves

- Voice projection/tone of voice
- Body language – SOLER (Sit squarely, Open posture, Lean forward, Eye contact, Relaxed posture)

Successful Communication Involves

- 75% of what we see
- 13% of what we hear
- 6% by touch
- 3% by smell
- 3% by taste
- V-Visual A-active C-challenging

Barriers to Communication

- Ordering, directing
- Praising, buttering up
- Warning, threatening
- Name calling
- Moralizing, preaching
- Reassuring
- Teaching, lecturing
- Psychoanalyzing
- Advising, offering solutions
- Probing, questioning
- Criticism, judging
- Sarcasm, humor

All these blocks: -

- Have a 'you' component
- May make people feel guilty
- May communicate lack of respect for the other person
- May cause reactive or retaliatory behavior
- Can produce resistance rather than openness to change
- May be damaging to the recipient's self-esteem
- May make a person feel hurt and later resentful

Overcoming Barriers to Communication

- Differentiate between personal values, beliefs and attitudes and assume an open mind for everything that belongs to social life and health.
- Be aware of your own prejudices and control these as they form an obstacle to acceptance and full participation of all
- Be consistent in the message that you send-body, face, language and words.
- Avoid stereotypes and generalizing
- Accept differences in points of view, feelings, values, or purposes.

Healthy relationships: Healthy relationships consist of sexual and nonsexual elements. Key aspects of a healthy relationship include respect and communication, and healthy sexual elements include not only physical intimacy, but mutuality and pleasure as well. As stated by the American Academy of Paediatrics, "healthy sexuality includes the capacity to promote and preserve significant interpersonal relationships; value one's body and personal health; interact with [others] in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values, sexual preferences, and abilities"

Learning to develop healthy relationships is a lifelong process and is influenced by a variety of factors, including family, religion, social norms, media exposure, peers, and school, where most adolescents spend the majority of their time. The processes in which early family influences play a role in an adolescent's future relationships, at least in the domain of romantic relationships, include parental modelling and identification from parents

Unhealthy Relationships: Although the primary focus of counseling should be helping an adolescent define a healthy relationship, there are clear elements that characterize an unhealthy one. Aspects of unhealthy relationships include disrespect, intimidation, dishonesty, and abuse. Physical violence between dating partners (intimate partner violence) and sexual dating violence (sexual assault and reproductive and sexual coercion) are common events in adolescent relationships.

Table 1. Characteristics of Healthy and Unhealthy Relationships

Healthy Relationships	Unhealthy Relationships
Equality—Partners share decisions and responsibilities. They discuss roles to make sure they are fair and equal.	**Control**—One partner makes all the decisions and tells the other what to do, or tells the other person what to wear or who to spend time with.
Honesty—Partners share their dreams, fears, and concerns with each other. They tell each other how they feel and share important information.	**Dishonesty**—One partner lies to or keeps information from the other. One partner steals from the other.
Physical safety—Partners feel physically safe in the relationship and respect each other's space.	**Physical abuse**—One partner uses force to get his or her way (for example, hitting, slapping, grabbing, shoving).
Respect—Partners treat each other like they want to be treated and accept each other's opinions, friends, and interests. They listen to each other.	**Disrespect**—One partner makes fun of the opinions and interests of the other partner. He or she may destroy something that belongs to the other partner.
Comfort—Partners feel safe with each other and respect each other's differences. They realize when they are wrong and are not afraid to say, "I am sorry." Partners can be themselves with each other.	**Intimidation**—One partner tries to control every aspect of the other's life. One partner may attempt to keep the other from friends and family or threaten violence or a break-up.
Sexual respectfulness—Partners never force sexual activity or insist on doing something that the other is not comfortable with.	**Sexual abuse**—One partner pressures or forces the other into sexual activity against his or her will without his or her consent.
Independence—Neither partner is dependent upon the other for an identity. Partners maintain friendships outside of the relationship. Either partner has the right to end the relationship.	**Dependence**—One partner feels that he or she "cannot live without" the other. He or she may threaten to do something drastic if the relationship ends.
Humor—The relationship is enjoyable for both partners. Partners laugh and have fun.	**Hostility**—One partner may "walk on egg shells" to avoid upsetting the other. Teasing is mean-spirited.

Reprinted from Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Choose respect community action kit: Helping preteens and teens build healthy relationships. Atlanta, GA: CDC; 2005. Available at: http://www.aldine.k12.tx.us/cms/file_process/download.cfm?docID=BED9BF514B2EAD07. Retrieved June 27, 2018.

APPENDIX

CASE STUDY: RITA AND LUCY STORY

Rita was in her final year at secondary school when she dropped out due to unwanted pregnancy. She has been advising her friend, Lucy, to stay in school and to avoid boyfriends, sex, and so forth, before completing her education.

Lucy is in her first year at secondary school, and she has been doing very well in her classes. Despite her friend's warning, she has become pregnant and has come to break the news to her friend.

Rita is sitting outside her house. She is rocking her baby in her arms. As she sits alone with the baby, she talks about how tired she has been and how much work the baby turned out to be. She might say things like, "Oh, my baby—how troublesome you are! Keeping me up all night like that! Won't you ever settle down?"

Lucy walks up and shouts "Hello is anybody home?" She is welcomed warmly by Rita. Lucy sits down and greets her friend. She inquires after the health of the baby, and Rita tells her that the baby has been sick and has yet to sleep through the night. The friends chat for a moment before Rita comments on how odd it is to see Lucy like this during a school day. Rita asks Lucy why she is not in school, but Lucy changes the Subject by talking about the baby. Rita asks Lucy again, and she again avoids the topic by asking Rita about Rita's boyfriend, James. Rita responds by saying that she has not heard from James since the birth of their baby. She has heard that he is now studying in the U.K., but he has never come to see her or the baby. Rita reminisces that she, too, could have gone to the U.K. for studies—her scores were so high—and she reminds Lucy of how important it is to avoid these boys and stay in school.

Rita asks again why Lucy is here on a school day. Lucy says something like this—"My friend, do you remember the advice that you are always giving me?" Rita responds—"Of course I do—I told you! Don't make the same mistakes I made—forget these boys until you are finished with your studies. Abstaining from sex is the best way to avoid getting pregnant or getting diseases—even AIDS!" Lucy probes further. "What else have you advised me?"

Rita says, "I told you that if you and that boyfriend of yours, Richard, cannot abstain, then remember to use a condom. You remember! I even gave you some condoms! Ah! But come on, my friend, what are you really doing here? Are you in trouble? What is it?" Lucy, now in tears, confesses that she is pregnant with Richard's baby. Rita becomes angry. She reminds Lucy of all the advice she has given her; she reminds Lucy of the example of her own life. Lucy protests with ideas like, "But he loves me! He has promised to marry me!" Rita reminds Lucy that James promised her the same thing. Rita asks why Lucy had sex with Richard after all her warnings. Lucy says that Richard to leave her if she did not have sex with him. He said it was the only way to show him that she loved him, that everyone was having sex, etc. Rita asks why Lucy didn't use any of the condoms she gave her. Lucy says that her church is against condom use, and besides—Richard refused to use them.

Finally, in defence of herself, Lucy says, "Well, why wait? Why not have a baby now? Richard is going to be a doctor. I want to be his wife! What is the difference if I finish school? Look at Marie—she finished school and she is just staying at home. There are no jobs anyway!"

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