Orientation Programme

for ANMs/LHVs

to provide

Adolescent-Friendly Reproductive and Sexual Health Services

FACILITATOR'S GUIDE

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Orientation Programme for ANMs/LHVs

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Orientation Programme

Facilitator's Notes

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Background and Objectives of the Orientation Programme

India is the largest democracy in the world. In absolute terms, India is the fastest growing country globally with 18 million people added annually. It is a nation of contrasts, diversity, and tremendous development potential, with a society that is multi-lingual and multi-religious with a multitude of castes, ethnic groups, and cultures.

India's population today is over 1 billion. The large and rapidly growing population affects all aspects of life - including the environment, the political arena, health, economics and social life - and has had negative impact on all efforts towards development.

The number of adolescents (age 10-19) is increasing and is estimated at 230 million, comprises over one-fifth of the population. Adolsecent girls have limited choices and are caught in the cycle of early marriage, repeated pregnancies and childbearing.

In India, early marriage receives religious and social sanction. Despite laws increasing the legal age of marriage to 18 for girls, there are strong cultural pressures on parents to marry their daughters early. 15.4% girls are married by age 13 years, 33.3% by the time they are 15 and 64.6% girls are married by age 18 (Source: NFHS 1998-99). The median age at first marriage is 16.4 years (18.4 in urban and 15.8 in rural girls) and age at first cohabitation is 17 years (18.6 for urban and 16.6 for rural girls). In addition to the psychological immaturity of an adolescent bride, very often her body is not prepared to accommodate the early onset of childbearing.

For young girls in India, poor nutrition, early childbearing and reproductive health complications compound the difficulties of adolescent physical development. Anaemia is one of the primary contributors to maternal mortality (maternal mortality is five times higher in anaemic women) and is associated with the progressive physical deterioration of girls ages 10-19. Nutritional deprivation, increased demand of her body, excessive menstrual loss, and early/frequent pregnancies all aggravate and exacerbate anemia and its effects.

Young boys in India face different set of problems and have needs, equally sensitive as those of girls, However, the entrenched patriarchal familial, societal, institutional practices in India and their own geographical areas and cultures do not allow them to express their problems and needs easily. Their issues and concerns require acknowledgement and response which is empathetic and positive.

Identifying boy's needs is a difficult task, as boys do not necessarily easily express their needs. Workers involved in boys programs need to be sensitive and 'client-centered', that is, they would have to be 'male-centered' and 'male-positive'. This means acknowledging and responding whole heartedly, empathetically and positively to boys' issues and concerns rather than discounting, avoiding, displacing and/or side-stepping these concerns.

In India, the HIV infection rate of 0.7% masks the reality of the epidemic. Young people are 30% of India's population, and those aged 10-25 make up 50% of all new HIV infections in the country. Given India's large population, a mere 0.1 percent increase in the prevalence rate would mean an additional half a million people would be infected.

Adolescents are not a homogeneous group. Their situation varies by age, sex, marital status, class, region and cultural context. This calls for interventions that are flexible and responsive to their needs.

Use of services by adolescents is limited. Poor knowledge and lack of awareness are the main underlying factors. Service provision for adolescents is influenced by many factors. For example, at the level of the health system, lack of adequate privacy and confidentiality and judgmental attitudes of service providers, who often lack counseling skills, are barriers that limit access to services. Shortcomings in their professional training often result in service providers being unable and sometimes unwilling to deal with adolescents in an effective and sensitive manner.

It is important to influence the health seeking behaviour of adolescents as their situation will be central in determining India's health, mortality, morbidity and population growth scenario. Adolescent pregnancy, excess risk of maternal and infant mortality, reproductive tract infections, sexually transmitted infections, and the rapidly rising incidence of HIV/AIDS in this age group are some of the public health challenges. In context of the Reproductive and Child Health (RCH) Program goals with special reference to the reduction of IMR, MMR, and TFR addressing adolescents in the program framework will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, prevention and management of obstetric complications including access for early and safe abortion services and reduction of unsafe sexual behaviour.

To address this need, the 'Orientation Programme for Medical Officers, ANMs & LHVs and Program Managers' has been developed to enhance skills of service providers to deliver adolescent-friendly reproductive and sexual health services.

Overall Objective

The overall objective is to orient ANMs/LHVs to the special needs and concerns of adolescent boys and girls and to design appropriate approaches to address these. This will strengthen the abilities of health-service providers to be able to respond to adolescents needs more effectively and with greater sensitivity. It is expected that this Orientation Programme will significantly contribute to building capacity on adolescent health and development issues.

Intended Beneficiaries

The Orientation Programme is intended for health-service providers (Medical Officers, ANMs, LHVs and and Programme Managers) who provide preventive, promotive and curative health services to the adolescents. This five day Orientation Programme is for ANMs and LHVs.

Expected Outcomes

It is expected that ANMs/LHVs who participate in this Programme will:

- Be more knowledgeable and aware about the characteristics of adolescence and the various issues and concerns of adolescent health and development;
- Be more sensitive to adolescent needs and concerns;
- Be able to provide "adolescent-friendly" health services that respond to their needs and are sensitive to their preferences;
- Be able to refer them to doctors in a timely manner.
- Design a personal plan of action indicating the changes they will make in their personal and professional lives and their surroundings.

The orientation is not intended to equip participants with specific clinical skills in adolescent health care.

Facilitator's Notes

In practical terms, this orientation programme will provide participants with ideas and practical tips to the key question:

- What do I, as an ANM/LHV, need to know and do differently if the person who walks into my health centre is aged 16 years, rather than 6 or 36?

Components of the Orientation Package

The Orientation Programme is designed to be implemented mainly in a workshop setting. It is intended to be a dynamic and interactive programme in which facilitators actively engage the participants in the teaching/learning process. A range of teaching and learning methods has been carefully selected to enable this to happen in an effective manner.

The Orientation Package consists of two documents:

- Facilitator's Guide
- Handout

The Facilitator's Guide provides all the information and material needed to conduct the orientation. It includes the module schedule and the “step-by-step instructions” to conduct each of the sessions in a module. It also includes all the support materials needed to conduct the sessions, such as flipcharts and their contents, and case-study materials with notes on issues that may be raised during discussion. It also includes Tips for Facilitator to help you respond to questions that may be raised by participants, identify matters that may be sensitive and about how to deal with them.

The Handout consists of support materials for each module and it is to be given to each participant, so that they could refer to them at a later date.

Facilitator's Notes

Introduction to the Facilitator Guide

Content of the Facilitator Guide

The Facilitator Guide consists of ten core modules. It is necessary for all participants to go through all the ten core modules because they cover the essential topics that will equip the participants with the knowledge and understanding they need to achieve the overall objectives of the Programme. The facilitators will feel confident while conducting a session if they prepare and familiarise with them a day before the session.

Schedule of the Orientation Programme

Day 1

Module I	Introductory Module
Module II	Adolescent Growth and Development

Day 2

Module III	Communicating with the Adolescent Client
Module IV	Adolescent-Friendly Reproductive and Sexual Health Services

Day 3

Module V	Sexual and Reproductive Health Concerns of Boys & Girls
Module VI	Nutritional needs of Adolescents and Anaemia

Day 4

Module VII	Adolescent Pregnancy and Unsafe Abortions
Module VIII	Contraception for Adolescents

Day 5

Module IX	RTIs, STIs and HIV/AIDS in Adolescents
Module X	Concluding Module

Support Materials used for facilitating the Orientation

Each module consists of support materials. You will need to read carefully and understand them, to help you conduct the orientation effectively. The Handout is a compilation of handouts for each module. A copy of the Handout would also be given to each participant of this Orientation Programme, for leisure reading and better understanding of the issues.

Methodology

The teaching and learning methods used throughout the Orientation Programme are participatory and appropriate to working with adults who always bring a wealth of personal experience to any learning event. It is recognized that the main group of intended participants already have some experience of working with adolescents and adolescent health issues.

A participatory approach enables the individual to draw on her own experience and learn in an active way. It also enables a more equal relationship between participants and facilitators than is possible in more conventional trainer-learner or teacher-student approaches.

The Programme uses a range of methods and approaches, from direct input in the form of short mini lectures to problem-solving in small groups and role play sessions.

Ground rules for participatory learning

Experience has taught us that it is sometimes necessary to establish some ground rules when using participatory approaches. The following are some examples of such rules:

- Treating everyone with respect at all times, regardless of gender, age or cultural differences;
- Ensuring and respecting confidentiality so that facilitators and participants are able to discuss sensitive issues (such as those relating to sexual and reproductive health, mental health and substance use) without fear of repercussions;
- Agreeing to respect and observe time-keeping and to begin and end the sessions on time;
- Making sure that everyone has the opportunity to be heard;
- Willing to accept and give critical feedback;
- Drawing on the expertise of other facilitators and the participants in difficult situations.

Adherence to these rules will help to ensure an effective and enjoyable learning environment.

Facilitator's Notes

Evaluation methods for Orientation Programme

The Orientation Programme is designed to be implemented mainly in a workshop setting. People usually enjoy participating in a workshop, particularly when they are active participants. However, measuring what they have learned from the workshop can be difficult. In this programme some evaluation methods have been included that are very quick and easy to use and obtain immediate feedback. Using them will give the following:

- Evidence of how the workshop affected the participants
- Facilitators can see where the workshop has been less effective, which means they can try to address the reasons for that in the future

The methods included here are immediate! This means that there is no time-consuming analysis. It also means that they act as a kind of needs assessment, because they can reveal which topics and issues required special attention during the modules.

Evaluation can be carried out at different levels to measure different things. In this Orientation Programme change would be measured at three levels:

a) Participants' reactions to the workshop

b) Changes in participants' attitude and knowledge

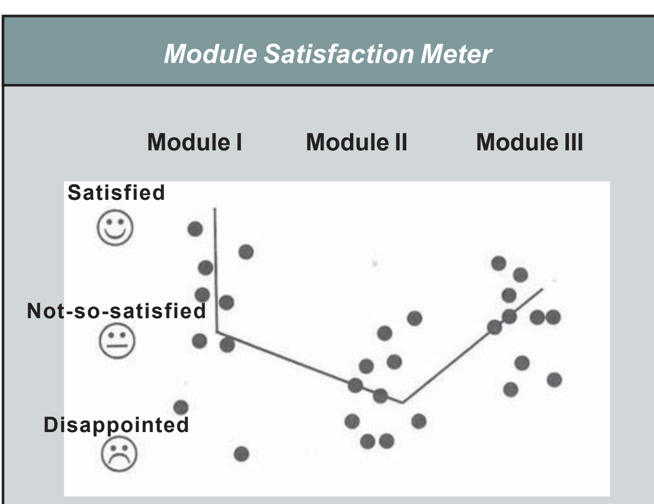
c) Change in participants' practice (expected post training)

These methods of evaluation are built into the module.

a) Evaluation method to measure participants' reactions to the workshop – The Satisfaction Meter

This is an easy way of keeping in touch with how the participants experience the programme on a daily basis. By getting their early reaction the facilitator will be able to make changes immediately, rather than receiving complaints at the end of the workshop when it is too late to respond to them.

The Satisfaction Meter



As its name suggests, the *Satisfaction Meter* allows the facilitators to get a sense of the group's mood after completion of each module.

The *Satisfaction Meter* should be put up in an accessible location in the training room.

Explain that the three faces indicate the following in a descending order: "satisfied", "not satisfied" and "disappointed".

At the end of each Module, the participants are asked to mark a spot, according to how they feel, on the Satisfaction Meter.

Draw a line through the middle of the spots to create a simple graph that charts the "ups" and "downs" of the group.

The Satisfaction Meter can be used as a means of tracking the group's feeling about how the workshop is proceeding, and as a starting point for discussion.

b) Evaluation method to measure changes in participants' knowledge – Pre/Post test

Each participant is asked to take a simple, objective written Pre Test at the beginning of the Programme.

The purpose of this test is a pre-training evaluation of the knowledge and attitudes of the participants. Dispel the fear and embarrassment of participants by telling them that it does not matter if they do not know the answers to some questions. Their answers will help the facilitators/trainers to know their existing knowledge regarding adolescent health and will be able to give more emphasis on the topics with gaps in their knowledge and help modifications in attitudes during training sessions.

At the end of the Programme, the participants take same test again. By comparing scores of Pre and Post Tests, the facilitators know how much learning has taken place.

Facilitator's Notes

c) Evaluation method to measure changes in participants' practice (expected post training)

After attending this Orientation Workshop it is hoped that some of what participants learn will influence how they work in the future with adolescents. One way to support this is to help the participants translate what they have learned into changes that they intend to make. This should improve the chances that they will put what they have learned into practice. Developing a personal 'Plan of Action' in the *Concluding Module* with help participants improve their working with/for adolescents.

The *Concluding Module* focuses on change and leads the participants through the process of making their personal plans to change the way they work with and for adolescents. The process is important for two reasons. First, it helps the participant apply what they have learned in practical ways, by enabling them to think of realistic changes that they can make, or new things that they can do, in order to improve the way in which they work with adolescents. It is definitely best for them to do this as part of the training programme, with the support of the facilitators and other participants, rather than leaving them to do it when they will be busy back at work. Second, by making personal plans the participants provide the facilitator and themselves with goals, against which the changes that they make may be measured.

TIPS FOR FACILITATOR

In the Facilitator Guide, you will find a section entitled "Tips for Facilitator". These talking points have been created to give you more information to help you to explain further the content of the flipchart and/or activities.

Introductory Module

Module I

Getting to Know Each Other — **Session 1** *40 mins*

Programme Objectives and Agenda — **Session 2** *40 mins*

Pre-test — **Session 3** *40 mins*

(Total Time: 2 hrs)

Module I

SESSION 1

Getting to Know Each Other

40 mins

Objectives:

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

- Identify each other in the group.
- Establish rapport amongst themselves.

Materials:

- Flipchart I - 1
- Name tags
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Group Introductions	Introductions in pairs	40 mins

Introduction

This module provides an introduction to the 5-day Orientation Programme for ANMs/LHVs to provide adolescent-friendly reproductive health services and helps acquaint the participants to one another and to the facilitator(s). It also runs through the training objectives and participants' expectations and sets the ground rules and norms for the workshop.

Activity 1

- Introduce yourself and your co-facilitator(s).
- Welcome the participants to the Orientation Workshop on adolescent health.
- Explain that before starting the programme, a few minutes will be spent on general introductions.
- Pair the participants and facilitators.
- Put up Flipchart I -1 and ask each pair to talk to each other for 5 mins and find out about each other (as per points written on the flipchart)

FLIPCHART I-1

Find out the following about your partner:

- Name
- Designation
- Place of work
- Number of years s/he has been working with adolescents
- A hobby

- Now ask each pair to come forward and introduce each other to the entire group.
- Keep on noting and adding up the number of years of experience of everyone in the room as they are introduced.
- After the introductions, stress that there is a wealth of experience among the participants present in the room. Mention the total number of years of experience that all the participants together have in the room. Clearly there will be much that every individual can share with and learn from others in the group.
- Then distribute the name tags and ask the participants to write clearly the name they would like to be called during the programme - some people prefer their first name and others their surname. Encourage them to wear the name tags throughout the workshop.

Module I

40 mins

Materials:

- Flipchart I-2
- Flipchart I-3
- Flipchart I-4
- Flipchart I-5
- Blank flipcharts

SESSION 2

Programme Objectives and Agenda

Objectives:

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

- List out their expections from the workshop.
- List out the objectives of the Orientation Programme.
- Have an overview of the 5-day workshop.

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Listing participant expectations	Brainstorming	20 mins
Activity 2	Listing Programme objectives	Presentation	10 mins
Activity 3	Overview of the Programme	Presentation	10 mins

Activity 1

- Put up Flipchart I-2, and brainstorm the participants what expectations they have from this orientation programme.

FLIPCHART I-2

- Participants' Expectations from the Orientation Programme

- Note down their responses on a blank flipchart. Put up the flipchart on a wall and let it remain there throughout the 5-days.
- Tell the group that you will refer to their expectations again at the end of the workshop to see to what extent they were met with.

Activity 2

- Show Flipchart I-3 and explain objectives of the programme.

> **FLIPCHART I-3**
>
> **Specific Objectives of the Orientation Programme**
>
> **By the end of this Programme, ANMs will be:**
>
> - More knowledgeable about the characteristics of adolescent development
> - More sensitive to their needs
> - Better equipped with information and resources, thereby be able to provide adolescent-friendly health services
> - Able to make a plan to indicate the changes in their work to deliver adolescent-friendly reproductive and sexual health services.

- Stress that in this workshop emphasis is not the improvement of clinical skills, rather it provides ability to start adolescent-friendly health services.
- Also explain:
  - Why this workshop is focusing only on ANMs/LHVs when many other "adults" also influence adolescents?
  - Tell them that there is a similar workshop for Medical Officers also.
  - Explain that many groups including health workers, teachers, social workers, religious leaders, and, of course, parents have important contributions to make towards the health of adolescents.
  - The Government abilities of health service providers, and so this group has been identified as a priority, but it does not imply that other groups are less important. You should try to involve them when you provide services to adolescents.

Activity 3

- Give participants copies of the Handout. Ask the participants to look at the Agenda in Handout I and briefly run through it so that they know what will be done during each day of the Workshop.
- Explain that in the Orientation Programme particular subject modules have been selected on the basis of health problems and health risk behaviours of adolescents.
- Explain that the programme is tightly structured, requiring everyone's presence and active participation.

Agenda for 5-day Workshop

Day 1

Module I	Introductory Module
Module II	Adolescent Health and Development

Day 2

Module III	Communicating with the Adolescent Client
Module IV	Adolescent-Friendly Reproductive and Sexual Health Services

Day 3

Module V	Sexual and Reproductive Health Concerns of Boys & Girls
Module VI	Nutritional needs of Adolescents and Anaemia

Day 4

Module VII	Adolescent Pregnancy and Unsafe Abortions
Module VIII	Contraception for Adolescent

Day 5

Module IX	RTIs, STIs and HIV/AIDS in Adolescents
Module X	Concluding Module

- Inform the participants that during the workshop everyone will be asked to share their views and perspectives with others. In this way, everyone (including the facilitators) will be equal participants.
- Tell them that in this workshop there are NO teaching sessions; we all will learn from each other.
- Explain what is a participatory learning process.
- Emphasise that there are some basic ground rules that would be followed throughout the workshop.

- Put up Flipchart I-4. Ask the participants to, formulate ground rules for the workshop and keep writing them on a flipchart, then match with the following:

FLIPCHART I-4

Ground rules for the Workshop

- Treating everyone with respect at all times, irrespective of sex or age
- Ensuring and respecting confidentiality
- Agreeing to respect and observe time-keeping and to begin and end the sessions on time
- Speaking one by one - Making sure that everyone has the opportunity to be heard
- Accepting and giving critical feedback taking care not to hurt anyone's feelings
- Drawing on the expertise of other facilitators and the participants in difficult situations

- Stress that adherence to these rules will help to ensure an effective and enjoyable learning environment! Paste the chart on a wall so that it can then be referred to throughout the workshop.
- Emphasise that respecting confidentiality is very important, so that facilitators and participants are able to discuss sensitive issues (such as those relating to sexual and reproductive health) without concern about repercussions.

FLIPCHART I-5

Satisfaction Meter

	Module I	Module II	Module III
Satisfied ☺			
Not-so-satisfied 😐			
Disappointed ☹			

- Put up the *Satisfaction Meter* (Flipchart I - 5) and explain it.
- Tell that throughout the Orientation Programme, it will be used to assess how participants feel about each module.
- Place the *'Mailbox'* in one corner of the room and explain that it will remain in this location at all times so that participants may write down any questions related to the Topics covered each day. They need not write their names.

  Tell the participants that the questions raised will be answered by the facilitators every day.

TIPS FOR FACILITATOR

The participatory approach to be used in the Programme could be new to some (or many) of the participants, so it is important to spend some time discussing it with them. Sometimes people are resistant to what they see (visuals) because it is "a waste of time when you (the facilitator or instructor) could simply just tell us" the following quotation comes from about 2500 years ago- and stresses what is an essential element of learning even today.

What I hear, I forget

What I see, I remember

What I do, I understand

Confucius (551-479 B.C)

Stress that we all learn best when we take an active part in finding out things that are new to us!

- A class in which we take part in discussions is more interesting than a class in which we just listen to a lecture.
- A class in which we can see for ourselves what things look like and how they work, is more interesting than a class in which we only talk about things.
- A class in which we not only talk and see, but actually do and make and discover things for ourselves, is exciting! When we learn by finding things out for ourselves, by building on experience we already have, we do not forget. What we learn through active discovery becomes a part of us.

TIPS FOR FACILITATOR

Remember to put up the *Satisfaction Meter* everyday for Modules covered on that particular day.

The "*Mailbox*" is a place for the participants to record any questions/matters arising during the course of the workshop so that you can address them later in the workshop. Place the *Mailbox* in an easily accessible place. Check mail every evening and answer the questions next morning.

SESSION 3

Pre-test
Handout I-6, Annexure 1

Module I

40 mins

Objectives:

By the end of this session, facilitators will be able to:

- Assess the participants level of current knowledge regarding adolescent health and development issues.

Materials:

- Pre-test forms for each participant

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Pre-test	Each Participant fills up a questionnaire	40 mins

Activity 1

- The purpose of this test is a pre-training evaluation of the knowledge and attitudes of the participants. Dispel the fear and embarrassment of participants by telling them that it does not matter if they do not know the answers to some questions. Their answers will help the facilitators/trainers to know their existing knowledge regarding adolescent health and will be able to give more emphasis on the topics with gaps in their knowledge and help modifications in attitudes during training sessions.
- Give each participant a pre-test form.
- Explain to the participants that they have to complete the pre-test form in 30 mins. Ask the participants to respond to the questions on their own and not discuss them with their co-participants.
- Tell the participants that now each one of them will be given a questionnaire related to Adolescent Health and Development. It will be a Pre-test that they are required to take.
- Collect the answered pre-test forms from the participants after 30 mins.
- Thank the participants for filling up the pre-test.

TIPS FOR FACILITATOR

- Answer Sheet for the pre-test form is given at the end of this session for your reference. One of the facilitators should correct the pre-test forms using this answered sheet and give scores. Facilitators to note which questions most of the participants could not answer.

  Note: Each question is of 1 mark. If the answer is correct for the whole question score 1 for it. In the end add up the total marks obtained and calculate the score % by dividing marks obtained with maximum marks 20 and multiply by 100. Example: if a participant scores 15 marks. Her score % is

  $$\frac{15}{20} \text{x} 100 = 75\%$$

- The facilitators should analyze the forms during lunch time and evening after training on the same day to identify course areas where the participants have a gap in knowledge or attitude and make note of it to be addressed and emphasised during the conduction of relevant session.

Orientation Workshop for ANMs/LHVs on Adolescent-Friendly Reproductive and Sexual Health Services

Pre/Post-Test

Name of State ____________________ Name of District ____________________

Name of Block ____________________ Designation ____________________

Name of Participant ____

Dates of Programme ________________ Date of Test ____________________

Note: Answer all questions. Multiple choice questions have only one correct answer. Please read each question and the multiple choices carefully and put a '✓' mark on correct answer.

1. Adolescents come under which age group?
   a) 8 -10 years
   b) 8 -15 years
   c) 10 -19 years
   d) 19 -35 years
2. What are the important changes that take place in the individual as he/she goes through adolescence?
   a) Physical
   b) Mental
   c) Emotional
   d) All of the above
3. What are health related concerns of adolescents?
   a) Menstrual problems in girls and night fall in boys
   b) RTIs/STIs - Hygiene
   c) Teenage pregnancy
   d) Anaemia
   e) Unsafe abortions
   f) Drug/substance abuse/smoking
   g) All of the above
4. We should invest in adolescents health because:
   a) a healthy adolescent grows into a healthy adult.
   b) health benefits for the adolescent's present and future.
   c) economic benefits to avert future health cost.
   d) Good health is adolescents' right
   e) all of the above
   f) none of the above
5. How do you think an adolescent feels when he/she walks into your health centre?
   a) shy, embarrassed, worried, confused
   b) happy and confident

6. How would you strike a rapport with an adolescent client?
   a) By not asking too many questions and not making eye contact
   b) By friendly, warm and non-judgmental behaviour with positive non-verbal cues.
   c) Frowning and stern behaviour.
   d) None of the above.
7. Adolescents do not utilise available health services because:
   a) they fear the health providers will inform their parents.
   b) they are not interested.
   c) they do not recognise illness.
   d) they do not know where to go.
   e) All of the above.
   f) None of the above.
8. What are the barriers to good communication?
   a) Service provider use simple words and language
   b) Client feels comfortable
   c) Lack of privacy
   d) Adolescents are unable to talk because of fear
   e) Insufficient time to explain
   f) (a) and (b)
   g) (c, d and e)
9. What problems are caused by lack of menstrual hygiene?
   a) Anaemia, weakness, diarrhoea
   b) Malaria, worm infestation
   c) Vaginal discharge, burning during urination and genital itching
10. According to you, how will you rate masturbation for adolescent boys and girls.
    a) Normal behaviour
    b) Abnormal behaviour
    c) Shameful behaviour
11. Lack of nutrition in adolescence can cause-
    a) Protein - energy malnutrition
    b) Stunting of growth
    c) Anaemia
    d) All of the above
    e) None of the above
12. Night fall in boys is
    a) Abnormal
    b) Normal
    c) Sign of serious illness

13. What is the risk of maternal death among women aged 15-19 years as compared to women aged 20-35 years?
    a) Lower
    b) Higher
    c) Equal
14. What can an ANM/LHV do to prevent unsafe abortions in pregnant adolescents?
    a) Counsel and refer to appropriate facility for termination of pregnancy
    b) Conduct termination of pregnancy yourself
    c) Scold her for getting pregnant and tell her to continue her pregnancy now and take some contraception after delivery
15. Which contraceptive methods are appropriate for adolescents?
    a) Abstinence, condoms and oral pills
    b) Sterilisation, Fertility-awareness based methods and IUCDs
16. What can ANMs/LHVs do to prevent STIs among adolescents?
    a) Cannot do anything
    b) Counsel them that abstinence, being faithful to one's partner and use of condoms protect from STIs
    c) Criticise unmarried sexually active and inform the parents of sexually activer unmarried adolescents of their shameful behaviour
17. After unprotected sex, emergency contraceptive pills can be given to:
    a) Married adolescents
    b) Unmarried adolescents
    c) Both
    d) None of the above
18. Which services can you ANM provide to adolescents?
    a) ______________________________
    b) ______________________________
    c) ______________________________
    d) ______________________________
19. What are the most important characteristics of adolescent-friendly health facilities?
    a) ______________________________
    b) ______________________________
    c) ______________________________
    d) ______________________________
20. Which contraceptive methods are protective against pregnancy and STIs/HIV (dual protection)?
    a) ______________________________
    b) ______________________________

Orientation Workshop for ANMs/LHVs on Adolescent-Friendly Reproductive and Sexual Health Services

Pre/Post-Test

ANSWER SHEET FOR FACILITATORS

1. Adolescents come under which age group?
   a) 8 -10 years
   b) 8 -15 years
   c) 10 -19 years
   d) 19 -35 years
2. What are the important changes that take place in the individual as he/she goes through adolescence?
   a) Physical
   b) Mental
   c) Emotional
   d) All of the above
3. What are health related concerns of adolescents?
   a) Menstrual problems in girls and night fall in boys
   b) RTIs/STIs - Hygiene
   c) Teenage pregnancy
   d) Anaemia
   e) Unsafe abortions
   f) Drug/substance abuse/smoking
   g) All of the above
   h) None of the above
4. We should invest in adolescents health because:
   a) a healthy adoelscent grows into a healthy adult.
   b) health benefits for the adolescent's present and future.
   c) to avert future health cost.
   d) Good health is adolescents' right
   e) all of the above
   f) none of the above
5. How do you think an adolescent feels when he/she walks into your health centre?
   a) shy, embarrassed, worried, confused
   b) happy and confident
6. How would you strike a rapport with an adolescent client?
   a) By not asking too many questions and not making eye contact
   b) By friendly, warm and non-judgmental behaviour with positive non-verbal cues.
   c) Frowning and stern behaviour.
   d) None of the above..

7. Adolescents do not utilise available health services because:
   a) they fear the health providers will inform their parents.
   b) they are not interested.
   c) they do not recognise illness.
   d) they do not know where to go.
   e) All of the above.
   f) None of the above.
8. What are the barriers to good communication?
   a) Servicer providers use simple words and language
   b) Client feels comfortable
   c) Lack of privacy
   d) Adolescents are unable to talk because of fear
   e) Insufficient time to explain
   f) (a) and (b)
   g) (c, d and e)
9. What problems are caused by lack of menstrual hygiene?
   a) Anaemia, weakness, diarrhoea
   b) Malaria, worm infestation
   c) Vaginal discharge, burning during urination and genital itching
10. According to you, how will you rate masturbation for adolescent boys and girls.
    a) Normal behaviour
    b) Abnormal behaviour
    c) Shameful behaviour
11. Lack of nutrition in adolescence can cause-
    a) Protein - energy malnutrition
    b) Stunting of growth
    c) Anaemia
    d) All of the above
    e) None of the above
12. Night fall in boys is
    a) Abnormal
    b) Normal
    c) Sign of serious illness
13. What is the risk of maternal death among women aged 15-19 years as compared to women aged 20-35 years?
    a) Lower
    b) Higher
    c) Equal

14. What can an ANM/LHV do to prevent unsafe abortions in pregnant adolescents?
    - **a) Counsel and refer to appropriate facility for termination of pregnancy**
    - b) Conduct termination of pregnancy yourself
    - c) Scold her for getting pregnant and tell her to continue her pregnancy now and take some contraception after delivery
15. Which contraceptive methods are appropriate choice for adolescents?
    - **a) Abstinence, condoms and oral pills**
    - b) Sterilisation, Fertility-awareness based methods and IUCD
16. What can ANMs/LHVs do to prevent STIs among adolescents?
    - a) Cannot do anything
    - **b) Counsel them that abstinence, being faithful to one's partner and use of condoms protect from STIs**
    - c) Criticise unmarried sexually active and inform the parents of sexually activer unmarried adolescents of their shameful behaviour
17. After unprotected sex, emergency contraceptive pills can be given to:
    - a) Married adolescents
    - b) Unmarried adolescents
    - **c) Both**
    - d) None of the above
18. Which health services can ANM provide to adolescents?
    - a) ___________ Providing information and counselling
    - b) ___________ Screening for health problems
    - c) ___________ Identifying and managing some problems
    - d) ___________ Referring to other health services providers when necessary
19. What are the most important characteristics of adolescent-friendly health facilities?
    - a) ___________ Non-threatening environment
    - b) ___________ Privacy and confidentiality maintained
    - c) ___________ Non-judgmental service providers
    - d) ___________ Accessible and approachable
20. Which contraceptive methods protect from pregnancy and STIs/HIV (dual protection)?
    - a) ___________ Abstinence
    - b) ___________ Condoms

Note: Each question is of 1 mark. If the answer is correct for the whole question score 1 for it. In the end add up the total marks obtained and calculate the score % of dividing marks obtained with maximum marks 20 and multiply by 100. Example: if a participant scores 15 marks. Her score % is

$$\frac{15}{20} \text{x} 100 = 75\%$$

Adolescent Growth and Development

Module II

Topic	Session	Time
Module Introduction	Session 1	10 mins
Adolescence - A Period of Change	Session 2	60 mins
Looking Back on my Own Adolescence	Session 3	40 mins
Why Invest in Adolescent Health and Development	Session 4	30 mins
Module Summary	Session 5	10 mins

(Total Time: 2 hrs 30 mins)

Module II

SESSION 1
Module Introduction

10 mins

Objectives:

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

- Get an overview of the module including its objectives.

Materials:

- Flipchart II-1

ACTIVITIES	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Introduction of Module II and its objectives	Presentation	10 mins

Introduction

Adolescence (10-19 years) is a phase of life which has recently gained recognition as a distinct phase of life with its own special needs. This phase is characterized by acceleration of physical, psychological and behavioural change thus bringing about transformation from childhood to adulthood. This module defines adolescence and it aims at generating an understanding of what is special about adolescence and provides an overview of important matters concerning adolescent health and development. It examines the perceptions of adolescents and of adults regarding adolescents' health concerns and explores the rationale for investing in adolescent health. This module is a foundation for all the subsequent modules wherein issues pertaining to adolescent health and development have been dealt with in greater depth.

Activity 1

- Start by introducing the module's name and sessions.
- Put up Flipchart II-1 and present the module objectives to the participants.
- Explain that this module looks at adolescence as a phase of life and its implications on the health of adolescents.
- Remind the participants to put any questions/suggestions in the *Mailbox* after completion of the Module.

FLIPCHART II-1

Module Objectives

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

- Define the term "adolescence"
- Describe the nature of changes during adolescence
- Identify important health related issues and concerns of adolescents
- List important reasons for investing in adolescent health and development
- Be more empathetic towards adolescents.

TIPS FOR FACILITATOR

Encourage the participants to ask questions and raise their concerns, if any.

Module II

SESSION 2

Adolescence - A Period of Change

60 mins

Objectives:

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

- Explain what is 'adolescence'.
- Explain the changes that occur during adolescence.

Materials:

- Flipcharts II-2
- Flipcharts II-3
- Flipcharts II-4
- Flipcharts II-5
- Blank Flipcharts
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	What is "Adolescence"	Brainstorming	10 mins
Activity 2	Changes/events that occur during adolescence	Group Work	30 mins
Activity 3	Health Implications	Group work	20 mins

Activity 1

- Ask the participants what they understand by the term 'adolescence'. Encourage them to state words that come to their mind when they think of adolescence and note down the responses on a blank flipchart
- Ask the participants to open Handout II and read out What is "adolescence" and explain its main points

Activity 2

- Divide the participants into 3 groups and give them the following group work:

  Group 1: List physical changes that occur during adolescence in boys and girls

  Group 2: List changes sexual developmental changes in girls and boys

  Group 3: List emotional and social changes that occur during adolescence in both girls and boys

- Give participants 10 mins for group work to discuss amongst themselves and come up with their respective list.
- Give blank flipcharts and markers to each group.
- After the small groups complete their lists make the entire group sit together and have one person from each group to present the group work. Ask all the group members to come forward while their representative is presenting their response. After each group's presentation, ask the other two groups if they want to add more points to the list or need any clarification.
- Put up the pre-prepared Flipchart II-2 containing the list of physical changes, Flipchart II-3 sexual development and Flipchart II-4 of emotional and social changes after respective group work presentations for comparison.
- Invite any additional comments and suggestions.

FLIPCHART II-2

Physical events/changes

BOYS	GIRLS
• Growth spurt occurs	• Growth spurt occurs
• Muscles develop	• Breasts develop
• Skin becomes oily	• Skin becomes oily
• Shoulders broaden	• Hips widen
• Voice cracks	• Underarm hair appears
• Underarm and chest hair appears	
• Pubic hair appears	• Pubic hair appears
• Facial hair appears	• External genitals enlarge
• Penis and testes enlarge	• Uterus and ovaries enlarge
• Ejaculation occurs	• Menstruation begins

FLIPCHART II-3

Sexual Development

- Sexual organs enlarge and mature
- Erections in boys
- Sexual desire
- Sexual attraction
- Menarche, Ovulation
- Sperm Production, Ejaculation
- Initiation of sexual behaviours

FLIPCHART II-4

Emotional and Social Changes

- Preoccupied with body image
- Want to establish own identity
- Fantasy / daydreaming
- Rapid mood changes, Emotinal instability
- Attention seeking behaviour
- Sexual attraction
- Curious, Inquisitive
- Full of energy, Restless
- Concrete thinking
- Self exploration and evaluation
- Conflicts with family over control
- Seek affiliation to counter instability
- Peer group defines behavioural code
- Formation of new relationships

Activity 3

- Draw the participants attention to the fact that adolescent boys and girls acquire distinct characteristics due to the various changes that occur in their bodies, mind, feelings and behaviour.

  These characteristics make them vulnerable to risks which have health implications e.g. they take many health risks due to their tendency to try out new things and the health consequences may be very serious.
- Explain that now through group work (same 3 groups), we will correlate the characteristics of adolescence with their possible health implication. Refer them to Annexure 1, Group exercise in Handout II.
- Give each group a flipchart and marker pens. Ask each group to write the possible health implications due to changes they recorded in their previous flipchart. Give the participants 5 minutes to write their responses.
- After the participants have finished, ask each group to present their findings. Appreciate the groups' response and ask if other groups want to add more to the presentation made by the group.
- Give flipcharts and markers to each group and ask them to keep writing down like a flow chart what risks can the adolescents take due to their characteristics and what will they lead to.
- Give them 15 mins to complete the work.
- One person from each group to present their work.
- Summarize the health implications of other changes during adolescence by displaying Flipchart II-5.

FLIPCHART II-5

Changes during Adolescence	Health Implications
Physical Changes	
• Normal growing-up	Undue anxiety and tension
• Increase in height and weight	Increase nutrition requirement – if inadequate, undernutrition and anemia
• Breasts Development	Stooping of shoulders, poor posture, back pain
• Skin becomes oily	Acne
• Desire to be thin, have a good figure	Protein-energy malnutrition, anemia, Stunting
Sexual Development	
• Desire to have sex	Unsafe sex leading to unwanted pregnancy, STIs, HIV; Need of health education and services
• Ejaculation	Fear, guilt, myths - emotional problems
• Menstruation	Dysmenorrhea, Menorrhagia - Anemia, RTI (Menstrual Hygiene)
Emotional changes and Social development	
• Dvelopment of Identity	Confusion, moodiness, irritation
• Very curious	Experimentation, Risk taking behaviour
• Peer pressure	Effect on life styles: • Unhealthy eating habits leading to obesity • Smoking and alcohol use leading to ill health • Speed driving, accidents

- Facilitator to wrap up the group work by saying that adolescents are vulnerable to so many health risks just because of normal development and we as service providers need to provide support to them.

TIPS FOR FACILITATOR

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

Module II

SESSION 3

Looking Back on my Own Adolescence

40 mins

Objectives:

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

- Empathise with the clients.
- Identify the issues and concerns of adolescents today as compared to those of adolescents earlier.

Materials:

- Flipcharts II-6
- Blank Flipcharts
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Participants' reminiscing their personal experiences as adolescents	Group Work & discussion	20 mins
Activity 2	Issues and concerns of adolescents earlier and those of adolescents today	Brainstorming	20 mins

Activity 1

1. Divide the participants into four groups. Tell the participants that during this activity they will explore their own experiences as adolescents. They must be truthful and frank in their explorations.
2. Put up Filpchart II-6 and ask the participants to share their experience within the small groups, based on the questions posted on the Flipchart II-6 and note down their groups' responses on a flipchart. Give them 15 minutes for this excercise.

FLIPCHART II-6

Task for group work

Discuss your experiences as an adolescent

- What was your adolescence like ?
- What were the things most important to you ?
- What were your fears ?
- What was your experience when you started your periods/had nightfall?
- Who gave you information related to periods/ nightfall?
- Whom did you talk to if you needed support?

- After the group work, ask the group representative to share the groups' responses.
- Once all the groups have made their presentations, generate a discussion about what are the common issues and concerns during adolescence and note down their responses on a Flipchart
- Now, ask them of they can recall instances when adolescents came to them (as service providers) with their problems and how they dealth with the adolescent and his/her problem.

  Listen to their responses.
- Then sum up by saying that empathising with adolescent girls and boys will help ANMs/LHVs develop better rapport with them and will give them confidence to deal with their problems effectively.

TIPS FOR FACILITATOR

Note that this activity may unleash strong feelings (such as sadness or anger). Be on the lookout for this, and be prepared to respond if any participant wishes to talk about his/her thoughts and feelings with you.

Activity 2

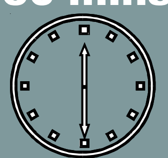
- Ask participants what are the similarities and differences between the experiences and concerns of adolescents today and their own times.
- As the participants raise points of similarity or difference, note them on a flipchart and ask them to encourage interaction between the participants. Ask them to respond to each other's comments and questions, and stress that by sharing experiences and opinions, they will contribute to each other's learning. Emphasise that the range of possible different experiences during adolescence can be attributed to differences in sex, age, family environment, socio-economic conditions, culture and place of residence, media-TV, magazines, newspapers and movies.
- Lead them to the fact that though there may be many differences the fact remains that the adolescents face similar problems and have similar concerns as you had in your times.

Module II

SESSION 4

Why Invest in Adolescent Health and Development?

30 mins



Objectives:

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

- Present important reasons for investing in adolescent health and development

Materials:

- Flipchart II-7
- Flipchart II-8
- Flipchart II-9
- Blank Flipcharts
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Scenario related to adolescents in India	Presentation	10 mins
Activity 2	Health Problems	Brainstorm	10 mins
Activity 3	Reasons for investing in adolescent health and development	Discussion	10 mins

Activity 1

- Present the scenario related to adolescents in India:

FLIPCHART II-7

- Adolescents constitute 22% of population (Census 2001)
- 50% girls married by 18 years (NFHS 1 & 2)
- High Maternal mortality among adolescent girls (Census 2001)
- Adolescents (15-19 years) contribute 19% of TFR (NFHS 1 & 2)
- Unmet need for contraception (15-19 years) 27% (NFHS 1 & 2)
- Girls are prone to anaemia (NFHS 2)
- 50% of all new HIV infections in the age group 10-25 years
- Misconceptions about HIV/AIDS are wide spread
- Premarital sexual relations are increasing
- 40% start taking drugs between 15-20 years (UNODC, 2002)

- Brainstorm the health problems that adolescents may encounter.

- Put up Flipchart II-8 and run through it, emphasising on the points which did not come out during brainstorming.

FLIPCHART II-8

Health Problem of Adolescents

Physical
- Menstrual (scanty, irregular, painful, excessive)
- Vaginal discharge
- Anaemia
- Growth less/more than others
- Problems due to teenage pregnancy and unsafe abortions
- RTIs/STIs and HIV
- Problems due to use of tobacco, alcohol, drugs

Emotional
- Depression
- Stress due to nightfall, masturbation etc.

Activity 2

- Ask participants why we should invest in adolescent health. Listen carefully to them.
- Then display Flipchart II-9 and read it out.

FLIPCHART II-9

Reasons for investing in adolescent health and development

- To develop their capacity to cope with daily life situations and deal with them effectively
- To inculcate healthy habits and behaviours
- To reduce morbidity and mortality in adolescents
- To impact National indicators like high TFR, MMR & IMR, arrest HIV epidemic
- A healthy adolescent grows into a healthy adult, physically, emotionally and mentally - maximize potential and productivity
- Economic benefits: Increased productivity, averting future health costs of treating AIDS, tobacco related illness, life-style related illness
- As a human right, adolescents have a right to achieve optimum level of health

- Sum up the discussion and invite any further comments or suggestions. Reiterate that what adolescents do today will have an influence on their health as adults and on the health of their children, in future. Stress at improvements in the health of adolescents will increase their achievements in school and will lead to greater productivity.

SESSION 5
Module Summary

Module II

10 mins

Key points:

- Adolescence (10-19 yrs) is a period of rapid physical growth and emotional changes.
- Adolescents today are more vulnerable to health risks and their implications due to their nature of experimenting and exposure to limited information.
- Investing in adolescents will be a 'demographic bonus' later when they become responsible and well informed adults.

Communicating with the Adolescent Client

Module III

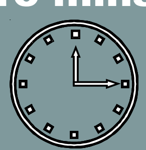
Module Introduction	**Session 1** *15 mins*
Communication and Counselling Skills	**Session 2** *2 hrs*
Module Summary	**Session 3** *15 mins*

(Total Time: 2 hours 30 minutes)

Module III

SESSION 1
Module Introduction

15 mins



Objectives:

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

- Get an overview of the module and its objectives.

Materials:

- Flipchart III-1

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Module Objectives	Presentation	15 mins

Introduction

Communication plays a vital role in everybody's life. Communication is a process through which we convey our thoughts and feelings to other people. One of the major components of communication is to listen and to understand others' points of view and feelings. Communication is more effective if it is two-way rather than one-way. The exercises in this module involve discussion, behavior change and positive and negative role-plays. It will help ANMs/LHVs to understand the realities and the mindset of their adolescent client and will foster better communication and responsiveness to their needs.

Activity 1

- Welcome the participants and request one participant to recap previous day's activities. Introduce participants to Module III.
- Put up Flipchart III-1 and have a participant volunteer read out the objectives.

FLIPCHART III-1

Module Objectives

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

- Demonstrate effective communication skills
- Demonstrate effective counseling skills to use when interacting with adolescent clients

- Explain that this module looks at effective communication and counseling skills that ANMs/LHVs may find useful in their day to day interaction with adolescent clients.

SESSION 2

Communication and Counselling Skills

Module III

2 hrs

Objectives:

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

- Describe the communication barriers that adolescents face in obtaining sexual and reproductive health information and services.
- Describe and what could be done to address them.
- Identify and practice effective communication skills.
- Practice counselling skills.

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	What is communication and what are the barriers to communication	Brainstorming Role Play	40 mins
Activity 2	Verbal and non-verbal communication	Brainstorming	10 mins
Activity 3	Counselling and its Steps	Mini lecture	30 mins
Activity 4	Counselling Skills	Role Plays	40 mins

Materials:

- Flipchart III-2
- Flipchart III-3
- Flipchart III-4
- Flipchart III-5
- Flipchart III-6
- Flipchart III-7
- Blank Flipcharts
- Markers

Activity 1

- Ask the participants - "What do you understand by "communication"?
- Put the responses on a flipchart.
- Put up Flipchart III-2 and explain the meaning of "communication".

FLIPCHART III-2

What is Communication?

It is the art of expressing and exchanging ideas, thoughts and feelings through speech, gestures or writing

- Tell the participants that now you will enact a Role Play with the co-faclilitator. They should observe it carefully as there will be a discussion on it later on. Perform the Role Play. (One facilitator to play the role of ANM and the other to play the role of an adolescent girl.Elicit a typical setting where the ANM is busy,surrounded by a lot of people/disturbance and does not give attention to the girls' concerns)
- Now ask participants what they saw in the role play? Brainstorm the barriers of communication in the role play. List out the feelings of the girl on a flipchart.

- **Ask the participants what they think adolescents feel when they walk into a PHC, or stand before an ANM. List out the feelings on a flipchart.**

  [Possible answers may be that adolescents feel shy, embarrassed, worried, anxious, inadequate - not confident to talk to adults, defensive, resistant, etc.]

- Then, ask the participants what, as ANMs/LHVs, they can do to put the adolescent client at ease. Note down their responses on a blank flipchart.Add to the list,if required.

  [Possible answers may be establishing trust, being non-judgemental, using simple language, reasoning with the young client, maintaining confidentiality and privacy, etc.]

- Put up Flipchart III-3 and tell the participants that these are some of the barriers that ANMs/LHVs face when communicating with adolescents in a health-centre setting.
- Discuss with them how they can remove these barriers in their own work setting.

FLIPCHART III-3

Barriers to communicating with an adolescent client in a PHC and Sub-centre:

- Too much noise and distraction
- Lack of privacy
- Inability to make the adolescent feel comfortable
- Use of medical terms- complicated, unfamiliar words for the adolescent
- Too much information given
- Own perception, beliefs and values clash with the adolescent's needs
- Not enough time devoted with the adolescent client
- No follow up services

- End the session by reiterating the fact that while providing health services to adolescent clients ,it is crucial to put them to ease ,make them comfortable and give them full attention and patient hearing.

Role play Scenario

ANM is sitting in her centre. A 14-year old girl comes to her as she is having a lot of pimples on her face since 2 months. She is hesitant to talk to the ANM as there is a lot of noise and disturbance by other patients and their relatives outside the clinic room and the ANM is not paying attention to her. When she picks up courage to tell her problem to the ANM, the ANM does not look at her and keeps filling her daily register while talking to the girl. Then the ANM advises the girl briefly not to worry about her pimples and it is normal in this age due to hormonal spurt. She expects the girl to go but the girl is hesitant to go. She is confused as she does not understand the difficult words used by the ANM and she has more problems. ANM asks her why she is waiting? Then the girl tells her period is less than her friends so she is worried about it. The ANM briefly asks her menstrual history and tells her not to compare herself with her friend. The girl is scared to ask any more and goes away.

Activity 2

- Tell the participants that they will now be discussing the key components of interpersonal communication.Discuss the importance of active listening
- Emphasise that there are many different nonverbal and verbal behaviours that ANMs/LHVs use while communicating with clients. Sometimes, without realising it, they communicate one message verbally, while communicating the opposite message nonverbally. Mention that non-verbal actions may also be "positive" or "negative".
- Put up Flipchart III-4 (with only the title) and ask the participants to brainstorm on "positive non-verbal actions".
- Put down the responses on the flipchart. A few examples have been mentioned on Flipchart III-4 below, but the list is not exhaustive.

FLIPCHART III-4

Positive non-verbal actions

- Leaning towards the client
- Smiling without showing tension
- Facial expressions which show interest and concern
- Maintaining eye contact with the client
- Encouraging supportive gestures such as nodding one's head
- Avoiding nervous mannerisms
- Appear attentive and listening

- Put up Flipchart III-5 (with only the title) and ask the participants to brainstorm on "negative non-verbal actions".
- Put down the responses on the flipchart. A few examples have been mentioned on Flipchart III-5, but the list is not exhaustive.

FLIPCHART III-5

Negative non-verbal actions

- Not making or maintaining eye contact
- Glancing at one's watch obviously and more than once
- Flipping through papers or documents
- Frowning
- Fidgeting
- Sitting with arms crossed
- Leaning away from the client
- Yawning or looking bored

- **Repeat Role Play: Request two participants to repeat the role play done earlier by facilitators. The 'ANM' should now be able to demonstrate good communication skills.**

Activity 3

- Ask the participants what they understand by the term Counselling? Listen carefully to their answers. Then put up Flipchart III-6 and explain the meaning of Counselling.

FLIPCHART III-6

What is Counselling?

It is face to face communication between two or more people in which one person helps the other to make a decision and then act upon it. :

- It is two way communication and the counselor listens patiently to the clients' thoughts/fears/ misconceptions/problems without being judmental.

  Takes into account psycho-social, emotional and spiritual needs of the client
- Is strictly confidentional
- Information given to the client is full and accurate
- Helps the client to make decisions for himself or herself

- Tell the participants that if they offer good counselling, more adolescents will make healthy choices. More adolescents will be happy with their care. They will come back when they need help.
- Emphasise that counselling often has 6 elements, or steps. Each letter in the word GATHER stands for one of these elements. Good counselling is more than covering the GATHER elements, however. A good counsellor also understands the adolescent's feelings and needs. With this understanding, the counsellor adapts counselling to suit each adolescent. Good counselling need not take a lot of time. Respect, attention to each adolescent's concerns, and sometimes just a few more minutes make difference.
- Ask the participants if they know what "GATHER" stands for.
- Put up Flipchart IIII-7 and read it out.

FLIPCHART III-7

G	=	**Greet** the person
A	=	**Ask** how can I help you?
T	=	**Tell** them any relevant information
H	=	**Help** them to make decisions
E	=	**Explain** any misunderstanding
R	=	**Return** for follow up or Referral

- Ask volunteerrs to take turns to read aloud what comes under 'G', 'A', 'T', 'H', 'E', and 'R', from Handout III. Finally, open the floor for discussion.
- Conclude this session by asking participants to read Handout III in their spare time.

The GATHER approach for counselling

Greet the adolescents

- put them at ease, show respect and trust
- emphasize the confidential nature of the discussion

Ask how can I help you?

- ask how can I help you?
- encourage them to bring out their anxieties, worries and needs, determine their access to support and help in their family and community;
- find out what steps they have already taken to deal with the situation
- encourage the person to express his/her feelings in own words
- show respect and tolerance to what they say and do not pass judgement
- actively listen and show that you are paying attention through your looking
- encourage them through helpful questions

Tell them any relevant information they need:

- provide accurate and specific information in reply to their questions
- give information on what they can do to reamain healthy. Explain any background information they need to know about the particular health issue
- keep your language simple, repeat important points and ask questions to check if the important points are understood
- provide the important information in the form of a leaflet if possible that they can take away

Help them to make decisions

- explore the various alternatives
- raise issues they may not have thought of
- be careful of letting your own views, values and prejudices influence the advice you give
- ensure that it is their own decision and not one that you have imposed
- help them make a plan of action

Explain any misunderstandings

- ask questions to check understanding of important points
- ask the person to repeat back in their own words and key points

Return for follow-up or Referral

- make arrangements for a follow-up visit or referral to other agencies
- if a follow-up visit is not necessary, give the name of someone they can contact if they need help

Activity 4

- Divide the participants into four small groups by counting off 1,2,3,4.
- Put the one's in Group 1, two's in Group 2 and so on.
- Give each group a Role play scenario. (Scenario 1 to Group 1, Scenario 2 to Group 2 and so on).
- Give the groups 10 mins to talk about the scenario and prepare the role play.
- Have each group come up and read out the scenario to the large group and present their role play.
- While one group is presenting, the others will act as "observers", making their responses on the "Observer Roleplay Checklist" given in Handout II.
- After each role play, ask the participants to share their comments with the group (both positive and negative).
- Tell the participants, that when they speak with adolescents, it is important to use "simple language". If certain reproductive health terms had been used that adolescents may not easily understand, ask the group to suggest words that they can use instead.
- Emphasise that it is important for ANMs/LHVs to be conscious of their interactions with adolescents. It is also important to make their young clients comfortable during the first visit. Encourage them to come for other visits if they need to. Tell the participants that adolescents are extremely aware of and sensitive to non verbal messages. Explain that improving communication and counseling skills will contribute to quality services for adolescents.
- Tell the participants that a training like this may not make 'counselors' out of them. But, certainly, they will be able to help many adolescents to handle their day-to-day problems. Once they realize that an adolescent has a higher level of psychopathology they should immediately refer such a client to a professionally qualified person.

TIPS FOR FACILITATOR

Remember that communicating with adolescents is very difficult because they are not willing to talk to adults about their worries and apprehensions of life due to the lack of confidence in themselves and in others.

They have not been able to build relationships with adults around them.

Observer Role-play Checklist to critique communication skills

Note: Please mark a '✓ ' in the appropriate column while observing the tasks and characteristics of the communication of the provider during the role play.

TASK	PERFORMED	
	YES	NO
Nonverbal Communication		
Friendly/ welcoming/ smiling?		
Non-judgemental/ empathetic?		
Listens/attentive/ nods head to encourage and acknowledge client's responses?		
Allows client enough time to talk?		
Verbal Communication		
Greats client		
Asks clients about themselves • Obtaining history - name, age, address, married/unmarried - basic medical information - family history - menstrual history (for girls) - social habits (smoking, alcohol, tabacco, gutka) - number of children, if married - contraceptive use (now and/or in the past) - asks client about her/his problem		
Tells clients about their choices/options.		
Helps clients choose		
Explains what to do		
Counsels to return for follow-up		
Language was simple and brief		

What did you learn from observing this role play?

____

____

____

Please record your comments/observations for feedback to participants (both positive and negative):

____

____

Role Play Scenarios

Scenario 1

A 13-year-old girl comes to your health centre with her mother because she feels some white discharge is coming out of her private parts which stains her salwar. She also has a lot of pain during her periods.

How will you counsel the client?

Scenario 2

A 16-year-old married adolescent girl, with a three month-old baby wants to postpone her next pregnancy. Her sister uses oral contraceptive pills and likes that method very much. She says she wants to use it.

How will you counsel the client?

Scenario 3

A young couple accompanied by the husband's mother, comes to see you. They have been married for 3 months. The wife is 17 years old. The mother-in-law insists that they should have a child as soon as possible as she wants a grandson. The couple wants to postpone pregnancy for at least 2 years.

How will you counsel the client?

Scenario 4

A 16-year-old adolescent boy comes to the clinic because sometimes he has felt and seen some thick fluid come out of his penis at night while sleeping.

How will you counsel the boy?

SESSION 3

Module Summary

Module III

15 mins

Key points:

- Communication is exchanging thoughts and ideas in speech or writing. It also involves non-verbal actions while communicating.
- Counselling is communicating to help people make informed decision and provide confidence to enable them put to their decisions into action.
- Inadequate communication on sexual and reproductive health matters and social taboos attached to them along with feelings of adolescents makes communication challenging with them.
- Establishing trust, encouraging, friendly and non-judgmental patient attitude of provider ensuring confidentiality help build effective communication.
- Effective counseling can gradually bring about behaviour change in adolescents.
- Issues regarding sexuality, gender and decision making should be looked for and addressed during counselling.

Adolescent-Friendly Reproductive and Sexual Health Services

Module IV

Introduction and Health Services for Adolescents — **Session 1** *40 mins*

Making Services Adolescent Friendly — **Session 2** *1 hr 15 mins*

Adolescent Friendly Clinic/ Teen Clinic — **Session 3** *20 mins*

Module Summary — **Session 4** *15 mins*

(Total Time: 2 hrs 30 mins)

Module IV

SESSION 1

Introduction & Health Services for Adolescents

40 mins

Objectives:

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

- Get an overview of this module and its objective.
- Explain how health services can promote adolescent health and development.

Materials:

- Flipchart IV-1
- Flipchart IV-2
- Flipchart IV-3
- Flipchart IV-4
- Flipchart IV-5
- 3 cards
- Blank flipcharts
- Cards
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Objectives of Module IV	Presentation	10 mins
Activity 2	How adolescent-friendly is my health facility?	Group activity	10 mins
Activity 3	Role of health services to promote adolescent health	Brainstorming	20 mins

Introduction

Services for adolescents must demonstrate relevance to the needs and wishes of young people. This module looks at how to make health services adolescent-friendly. It keeps in view the adolescent needs, perspectives of different stakeholders, characteristics and approaches to making health services more adolescent friendly.

Activity 1

- Welcome the participants and request one participant to recap previous days activities and ask them to mention any new knowledge gained the previous day.
- Put up Flipchart IV-1. Have the participants read out the objectives to Module IV.

FLIPCHART IV-1

Module Objectives:

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

- Explain how health services can promote adolescent health
- Identify the charateristics of adolescent-friendly health services
- Describe approaches to making health services more adolescent-friendly

- Ask participants what they understand by terms health, sexual and reproductive health. Listen carefully to their answers. Then put up Flipchart IV-2 and explain the terms

FLIPCHART IV-2

Definitions:

- **Health**

  Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

- **Gatekeepers**

  People who interact with adolescents on a regular basis (parents, teachers, youth leaders)

  People who do not interact with adolescents on a regular basis (policy makers, administrators)

Activity 2

- Put up 3 cards with each of the following headings on 3 different walls of the training room:

  a) My health centre is not adolescent-friendly

  b) My health centre is somewhat adolescent-friendly

  c) My health centre is very adolescent-friendly

- Ask participants to stand near the card which they think most aptly describes their health centre.
- Count the number of participants standing against each card. Write the numbers of participants in each group on the card.
- Ask some volunteers why they think so?

Activity 3

- Remind the participants of the exercise they did in Day-1 on Module 2 in which they drew a flowchart on characteristics of adolescence and their health implications e.g. attraction towards the opposite sex may lead to unprotected sex, unwanted pregnancy and STIs etc. Refer to the flowchart and brainstorm which health services can protect adolescents from grave health consequences written on the flowchart? Example – giving full and correct information about consequences of unprotected sex may make them aware and adolescents may refrain from it OR counselling about use of contraceptives will protect adolescents from unwanted pregnancies and STIs.
- Note down their responses on Flipchart IV-3.
- Now ask them which health services are we actually providing to adolescents? Possible answers may be curative, school, health services and to some extent health services. Note their responses on Flipchart IV-4.

FLIPCHART IV-3

What health services do adolescents need?

-
-
-
-
-

FLIPCHART IV-4

Which health services are being provided to adolescents?

-
-
-
-
-

- Draw their attention to the fact that there remains a big gap between the health services that adolescents need and those which we provide to them
- Ask what happens when there is a gap between adolescent needs and health services provided? Listen carefully to their responses. Then put up Flipchart IV-5 and explain it. emphasise that it is out duty to bridge this gap so that adolescents health needs are fulfilled.
- Ask participants to refer to Handout IV "What health services do adolescents need?"
- Answer questions posed by the participants.

FLIPCHART IV-5

What happens when health services do not meet the needs of adolescents?

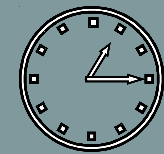
- The result is countless missed opportunities for:
  - Preventing health problems
  - Promptly detecting and effectively treating them
- Lack of faith on Health Services and providers
- Increased unmet need for adolescent centered health services
- Increased chances of adolescent ill-health

SESSION 2

Making Services Adolescents Friendly

Module IV

1 hr 15 mins



Objective:

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

- Understand the perspectives of adolescents, health-care providers, and other adult "gatekeepers" on the provision of health services to adolescents.

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Taking off our "blinders"	Individual problem solving	10 mins
Activity 2	Different perspectives on making it easier for adolescents to get the health services they need	Group Work	50 mins
Activity 3	Characteristics of Adolescents friendly health services	Presentation	15 mins

Materials:

- Flipchart IV - 6
- Flipchart IV - 7
- Flipchart IV - 8
- Flipchart IV - 9
- Flipchart IV - 10
- Flipchart IV - 11
- Flipchart IV - 12
- Flipchart IV - 13
- Blank flipcharts
- Markers

Activity 1

- Tell the participants that in order to provide adolescents with the health services they "need", we need to tear off the conventional "blinders" that limit our vision and imagination.
- Put up Flipchart IV-6, with nine dots on it.

FLIPCHART IV-6

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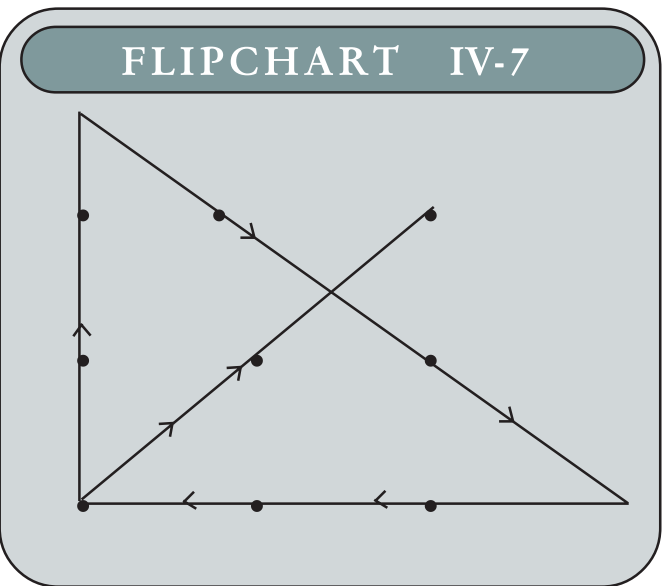
- Ask the participants to copy the 9 dots on cards and try to figure out a way to connect all the dots with 4 straight lines joined together (drawn without lifting the marker from the paper).
- Give the participants a few minutes to figure out the problem. You may find that most participants will try to draw lines that do not go outside the imaginary square formed by the 9 dots. Some may even conclude that it is impossible to join all the dots with only 4 straight lines.

- If someone can solve the problem, ask him/her to come up and share it with the rest of the group. If no one has solved the problem, put up Flipchart IV-7 and show them how to connect the dots.



- Tell the participants that in order to solve the problem, they had to "go beyond" the limits they set for themselves. The lines must extend beyond the imaginary "box" formed by the dots.
- Ask them the following questions:
  - In what way is the Health Centres and the service providers like the box formed by the dots?
  - What can we do to help each other climb out of the "mental boxes" that confine our thinking, so we can explore new ways with open minds? How is this important when we work with adolescents?

Activity 2

- Divide the participants into four groups by counting off 1, 2, 3, 4.
- Give a number to each group (Group 1 to Group 4).

- Give each group the appropriate question (i.e., Group 1 should get question 1 and so on).

FLIPCHART IV-8

For what health problems do adolescents need to visit ANMs/LHVs at PHCs and Sub centres

- menstrual disorders
- amenorrhoea
- genital tract infections
- concerns regarding physiological responses
- contraception
- behavioural problems
- night ejaculation (nightfall)
- pregnancy (teenage)
- anaemia

FLIPCHART IV-9

What do adolescents feel about the attitude of ANMs/LHVs and visiting the PHC and/or Sub-centres?

- there are no seperate or special health services for adolescents
- don't maintain confidentiality
- unfriendly
- stern
- judgemental
- give lectures
- don't understand
- services provided are only for children and married couples
- timings not suitable

- Give each group a blank flipchart and ask them to write their responses on it. Tell the participants that they have 15 minutes to deliberate and put their responses to the specific questions.

FLIPCHART IV-10

What do you, as ANM/LHV, think will make services attractive for adolescents?

- non-threatening environment
- friendly, non-judgemental service providers
- a health care provider who listens and understands their problems
- a health care provider who is empathetic and counsels them
- convenient timings

- Give each group three minutes to present their responses to the question posed to them, in the larger group.
- Encourage all the participants to respond to any questions or issues raised by the other groups. Facilitator to add points if and when required.

FLIPCHART IV-11

In your role as a "gatekeeper" (parent, teacher, uncle, aunt), what do you think will make it easier for adolescents to get health services they need?

- no stigma related to adolescents getting health services
- girls health valued as much as boys health
- family willing to spend money on adolescents
- empathetic and non-judgemental gatekeepers
- teachers can pay more attention to young boys or girls health

- Pin up Flipcharts IV-8 to 11, one by one after each group has discussed their question. Read out the points written on these flipcharts and compare with group's answers. (The answers given below on each flip chart are *Tips for the Facilitator* and is not exhaustive).
- Summarize key issues arising in the discussion.
- Bring up the following two issues - if they have not been raised spontaneously and encourage some reflection and discussion.

  Ask:

  - Are the viewpoints of parents (and other gatekeepers) different in regard to adolescent boys and girls? If so, how and why?
  - As ANM/LHV, we have an important role to play in ensuring the health and development of adolescents. Those of us, who are parents of adolescents have an important role to play in their health and development. How do these roles relate to each other, and how does this affect the way we deal with our adolescent clients/patients?
- Brainstorm with participants. How will they reorganise their clinic to make it Adolescent-friendly. Note responses on flipchart

Activity 3

Characteristics of Adolescent friendly Health Service:

- Explain that providers should be sensitive to the needs of the adolescents and should reorganise their facilities to provide adolescent friendly services.
- Put up Flipchart IV-12 and explain characteristics of adolescent friendly health services.

FLIPCHART IV-12

- Non-threatening environment
- Accessible and approachable
- Convenient timings
- Adequate space and privacy
- Affordable
- Counselling services
- Caters to the needs of adolescents
- Non-judgemental service providers
- Maintaining Confidentiality
- Accurate information is given
- Patient hearing is given
- Young people are respected
- Increases self confidence of adolescents
- Trained peer educators

- Ask participants who else in the community can assist them to provide Adolescent Health Services. Put up a blank Flipchart and note participants responses and compare them with the list an Flipchart IV-13.

FLIPCHART IV- 13

Community level assistance

- School
- AWW
- SHGs
- Mahila Mandal
- Youth clubs
- NGOs working in their area

TIPS FOR FACILITATOR

1. Health services can help to meet adolescent needs, only if they are part of a comprehensive programme. Adolescents need:
   - A safe and supportive environment that offers protection and opportunities for development;
   - Information and skills to understand and interact with the outside world;
   - Health services and counselling - to address the health problems and deal with personal difficulties.
2. Health service providers cannot meet all these needs alone. They can join or create networks that act together and maximise resources. Inter sectoral approach is best – Education and Health to work together. Community mobilisation to be done to support and counsel adolescents in home or community settings.
3. There is no single "fixed menu" of services suitable for every region. Each district/state must develop its own package, according to economic, epidemiological and social circumstances.
   - A package of basic health services must be tailored to local needs,
   - Reproductive health services and counselling are a high priority in most places,
   - Information and counselling are important elements to support adolescents.
4. Adolescent-friendly health approach helps
   - build a non-threatening environment at home and community level for the adolescents.
   - build trust in elders and health services
   - bring about behavioural change in adults (parents) and adolescents to seek timely help and utilize health services better.

Module IV

20 mins

Materials:

- Flipchart IV-14
- Flipchart IV-15
- Flipchart IV-16
- Blank flipcharts
- Markers

SESSION 3

Adolescent Friendly Clinic/ Teen Clinic

Objective:

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

- Describe how they would reorganise the services at their facility to make it adolescent friendly

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Setting up a Teen Clinic	Brainstorming	20 mins

Activity 1

- Ask participants package of services they would like to offer in Teen Clinic? Put up Flipchart IV-14 and elicit the reponse from participants on a blank flipchart.

FLIPCHART IV-14

Package of service at Adolescent Clinic may include

- Enroll newly married couples
- Provision of spacing methods
- Routine ANC care and institutional delivery
- Referrals for early and safe abortion
- RTI/STIs, HIV/AIDS prevention and care
- Nutrition counseling including anaemia prevention
- Menstrual hygiene
- TT Immunization
- Information and Counseling

- Ask participants additional equipment and supplies they would require for Adolescent Clinic? Put up Flipchart IV-15. Probable answers may be BCC material, Emergency Contraceptive Pills. Note their responses on blank flipchart.

FLIPCHART IV-15

Supplies required to provide Adolescent services:

- IEC material like pamphlets, posters
- Contraceptives
- IFA tabs
- Tetanus toxoid

- Ask participants how will they monitor their services. Note their responses on a blank flipchart and compare with Flipchart IV-16.

FLIPCHART IV-16

How would you like to monitor utilization of services at these clinics eg.

- Increased no. of adolescent coming to clinic
- Reduction in teenage pregnancy
- Increase in ANC coverage in the pregnancies
- Reduced prevalence of RTI/STI

Module IV

15 mins

SESSION 4

Module Summary

Key points:

- Health services can help to meet adolescent needs, only if they are part of a comprehensive programme. Adolescents need:
  - A safe and supportive environment that offers protection and opportunities for development;
  - Information and skills to understand and interact with the world;
  - Health services and counselling - to address the health problems and deal with personal difficulties.
- Health service providers cannot meet all these needs alone. They can join or create networks that act together and maximise resources.
- There is no single "fixed menu" suitable for every region. Each district/state must develop its own package, according to economic, epidemiological and social circumstances.
  - A package of basic health services must be tailored to local needs.
  - Reproductive health services and counselling are a high priority in most places.
  - Information and counselling are important elements to support adolescents.

Sexual and Reproductive Health Concerns of Adolescent Boys & Girls

Module V

Module Introduction and Sexual and Reproductive Health concerns of Adolescent Boys and Girls — **Session 1** *1 hr 15 mins*

Menstruation, Male Reproductive Functions and Masturbation — **Session 2** *1 hr 30 mins*

Module Summary — **Session 3** *15 mins*

(Total Time: 3 hrs)

Module V

SESSION 1

Introduction & Sexual and RH Concerns of Adolescent Boys & Girls

1 hr 15 mins

Materials:

- Flipchart V-1
- Flipchart V-2
- Blank Flipcharts
- Markers

Objectives:

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

- Get an overview of the module including its objectives.
- Explore the sexual and reproductive health related concerns of adolescents.

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Module Objectives	Presentation	15 mins
Activity 2	Sexual and Reproductive Health related issues and concerns of adolescents	Case Studies	1 hr

Introduction

This module on adolescent sexual and reproductive health concerns of adolescent boys and girls provides an introduction to the growing up process of adolescents and addresses issues that concern adolescents on the road to adulthood, which is marked by the onset of puberty. Menstruation and initiation of sperm production are important milestones that result in development of sexual and reproductive capacity of girls and boys respectively.

This module addresses the socio-cultural issues related to menstruation and masturbation while dealing with the myths and misconceptions related to them. It also explores the barriers that diminish the access of adolescents to sexual and reproductive health care information and services. This module is the backdrop in which adolescent-friendly health services in the next module are to be contextualized.

Activity 1

- Put up Flipchart V-1 and have the module objectives read out by the participants.
- Explain that this module looks at sexual and reproductive health needs of adolescents.

FLIPCHART V-1

Module Objectives

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

- Describe how to manage common health problems of adolescents and identify action points for management of the problems
- Address their concerns related to menstruation
- Address myths and misconceptions related to nightfall and masturbation

Activity 2

- Ask the participants what do they understand by Sexual and Reproductive Health? Listen carefully to their answers/thoughts. Then put up Flipchart V-2 and explain the terms Sexual Reproductive Health.

FLIPCHART V-2

- **Sexual Health**
  Sexual health is absence of illness and injury associated with sexual behaviour, and a sense of sexual well-being.
- **Reproductive Health**
  Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process.

- Tell the participants that adolescent boys and girls have many concerns related to sexual and reproductive Health.
- Now they will be discussing a few **case studies** related to these concerns and problems.
- Now divide the participants into six small groups. Give one case study to each group. Ask the groups to read their respective case study carefully, discuss the concerns of adolescents in it and decide amongst themselves the answers of the questions in the next 15 minutes.
- Once the small groups have discussed their case studies,one by one ask each group to read out its case study and give the answers of the questions in front of the big group.

  After each case study, ask other groups if they want to make any comments or additions to the questions.
- Draw out some of the valuable points that arise from this exercise, such as:
  - Adolescent concerns tend to revolve around the present and immediate future, while the concerns of adults are for the longer term.
  - The concerns of different groups of adolescents may not be the same. For instance, boys and girls, married and unmarried adolescents, urban and rural adolescents may have different issues of interest and concern.
  - Understanding what their interests and concerns are, and the underlying reasons for this, may help adults deal with them more effectively.

TIPS FOR FACILITATOR

The case studies might give rise to strong feelings and views. If so, point out that being judgmental about the views of others is counter to any free exchange between adolescents and adults – including you as health-care providers.

Case Study 1 — Pain during Periods

Rupa is a 15-year-old girl. For the last three years, She has been having her periods every month. They come with a lot of pain and heavy bleeding which scares Rupa very much. Bimla, her friend, says she does not have pain and heavy bleeding. Rupa is very worried about her condition and has spoken to her mother about it. She gave Rupa a concoction to drink but it did not help her. Rupa thinks she has a deadly disease.

Discuss:

- **What is Rupa's problem?**
- **What can an ANM/LHV do for her?**

Case Study 2 — Missed Period

Meera is a 17-year-old girl. She has not been getting her periods for the last two months. She is scared that she might be pregnant. Meera does not have the courage to tell her mother as she thinks that her mother will kill her if she comes to know that Meera may be pregnant.

Discuss:

- **What is the problem in this case?**
- **What more information is required to understand Meera's problem better?**

Case Study 3 — Young Couple with FP needs

Baldev is an 18-year-old boy. He got married to Sudha, a 16-year-old girl, due to a lot of family pressure. They do not want a baby for three years or so but Baldev's mother is keen that they become parents at the earliest and 'settle down'.

Baldev and Sudha are frustrated and are scared to have sex. They wish somebody would listen to them and understand their needs and tell them how they could postpone having their first baby.

Discuss:

- **What is good about this case?**
- **What are the problems in this case?**
- **What can an ANM/LHV do to help Baldev and Sudha?**

Case Study 4 — Size of Breasts

Preeti is an 18 year old girl living in a small town in Punjab. She is thin and small built. Two weeks ago, Preeti went with her friends to see the mela. Preeti wore a ghagra-choli. That day all the girls made fun of her and said that she did not look like a girl, as Preeti is flat chested, and that no boy would ever look at her. Preeti felt very bad and has been crying a lot since then. Preeti does not want to talk to her mother or her sister-in-law about it as she feels they will think she is a bad girl. Preeti keeps wondering why she is so abnormal and what will her future be like?

Discuss:

- **What is the problem in this case?**
- **What can be done to help Preeti?**

Case Study 5 — Drug Addiction

Mohan is a 16 year old boy living in an urban slum in Delhi and feels very happy that he has met a friend, Sohan, whom he likes very much. They play football and go to the cinema together. Days ago, Mohan discovered that Sohan was smoking a bidi. Mohan is terrified about this, because he has heard that this could have serious consequences on one's health. Mohan is not easily led to do things he does not approve of. Mohan certainly knows that he would never use bidi or cigarette. His worry is that if his parents find out about what Mohan's friend is involved in, they will not permit him to be friends with Sohan any more. Mohan really does not want to lose Sohan as a friend. Mohan does not know if he can help Sohan stop using tobacco.

Discuss:

- **What is the problem in this case?**
- **What adolescent characteristic is reflected in this case?**
- **What is good in this case?**
- **What can be done in this case to help the two boys?**

Case Study 6 — Unsafe Abortion

Madhu is an 15 year old girl married to Hari, an 17 year old boy from a village in Uttar Pradesh. Six months after their marriage, Madhu became pregnant. Her husband and Madhu didn't want a child so soon, so she went to a village woman who does abortions. The village woman put in some kind of stick inside Madhu. Madhu bled a lot and since then she is not feeling well. Madhu has not told this to anyone in her family. When her mother-in-law gets to know of this she will get very angry. Now Madhu wants to know what to do?

Discuss:

- **What is/are the problems in this case?**
- **What can be done to help Madhu?**

Module V

SESSION 2

Menstruation, Male Reproductive Functions & Masturbation

1 hr 30 mins

Objectives:

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

- Explain the process of menstruation and how to maintain menstrual hygiene.
- Address myths related to menstruation and council adolescent girls about common menstrual problems.
- Address myths related to nightfall and masturbation and explain facts about them

Materials:

- Flipchart V-3
- Flipchart V-4
- Problem cards
- Blank flipchart
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Process of menstruation and how to maintain menstrual hygiene	Case Study, Presentation & Discussion	40 mins
Activity 2	Management of menstrual disorders and Myths related to menstruation	Case studies and Frequently Asked Questions (FAQs)	20 mins
Activity 3	Male Reproductive Functions and masturbation	Presentation	30 mins

Activity 1

- Tell the participants that in this session they are going to discuss menstruation, as it is a very important part of the growing up process of adolescent girls.
- Now ask them to read out **Surekha's case study** from Handout-IV and ask questions related to it.
- After the case study, discuss that like in Surekha's case, most of the girls in our country are ill prepared for the onset of periods and do not know whom to ask about it.They have concerns and misconceptions about menstruation and it is important to give them correct information about it.
- Put up a simple unlabelled **diagram of Female Reproductive Organs** and ask the participants to tell the names of the organs in simple language.
- Then invite one or two participants to come forward and try explaining the process of menstruation in a simple manner.
- Trainer to add/correct if required.
- Discuss how to talk to adolescents about the importance of menstrual hygiene.Tell them that this topic is also given in their Handout.
- Now ask the participants to open Handout IVread out **Frequently Asked Questions** related to Menstruation.Explain/clarify wherever necessary.
- Discuss the answers to the following questions, as these will help the participants to understand **menstrual hygiene** better.
  - What material should be used during menstruation to soak the blood?
  - How does one wash, dry and store the cloth?
  - How many times should one change the cloth?
  - How should one dispose off the pads?
  - How does a girl keep herself clean?
  - Should girls take a bath daily?

Case Study – Surekha's case

Surekha, a 12-year-old girl, lived with two younger brothers and her parents in a small village. Hers was a middle-class family, and her parents cared for and loved their children very much. Surekha was a happy child.

One day, Surekha noticed that her underpants were feeling wet and uncomfortable. When she looked down at her dress, she noticed that it was splotched with blood. She was scared and did not know what was happening to her. She started crying.

Her mother asked her the reason for crying and when she told her condition, her mother signalled her to be quiet,sent her brothers to play outside the room and gave her a piece of cloth to use .She told Surekha that now you are a grown up girl so this will happen to you every month.Dont tell your condition to anyone.She said that now onwards she should not mix up with boys and behave properly.

That night Surekha went to bed with her mind in a whirl.She had`many, many fears and questions about her condition but did not know whom to ask.

Next day the ANM came to the village. Surekha wanted to ask ANM about her problem but as other women were also standing nearby, she felt shy and was not sure how the ANM would react to her question.

QUESTION 1

Why was Surekha so unprepared for this important event in her life?

What are the communication barriers in this case?

QUESTION 2

What could have been done to enable Surekha to obtain the information she needed?

Emphasise that lack of menstrual and personal hygiene is the most likely cause of complaints like vaginal discharge, burning during urination and genital itching in girls who are not sexually active.

Emphasise that maintenance of menstrual hygiene is very important for a girl to protect herself from infections. But it is equally important for girls to have a feeling of well-being even during periods and not see them as a monthly punishment or sickness.

Activity 2

- Divide the participants into 6 groups and give one problem card to each group.
- Put up Flipchart V-3.

FLIPCHART V-3

Task for group work

Discuss in group:

- What is the the problem?
- How would you deal with the problem if such a case comes to you?

PROBLEM CARDS

Card 1 Kajal is a 14-year-old girl. Her mother has brought her to the ANM as she is worried since Kajal has not started having her periods.

Card 2 Lakshmi is 16-years-old and has not started having her periods. She is very worried.

Card 3 Babita is 13 year old and has a lot of thin white discharge from her vagina

Card 4 Saroj is 15-years-old unmarried girl who complains of foul smelling dirty discharge from the vagina,accompanied by itching in the genital region.

Card 5 Fatima is 12-years-old and has a lot of bleeding and pain abdomen during periods every month. She feels very weak.

Card 6 Kamla is 16-years-old and she started her periods 4 years ago.She is anxious as she has not had her periods for last two months.

- Ask the group members to read the problem cards carefully and answer the questions in their groups.
- Give 5 minutes for completing this exercise. Ask one representative from each group to present the cause of the problem and ways to deal with it.
- After each group has presented, invite comments and suggestions from the other participants to elicit sexual and reproductive health concerns of adolescents.
- Ask the participants to bring out the questions that are frequently asked; ask other participants to answer these questions and provide technical inputs wherever needed. Some of the frequently asked questions (FAQs) could be:
  - My periods are not regular. Why?
  - I have excessive bleeding which lasts for more than five days.Why?
  - What does it mean if I miss my period?
  - Why do I have so much pain during menstruation?
  - I have very little bleeding during periods, is this normal?
- End the session by summarising what was discussed in the whole session. Invite questions or comments and bring out the following points.
  - Menstruation is a normal physiological process signifying the maturation of reproductive organs.
  - There are many misconceptions related with menstruation, which have no scientific basis.
  - Most of the common concerns related to menstruation can be addressed through moral support, reassurance and counselling.
  - Disturbances of menstruation may be actual or perceived but often are a cause of concern to adolescents. Sensitive counselling and reassurance about future fertility can best handle these issues.

Trainers' Notes

Problem Cards	Diagnosis	Would you deal with it if such a case comes to you?
1. Kajal is a 14-year-old girl. She is worried since she has not started having her periods.	It is not a problem and most probably she will begin having periods soon.	Re-assure her, give iron supplement, if needed. Tell her to report if no periods by age 16.
2. Lakshmi is 16-year-old and has not started having her periods. She is very worried.	It is a case of primary amenorhoea.	Refer her to a lady medical officer for investigation and treatment
3. Babita is 13 year old and has a lot of thin white discharge from her vagina	It is not a case of infection of reproductive tract and is a case of normal white discharge	Re-assure her that it is not an infection/disease normal at this age. Give some supplements like multi-vitamin, calcium, iron.
4. Saroj is 15-years-old unmarried girl who complains of foul smelling dirty discharge from the vagina, accompanied by itching in the genital region.	It is a case of RTI	Refer her to PHC for treatment of RTI,counsel her about menstrual/genital hygiene
5. Fatima is 12-year-old and has a lot of bleeding and pain abdomen during periods every month. She feels very weak.	It is a menstrual disorder which is common in girls esp when periods begin.	Re-assure her that it is not a disease, give symptomatic treatment for bleeding and pain, give iron supplement
6. Kamla is 16-years-old and she started her periods 4 years ago. She is anxious as she has not had her periods for last two months.	It is a case of amenorhoea. It could be secondary amenorhoea or pregnancy.	Counsel that girls of her age do miss their periods. Also explain and discuss if there is history of sexual contact, it could be pregnancy which can be detected by simple urine test. If not pregnant, refer her to a lady doctor for treatment of secondary amenorhoea.

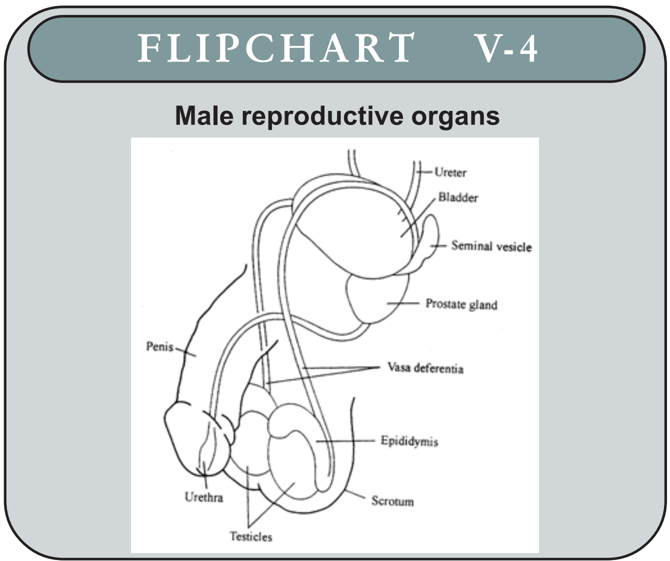
Activity 3

Male Reproductive Systems & Functions

- Display a simple diagram of Male Reproductive Organs (Flipchart V-4) and briefly explain their structure and functions, including ejaculation. Encourage participants to ask questions or make comments. Answer/respond accordingly.

FLIPCHART V-4

Male reproductive organs



Trainer's Notes

- **Penis**: The male organ for sexual intercourse. Deposits sperm and semen in the female body through urethra, a thin, long tube passing through penis.
- **Scrotum**: The pouch located behind the penis which contains the testes, provides protection to the testes, controls temperature necessary for sperm production and survival.
- **Two Testes**: Two round glands lying in the scortum which produce and store sperms from puberty onwards. They also produce the male sex hormone responsible for male characteristics and sexual performance.
- **Two Vas Deferens**: From each testis, a thin and long tube arises and is called vas deferens. Sperm are carried from each testis to the urethra by vas deferens.
- **Seminal Vesicles**: Two sac-like structures lying behind the urinary bladder, secrete a thick milky fluid that forms part of the semen.
- **Prostrate gland**: A gland located in the male pelvis which secretes a thick milky fluid that forms part of semen.
- **Erection of Penis**: In response to thoughts, fantasies, temperature, touch or sexual stimulation, the penis fills with blood and becomes hard and erect for sexual intercourse. In young adolescents erections may take place even in absence of sexual thoughts or stimulation.
- **Ejaculation**: The release of semen from the penis after sexual excitement is called ejaculation. This may occur at night and is commonly called a 'night fall' or a 'wet dream' The Hindi and Marathi word "Swapna dosh", indicates defect/fault. But it is a natural and normal phenomenon.

  During ejaculation, the urethra is closed to urination.

Masturbation

- Ask the participants what do they understand by masturbation? Explain what is meant by masturbation after their response.
- Tell the participants that they are now going to participate in a quiz.Explain that you will read aloud a statement and those who "agree" will come and stand on your right and those who "disagree" will stand on your left. Those who "cannot decide" if they fully agree or disagree will stand in the middle. Make sure that everyone has understood what they are supposed to do.
- Begin the quiz by reading out the statements one by one.
- Let the participants take 'Agree', 'Disagree' or 'cannot decide' positions after each statement.

QUIZ

1. Both boys and girls masturbate.
2. If an adolescent boy masturbates too much, his adult sex life will be affected.
3. Most people stop masturbating after they get married.
4. It is common for people who masturbate to feel guilty about it.
5. Masturbation can cause pimples, acne, and other skin problems in teens.
6. People who masturbate too much when they are young may become sterile and not have children when they get older.
7. If a penis is touched a lot, it will become permanently longer.
8. Masturbation is a safe way in which adolescent boys and girls can deal with their urges.
9. Boys often have nightfall and it is not dangerous for their health
10. If the penis is small in size, the man is impotent and cannot have sex.

- After the participants have made their decisions, ask one or two participants from each group to explain why they feel that way. Continue in the same manner for each of the statements.
- During discussion, the facilitator should help participants to come to a right conclusion. Once all the statements have been made, ask the participants to return to their seats.
- Summarize by saying that it is normal to have strong feelings and values about these topics. Tell the participants that learning to be aware of their own values while being sensitive and non-judgemental to the adolescents needs, will help them to be more open with adolescents.

Trainers' Notes

Quiz: Answer Sheet

1. Both boys and girls masturbate. **AGREE**
2. If an adolescent boy masturbates too much, his adult sex life will be affected. **DISAGREE**
3. Most people stop masturbating after they get married. **DISAGREE**
4. It is common for people who masturbate to feel guilty about it. **AGREE**
5. Masturbation can cause pimples, acne, and other skin problems in teens. **DISAGREE**
6. People who masturbate too much when they are young may become sterile and not have children when they get older. **DISAGREE**
7. If a penis is touched a lot, it will become permanently longer. **DISAGREE**
8. Masturbation is a safe way in which adolescent boys and girls can deal with their sexual urges. **AGREE**
9. Boys often have nightfall and it is not dangerous for their health. **AGREE**
10. If the penis is small in size, the man is impotent and cannot have sex. **DISAGREE**

Module V

15 mins

SESSION 3
Module Summary

Key Points:

- Information helps adolescents understand how their bodies work and what the consequences of their actions are likely to be. It dispels myths and corrects misconceptions.
- Counselling can help adolescents make informed choices, giving them more confidence and helping them feel in more control of their lives.
- Health services help healthy adolescents stay healthy, and ill adolescents get back to good health, which will affect their adult life positively by reducing morbidity and mortality later in life.

Nutritional Needs of Adolescents and Anaemia

Module VI

Introduction and Growth and Nutrition in Adolescents, Anaemia — **Session 1** *2 hrs 50 mins*

Module Summary — **Session 2** *10 mins*

(Total Time: 3 hrs)

Module VI

SESSION 1

Introduction, Growth and Nutrition in Adolescents, Anaemia

2 hrs 50 mins

Objectives:

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

- Understand the nutritional requirements of adolescents.
- Illustrate the factors which affect nutritional status, and their impact on growth of adolescents.
- Describe the physical and social aspects of anaemia and illustrate measures to prevent and treat anaemia.

Materials:

- Flipchart VI-I
- Flipchart VI-2
- Flipchart VI-3
- Flipchart VI-4
- Blank flipcharts
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Module VI objectives	Presentation	10 mins
Activity 2	Special nutritional needs of adolescents	Brainstorming & Discussion	1 hr 20 mins
Activity 3	Factors that influence nutrition of adolescents and anaemia	Case studies Discussions and Presentations	60 mins
Activity 4	Role of ANMs/LHVs in improving nutritional status of adolescents	Discussion	20 mins

Introduction

Nutrition is an important determinant of physical growth of adolescents but remains a neglected area due to socio-economic, environmental and dietary constraints.

Inadequate nutritional intake during adolescence can have serious consequences throughout the reproductive years and beyond. Adolescent girls and boys often suffer from anaemia which is detrimental to growth and perpetuates the vicious cycle of malnutrition.

This module deals with the special nutritional needs of adolescents and also examines these needs from a gender perspective. It also explores measures that can be taken to improve the nutritional status of adolescents and reduces the incidence of anaemia among adolescents.

Activity 1

- Welcome the participants and ask them to mention one new point they have learned in Module V.
- Put up Flipchart VI-I and have the Module VI objectives read out by the participants.

FLIPCHART VI-1

Module Objectives:

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

- Understand the special nutritional needs of adolescents
- Identify factors influencing the nutritional status of adolescents and their impact on the growth of adolescents
- Describe physical and social aspects of anaemia and illustrate measures to prevent and treat anaemia

Explain that this module looks at the nutritional needs of adolescents and factors affecting the nutritional status of adolescents.

It also deals with various physiological and social aspects of Anaemia and steps to be taken in prevention and treatment of Anaemia.

Activity 2

1. Ask the participants whether they feel that additional nutrition is required by adolescents. Most participants are likely to agree.
2. Ask the participants to list reasons why adolescent boys and girls require nutritious food. List the responses on a flipchart.
3. Then put up Flipchart VI-2 and explain the reasons why adolescents have special nutritional needs emphasising that adolescent growth and development creates special nutritional needs that are higher during adolescence than in either childhood or adulthood. Sub-optimal nutrition slows the growth process and the rate of sexual maturation.

FLIPCHART VI-2

Why do adolescents have special nutritional needs?

- They are in growing phase of life
  - Upto 50% increase in weight
  - Upto 20% increase in height
  - Upto 50% increase in skeletal bone mass
- Need strength and energy to work and play
- Are future parents
- Girls have menstrual blood loss
- Boys develop muscles

Activity 3

- Divide the participants into four groups. Ask Group 1 & 2 to solve Case Study 1 and Group 3 & 4 to solve Case Study 2.

Case Studies

Case Study 1 — Sheela

Why is Sheela Unwell?

Sheela is a 15-year-old girl. Her family comprises of her parents, two brothers and a younger sister. Sheela goes to school and also helps her mother with all the household work. Her normal diet is made up of rice and watery dal twice a day. Vegetables are cooked once a while. As per the social custom in her family, Sheela and her sister eat after her father and brothers have eaten. Two months back, she suffered from malaria and since then has been feeling very weak and is always exhausted. She was brought to the PHC after she fainted on her way to school one day.

Discuss:

1. What do you think has happened to Sheela?
2. How can her condition affect her future?
3. How can you help Sheela?

Case Study 2 — Raju

Raju is 14 year old and lives in a village. Every morning he goes barefoot to the fields to defaecate.

He has upset stomach most of the times and passes loose motions

He dislikes vegetables, dal etc. and eats only rice with sugar everyday. He also likes to eat chat/pakori sold in the market.

He is feeling very weak and low since last 15 days.

His mother brings Raju to you.

Discuss:

1. What do you think has happened to Raju?
2. What investigations are required?
3. How will you counsel/treat him?

- Discuss both the case studies and ensure that the groups have correctly recognised that Sheela & Raju have Protein Energy Malnutrition and Anaemia.
- Conclude the case studies by pointing out that there are certain gender discriminations directed towards girls due to the embedded socio-cultural beliefs. Girls are often fed last and the least in some households in comparison to the male counterparts even when they work equally hard at home. The girls also suffer from dietary restrictions imposed on them during menstruation. All these factors result in gross nutritional inadequacies leading to malnutrition.

  However, boys are also prone to malnutrition due to not getting all the nutrients in their food. This may be due to strong likes/dislikes for certain foods, poverty, worm infestations etc.
- After the case studies put up Flipchart VI-3 and run through them.

FLIPCHART VI-3

Factors influencing nutrition of adolescents

- Lack of knowledge in the family and community about the importance of nutrition during adolescence
- Lack of food because of socio-economic circumstances
- Inequitable distribution of food in the family with the female children being denied nutritious food
- Poor dietary intake of food and vegetables rich in iron and folate
- Poor bioavailability of iron in the diet
- Hookworm infestation
- Disease like Malaria
- Bad cooking habits (over boiling vegetables and straining water, removing husk from wheat, eating polished rice and straining rice water, etc.)
- Social reasons - girls and women eating leftovers after the male members of the family have eaten
- Perpetuation of a vicious cycle of malnutrition and infection, which might begin, even before birth and may have more serious consequences for the girl child

- Display Flipchart VI-4 and discuss the factors that are specific for adolescent nutrition.

FLIPCHART VI-4

Eating Pattern of Adolescents

- Independent phase of life, which influences food behaviour also
- Break away from family eating patterns
- Family meals become less important
- Limited future perspective
- Influence of peers, mass media, prevalent body image
- Personal self esteem and body image guide the eating behaviour
- Missing meals and snacking (junking) are very common
- Fast food joints are mainly patronized by adolescents - with soft drinks, burgers and pizzas being the favourite foods. These spoil the appetite for regular meals and are high on calories and low on nutrients.
- Food selection is based mainly on availability, convenience, time, rather than food value

- Display Flipchart VI-5 and summarize the causes of malnutrition among adolescents.

FLIPCHART VI-5

Causes of Malnutrition

- **Infectious diseases:**
  - diarrhoea
  - intestinal parasites
  - malaria
  - tuberculosis
- **Cultural influences:**
  - food habits, customs, beliefs, traditions & attitudes
  - religion
  - food fads, meal missing and junk foods
  - cooking practices
  - social practices (gender discrimination)
- **Socio-economic factors:**
  - poverty
  - ignorance about nutritional needs of adolescents
  - large family size
  - lack of knowledge of nutritive value of foods

Activity 4

- Ask the participants what they think their role could be as ANMs/LHVs, in preventing malnutrition/anaemia in adolescents. Ensure that the following points come out during discussion:
  - Nutrition education and counselling should be an essential component of all preventive and promotive interventions for adolescent health.
  - ANM/LHV and Aanganwadi workers should work in close association to tackle the nutrition problems of adolescents.
- Emphasize that the role of a ANMs/LHVs would include:
  - Educating adolescents about the important aspects of nutrition.
  - Identifying nutrition related problems like Anaemia, malnourishment and deficiency disorders at an early stage and advise remedial measures for worm infestation, anaemia, malaria, diarrhoea and tuberculosis.
- Invite any additional comments or suggestions and conclude the session by thanking the participants for their participation.

TIPS FOR FACILITATOR

- Adolescence is a phase of rapid and continuous physical, mental and sexual growth and development. The quality of food consumed by adolscents during this phase will help them in their adult life too. Therefore, in order to take care of the body needs during adolescence, a diet rich in carbohydrates (to provide energy), proteins (to build the body from inside and to help in producing good quality blood), vitamins such as iron (to help produce blood), minerals such as calcium (to help bone growth) should be consumed. Grains/cereals, pulses/legumes, milk and milk products and green leafy vegetables should be consumed in greater quantity.

- The facilitator should emphasise that both boys and girls require adequate and good quality food during adolescence since their bodies undergo continuous and rapid growth and development. In actual practice, boys are provided with more and better food than girls, as families give more importance to their dietary needs and link the discriminatory practice with the future of the boys (of studying hard, going out to earn, etc.). However, girls too require balanced and adequate food in order to compensate for blood loss during menstruation; to shoulder the extra burden of housework and at times outside work to supplement the family income. Also, they have to perform the duties of child bearing and rearing in the future.

- Because of their gender and social conditioning, girls are more vulnerable to poor nutritional status. Consequently, they are likely to suffer from chronic anaemia, suffer miscarriages, or give birth to low birth weight babies thus, infact, affects even the next generation. Their efficiency or capacity to work goes down, and learning and thinking skills are affected. Anaemia is considered as a contributory factor to maternal mortality. Severe anaemia may even lead to death, especially if there is bleeding due to any cause or if there is a haemorrhage.

- Both boys and girls when given nutritional diet during adolescence gain height and body mass. Girls in India lag behind only because of gender discrimination.

TIPS FOR FACILITATOR

Causes of Malnutrition

- Conditioning influences:

  - Infectious diseases are an important factor responsible for malnutrition, particularly in children and adolescents. Diarrhoea, intestinal parasites, malaria & tuberculosis all contribute to malnutrition.

  - Poor environmental sanitation and hygiene also lead to repeated bouts of infections.

  - Girls lose a considerable amount of iron (average 1 mg daily) during menstruation. Therefore, girls need more iron than boys.

- Cultural influences:

  - Food habits, customs, beliefs, traditions and attitudes: Food habits are among the oldest and most deeply entrenched aspects of any culture. The family plays an important role in shaping food habits and these habits are passed from one generation to the other. Rice is the staple cereal in eastern and southern India, whereas wheat is the staple cereal in the north. Papaya is avoided during pregnancy because it is believed to cause abortions. There are also beliefs about hot and cold foods, light and heavy foods.

  - Religion: Religion has a powerful influence on food habits. Hindus do not eat beef, while Muslims do not eat pork. Orthodox Hindus and Jains do not eat meat, fish, eggs and certain vegetables like onions. These are known as food taboos which prevent people from consuming nutritive iron-rich foods even when these are easily available.

  - Food fads: In the selection of foods, personal likes and dislikes may stand in the way of correcting nutritional deficiencies.

  - Meal missing and eating junk food is a typical adolescent eating behaviour

  - Cooking practices: Draining away the rice water at the end of cooking, prolonged boiling in open pans and peeling of vegetables all influence the nutritive value of foods.

  - Social customs: In some communities, men eat first and women eat last and poorly.

- Socio-economic factors: Malnutrition and anaemia are largely a by-product of poverty, ignorance, insufficient education, lack of knowledge regarding nutritive value of foods, large family size, etc. These factors bear most directly on the quality of life and nutritional status of an individual.

TIPS FOR FACILITATOR

- **Food production: Increased food production and equitable distribution in accordance with physiological needs can bring down the incidence of malnutrition and anaemia.**

SESSION 2

Module Summary

Module VI

10 mins

Key points:

- Both boys and girls require adequate and good quality food during adolescence since their bodies under go continuous and rapid grwoth and development.
- Because of their gender and social conditioning, girls are more vulnerable to poor nutritional states leading to anaemia, reduced physical and mental performance and maternal morbidity and mortality later.
- Quality and quantity of food consumed by adolescents during this phase will help them throughout their lives.
- Counselling for nutrition should stress the importance and constituents of balanced diet in simple terms related to common and easily available food items.

  - address issues related to gender discrimination and social malpractices related to nutrition and food habits for adolescents, especially girls.

Pregnancy and Unsafe Abortions in Adolescents

Module VII

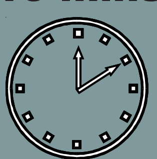
Session	Topic	Time
Session 1	Module Introduction	10 mins
Session 2	Magnitude of Adolescent Pregnancies and Contributing Factors	40 mins
Session 3	Complications of Pregnancy and Abortions in Adolescents	1 hr 30 mins
Session 4	Reorganising Services to Prevent and Manage Adolescent Pregnancies	60 mins
Session 5	Module Summary	10 mins

(Total Time: 3 hrs 30 mins)

Module VII

SESSION 1
Module Introduction

10 mins



Objectives:

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

- Get an overview of the module including its objectives.

Materials:

- Flipchart VII-1
- Markers

ACTIVITIES	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Module objectives	Presentation	10 mins

Introduction

In India where adolescent pregnancy is common, health service providers need to be familiar with the risks and complications that such pregnancies are associated with. This module will introduce ANMs/LHVs to the factors influencing such pregnancies and the critical issues involved.

Adolescent pregnancy very often leads to unsafe abortion especially if the girl is unmarried. The consequences of this type of abortion can be life threatening. Although abortion is legal in India, it is estimated that four million Indian women a year still resort to illegal abortions because of social stigma, lack of awareness and the lack of access to health facilities that offer technically competent services.

Activity 1

- Display the module objectives given in Flipchart VII-1 and present them to the participants.

FLIPCHART VII-1

Module Objectives;

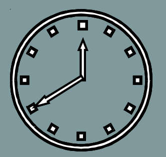
By the end of this module, participants will be able to:

- Identify the factors that contribute to adolescent pregnancy
- Identify the health risks associated with adolescent pregnancy in married and unmarried adolescents and how they differ from those in older women
- List factors contributing to unsafe abortions
- Tell how to reduce incidence of unsafe abortions in adolescents
- List complications of unsafe abortions
- Manage post abortion complications.

Module VII

SESSION 2
Magnitude of Adolescent Pregnancies & Contributory Factors

40 mins



Objectives:

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

- Discuss the magnitude of adolescent pregnancy in their health centers.
- Describe factors contributing to adolescent pregnancy and childbirth.

Materials:

- Flipchart VII-2
- Flipchart VII-3
- Flipchart VII-4
- Markers

ACTIVITIES	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	How often do I provide services to pregnant adolescents	Individual exercise	10 mins
Activity 2	Factors contributing to adolescents pregnancy	Group work	30 mins

Activity 1

- Put up Flipchart VII-2 and ask each participant to come forward and draw one cross (x) on the line that indicates how often their health centres provide care for adolescent pregnancies. For example, if someone frequently provides care for pregnant/in labour/postpartum adolescents, their cross would go on the first line 'Very often'. Someone who never does so would place the cross on the 'Never' line and so on.

FLIPCHART VII-2

How often do you provide services for adolescent pregnancies?

Very Often ....

Sometimes ....

Never ....

- Total up the crosses on each line and write down the number.

  Lead the discussion on the following:

  - The numbers near *'Sometimes'* and/or '*Never*' would provoke the question 'Why do they not see many adolescent pregnancies'? Many pregnant adolescents do not access existing services because of various reasons.
  - If most responses are *'Very often'*, then lead into a discussion on whether married adolescents and unmarried ones are treated differently. Discuss reasons behind the answers. The ANC protocol for adolescent pregnancy is not different but the complications are more.

- Put up Flipchart VII-3, emphasising the magnitude and problems related to pregnancy in adolescents.

FLIPCHART VII-3

- 50% of Indian women are married before they attain 18 years of age (NFHS 2)
- TFR amongst 15-19 years olds is 19% of the total fertility (NFHS 2)
- 50% of Indian women have had their first child before their 20th birthday
- Maternal mortality due to teenage pregnancy is high (Census 2001)

Activity 2

- Divide the participants into two small groups.
- Give them group-work from Flipchart VII-4. Each group to brainstrom amongst itself one category of factors contributing to aodolescent pregnancy.

FLIPCHART VII-4

Task for group work

Factors contributing to adolescent pregnancy

Group 1	Socio-cultural factors
Group 2	Service-delivery factors

- Explain that each group has to identify factors in relation to the category they have been assigned in about 10 minutes.
- When the groups are ready, ask them to come forward and present their group work, one at a time. Once they have done so, invite comments and questions from the rest of the participants and add any additional factors in the flipcharts and put them up.
- Conclude the activity by reiterating that there are many, many factors contributing to pregnancy of adolescent girls. The girls have very little control over these factors and it is the duty of service providers to help in reduction of adolescent pregnancies.

TIPS FOR FACILITATOR

Factors contributing to pregnancy in married and unmarried adolescents (also refer to Handout).

1. Biological and Socio-cultural factors in adolescent pregnancy:
   - Declining age at menarche
   - Norms and traditions:
     - Early marriage is practised widely in India despite laws against it and pregnancy is expected to follow soon after marriage. **Minimum legal age of marriage for women in India is 18 years.**
   - Changing circumstances of adolescents:
     - Exposure to media, urbanization, and decreasing joint families have resulted in changes in patterns of sexual behaviour.
     - Due to the increase of age at marriage, pregnancy among unmarried adolescents has risen
     - Use of alcohol and drugs may be associated with unprotected sexual activity and its possible consequences.
   - Vulnerability of adolescents:
     - To sexual coercion and assault
     - Poverty may lead adolescent girls into sexual exploitation and sex work, leading to pregnancy.
2. Service delivery factors in adolescent pregnancy:
   - Most adolescents do not have access to information regarding sexual and reproductive health.
   - Most adolescents do not have access to contraceptive information and related services.
   - Most adolescents do not have access to safe abortion services.
3. Factors contributig to unsafe abortion:
   - fear of social condemnation because of pregnancy, especially if unmarried
   - fear of expulsion from school
   - cost of abortion, especially among adolescents belonging to the marginalised sections of society
   - son preference (sex selective abortion)
   - judgmental and un-friendly attitude of service providers

Points to ponder:

- Ignorance regarding sexuality and reproduction predisposes married and unmarried adolescents to get pregnant.
- Adventurous nature, poor negotiation skills and sexual coersion predisposes unmarried girls for sexual activity and unwanted pregnancy.
- Unwanted pregnancy in unmarried girls may stigmatise them leading to poor self esteem.

SESSION 3

Complications of Pregnancy and Abortions in Adolescents

Module VII

1 hr 30mins

Objectives:

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

- Identify the risks related to pregnancy, abortion and childbirth in adolescents than they do in adults

ACTIVITIES	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Health risks and complications of adolescent pregnancy	Brainstorming followed by Presentation	30 mins
Activity 2	Factors contributing to unsafe abortions in adolescents	Group Work & discussion	30 mins
Activity 3	Complications & Consequen-ces of abortions and how to manage post abortion complications	Group Work & discussion	30 mins

Materials:

- Flipchart VII-5
- Flipchart VII-6
- Flipchart VII-7
- Flipchart VII-8
- Flipchart VII-9
- Flipchart VII-10
- Blank flipcharts
- Markers

Activity 1

- Brainstorm with participants the risks and complications of pregnancy for adolescent girls – both married and unmarried.
- Listen carefully to their responses. Then put up flipcharts VII-5,6,7 & 8 on eby one and run through them,explaining points which did not come out so far.

FLIPCHART VII-5

Complications of Adolescent Pregnancy:

During Pregnancy

- Pregnancy-induced hypertension: There is an increased risk with very young adolescent.
- Anaemia is very common in pregnant women and commoner in adolescents.
- Adolescents are at an increased risk of STIs/ HIV because of biological and social factors. The risk of mother to child transmission is also greater in adolescents.
- Higher severity of malaria, which leads to anaemia.
- Pre-elcampsia.
- APH

FLIPCHART VII-6

During Labour and Delivery:

- Pre-term delivery: Data shows that adolescents are at increased risk for this.
- Obstructed labour: In very young girls the pelvic bones are not fully developed, therefore cephalo-pelvic disproportion occurs more often. This is very dangerous both for the mother and baby.
- IUGR
- Birth injuries

FLIPCHART VII-7

During Postpartum Period:

- PPH
- Anaemia: If pre-existing, it can be aggravated by blood loss during delivery.
- Pre-eclampsia: Common in young adolescents and may worsen in the postpartum period.
- Failure to breast feed
- Depression: This can be a serious problem as the adolescent copes with her new life circumstances.
- Perpeural sepsis

FLIPCHART VII-8

Risk to the Child of Adolescent Mother:

- Low birth weight, the effects of which last beyond the first year of life.
- Perinatal and neonatal mortality results from prematurity, low birth weight and infection.
- Inadequate childcare and breastfeeding is a problem, especially in single adolescent mothers.

Explain that the complications described in the flipchart are not limited to adolescents. Adult women can experience them as well, but the complications have a worse outcome in adolescents.

Activity 2

- Divide the participants into three groups and give each group one task from Flipcfhart VII-9.

FLIPCHART VII-9

Why do adolescent girls often resort to unsafe abortion?

Categorise your responses for:

a) Married adolescents

b) Unmarried adolescents

c) Girls from marginalised section of society

- Ask each group to come up with their answers on separate flipcharts. Some of the answers could be:
  - fear of social condemnation, especially if unmarried
  - economic factors espically in adolescents both married and unmarried belonging to marginalised section of society
  - fear of expulsion from school
  - failed contraception
  - coerced sex (included rape/incest)
  - high cost of abortion services in private clinics
  - judgmental and non-friendly attitude of service providers
- Ask a volunteer to read out the lists and work through the answers trying to categorise the answers into socio-cultural, economic, psychological and other issues. This will indicate some values of the community and adolescent regarding the issue of un-intended pregnancy and abortion in adolescents both married and unmarried.
- Wrap up the group work by going over Flipchart VII-10

FLIPCHART VII- 10

Factors that could help reduce unsafe abortion in adolescents

- Availability and accessibility of contraceptive information and services including EC
- Availability and accessibility of safe abortion services
- Helpful, friendly and non-judgmental health care providers
- Community norms permit open and frank discussion with parents and gate keepers about sexuality in adolescents

- Discuss with the participants that MTP by a trained provider can be done upto 8 weeks at the PHC, upto 10-12 weeks at CHC and upto 20 weeks at District Hospital. For second trimester abortions the consent of 2 medical practitioners is essential to conduct the procedure.
- Unsafe abortions are those which are conducted in an unapproved facility for the purpose and/or by an untrained provider.
- Despite abortions being legalised in India 40 million women per year still resort to illegal abortions.
- Unsafe abortions are more common in unmarried girls.
- 50% of all maternal deaths in 15-19 year age group are due to illegal abortions.
- Complications due to unsafe abortions are medical and psychological.
- Management of post-abortion complications:
  - Immediate referral and post-abortion care
  - post abortal counselling and services.
- Prevention of unsafe abortions:
  - Improve access to reproductive health information and services especially simple and safe MTP services even at the PHC level.
- Discuss abortion is legal in instances when pregnancy carries the risk of grave injury to a woman's physical and/or mental health, endangers her life, or when it is the result of contraceptive failure or rape, etc. The Act was intended to reduce maternal mortality and morbidity due to illegal abortions. The legal abortions recorded are gross under-estimates and are estimated to comprise only about 10% of the actual total.

Activity 3

- Divide the participants into three groups. Ask the groups to list out the major medical complications (both short term and long term) and consequences of abortion in adolescents.
- Give the group 10 mins to work on the exercise.
- Ask the group representatives to make their respective presentations.
- Ask the other participants to add more points, if they want to.
- After the participants enlist complications of unsafe abortions, discuss with the help of 'Tips of Facilitator' on page VII-12.
- Discuss with them how they can manage post abortal complications. Explain that they will need to refer the girl immediately to a well equipped health facility.

  Later on she can be counselled especially on how to protect herself from next pregnancy.

TIPS FOR FACILITATOR

Facts about adolescent pregnancy

- Pregnancy and childbirth carry more risks in adolescents than in adults because the adolescent girl is not yet mature physically and emotionally for motherhood. The risks are high throughout the antenatal period, labour, childbirth and the postpartum period.
- The highest maternal mortality in adolescents is in those aged 15 years and under.
- Risk of poor pregnancy outcome is more common in adolescent pregnancy than adults.
- Babies born to adolescent mothers have a higher risk of being of low birth weight. This makes them predisposed to higher morbidity and mortality
- Un-intended pregnancy in both married and unmarried girls may prompt them to resort to illegal and unsafe abortions. This is more pronounced in unmarried girls.
- Pregnancy and the responsibility of child rearing could reduce the ability of the girl to continue with her education and with exploring employment opportunities.

TIPS FOR FACILITATOR

Complications of abortion in adolescents:

A. Major short-term medical complications

- Tetanus can result from the insertion of foreign bodies like sticks, rods or using unsterilized surgical instruments.
- Haemorrhage is seen very commonly and is mostly the presenting complaint. It is due to retained products of conception and injuries in the birth canal. It can be fatal. This complication can also result from spontaneous or legally induced incomplete abortions.
- Localized or generalized infection.
- Injuries range from genital lacerations to fistulae to perforation of uterus.

B. Major long-term medical complications are those that happen after a month or more and may leave the girl permanently unable to bear children and carry physical scars for the rest of her life.

- Chronic pelvic infection
- Secondary infertility
- Subsequent spontaneous abortion
- Increased likelihood of ectopic pregnancy
- Increased likelihood of premature labour

C. Psychosocial complications:

- Guilt
- Depression

Consequences of unsafe abortions in adolescents:

A. Medical consequences: infections may lead to secondary infertility and reproductive tract injuries.
Medical consequences of unsafe abortion are more frequent and more serious for adolescents because of the unsafe manner in which abortion is often induced and also due to delay in post-abortion care-seeking by adolescents.

B. Psychological consequences: though not commonly identified or reported, they do occur frequently and include depression and withdrawal.

C. Socio-economic consequences: are very severe when the girl is unmarried, as she can be shunned by her family and the community in general. The family may face ostracism, while the girl can be forced into early marriage or leave home and enter prostitution.
Medical care costs will severely strain family resources and in the long run, investments made in the girl's education and development are lost.

Stress that these complications and consequences occur more in unsafe abortions. Highlight the MTP Act. Stress that the consent of the guardian, in case of a minor, (below 18 years) is required. The MOs should involve community level functionaries and gatekeepers to create awareness in the community regarding Emergency Contraceptive Pill (ECP), MTP and contraceptive services at the PHC level.

SESSION 4

Reorganising Services to Prevent & Manage Adolescent Pregnancies

Module VII

60 mins

Objectives:

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

- Demonstrate newly acquired information to prevent and manage adolescent pregnancy.

ACTIVITIES	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	What can Service Providers do?	Brainstorming	10 mins
Activity 2	Care of Adolescent Pregnancy and Childbirth	Role play	50 mins

Materials:

- Flipchart VII-11
- Flipchart VII-12
- Blank flipcharts
- Markers

Activity 1

- Ask the participants to brainstorm on the actions that they can take, ANM to prevent adolescent pregnancies in both married and unmarried adolescents, keeping in mind the various causes leading to pregnancy, discussed later.
- Write down the responses and compare with list on Flipchart VII-11.

FLIPCHART VII-11

Actions you can take, as Service Providers, to prevent adolescent pregnancies:

- Promote legal age of marriage
- Educate families/communities to postpone pregnancy during adolescence, even if she is married early
- Promote birth spacing by 3-5 years in married adolescents
- Involve gate keepers and community level functionaries to promote negotiation skills among unmarried adolescents to avoid sexual contact or have safe sex

(Note that the responses marked on Flipchart VII-11 are only examples and that the list is not exhaustive.)

Activity 2

- Brainstorm the participants to list actions that they can take as service providers to manage pregnancy in married and unmarried adolescent.
- Note the responses and compare with list on Flipchart VII-12:

FLIPCHART VII-12

Management of pregnancy:

Married	Unmarried
• Early registration & ANC	• Provide referral for MTP services to an appropriate facility
• Awareness of danger signs	• Counsel client on the consequences of unsafe abortion
• Promoting institutional delivery by skilled provider, post partum care and	• If she desires to continue the pregnancy, provide ANC and counsel for institutional delivery by skilled provider.
• Contraceptive counselling and services	• Contraceptive counselling and services

Activity 3

- The focus of this activity is on implementing good practices in adolescent patient care.
- Discuss the critical aspect for caring for adolescent girls during pregnancy and childbirth.
- Divide the participants into 3 groups.
- Give each group a role play scenario and give them 10 mins to practice.
- Invite the groups to take turns in role playing.
- Guide the discussions using the *Tips for Facilitator*.

Role play

Scenario 1 — **Unmarried Pregnant Girl**

During an OPD session, a 16-year-old unmarried girl is brought by her mother for a check up. She has been keeping unwell for a few weeks with occasional bouts of vomiting, especially in the morning. She seems to be the youngest among all the patients waiting there.

You do a check up and find that the girl is twelve weeks pregnant.

How would you counsel her?

Scenario 2 — **Married Pregnant Girl with Anaemia**

A 17-year-old pregnant girl is brought to you by her mother-in-law for an antenatal check up. The doctor finds that her nails and conjunctivae are very pale.

How would you manage the case?

Scenario 3 — **PNC with engorged breasts**

During her field visit, an ANM visits the home of Radha, a 15-year old girl who has delivered a baby girl a few days ago. She has engorged breasts.

How would you counsel her?

TIPS FOR FACILITATOR

Role play 1 highlights the need for non-judgemental attitude and respect towards pregnant adolescents, especially the unmarried ones. The girl needs to be referred for MTP to a Health Centre.

Role play 2 highlights the need to detect anaemia in pregnancy and also to educate families on special dietary and other needs

Role play 3 highlights the need for information and counselling on breastfeeding, contraception, and the need to postpone the next pregnancy for at least 3-5 years

TIPS FOR FACILITATOR

Care of adolescent pregnancy and childbirth

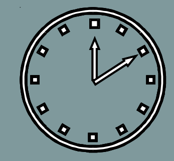
- Promoting safe pregnancy and childbearing in adolescence requires concerted actions beyond the health sector, like increasing the social and nutritional status of girls and increasing their access to education and job opportunities.
- Creating awareness in the community and adolescence about risk of adolescent pregnancy, abortions and childbirth.
- Create awareness of increased risk of death or long term morbidity after adolescent pregnancy and childbirth.
- Importance of care and support during initiating and continuing breast feeding.
- Importance of preventing next pregnancy by providing family planning counselling and services.

SESSION 5

Module Summary

Module VII

10 mins



Key points:

- Adolescent pregnancy is common in India.
- Adolescents have higher risk of poor pregnancy outcome, grave illness and death especially in unmarried adolescents.
- Adolescent girls have many complications of pregnancy, unsafe abortions/and childbirth and worse outcomes than adults.
- Preventive Health services should be directed towards
  - increasing awareness in the community regarding risks and consequences of adolescent pregnancy and childbirth and unsafe abortions.
  - making family planning counseling and services

  easily available to adolescents.
  - involve other departments to help increase social and nutritional status of girls and increase their access to education/vocational training and job opportunities.

  Curative Health Service include:
  - providing ANC and promoting institutional delivery and post partum care.
  - counselling, providing or referring for safe MTP services.

Unsafe abortions are those which are conducted in an unapproved facility for the purpose and/or by an untrained provider.

- Despite abortions being legalised in India 40 million women per year still resort to illegal abortions.
- Unsafe abortions are more common in unmarried girls.
- 50% of all maternal deaths in 15-19 year age group are due to illegal abortions.
- Complications due to unsafe abortions are medical and psychological.
- Management of post-abortion complications:

  -Immediatereferral and post-abortion care

  - post abortal counselling and services.
- Prevention of unsafe abortions:
  - Improve access to reproductive health information and services especially simple and safe MTP services even at the PHC level.

Contraception for Adolescents

Module VIII

Module Introduction and Eligibility and Effectiveness of Contraceptives — **Session 1** *1 hr 10 mins*

Helping Adolescents Make Well-informed and Voluntary Choice — **Session 2** *40 mins*

Module Summary — **Session 3** *10 mins*

(Total Time: 2 hrs)

Module VIII

SESSION 1

Introduction & Eligibility and Effectiveness of Contraceptives

1 hr 10 mins

Objectives:

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

- Get an overview of the module including its objectives.
- Examine the medical eligibility of adolescents to use the available contraceptive methods for adolescent girls as well as their effectiveness in preventing pregnancy and STIs and HIV and AIDS.

Materials:

- Flipchart VIII-1
- Flipchart VIII-2
- Blank flipcharts
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Module objectives	Presentation	10 mins
Activity 2	Eligibility and effectiveness of contraceptive methods for adolescents	Presentation & group discussion	1 hr

Introduction

There is huge unmet need for contraceptives amongst adolescents – both married and unmarried.

Premarital sexual relations are increasing - Most sexually active adolescents are in their late adolescence. Lack of contraceptives or condom use characterises the vast majority of sexual encounter among youth (Jeejeebhoy, 2003). Incidences of uninteded teenage pregnancies and abortions have shown a steady increase. Unsafe abortions are a major source of reproductive mortality and morbidity.

It is the duty of health providers to provide family planning counselling and contraceptives to adolescents.

Activity 1

- Explain that this module will address the contraceptive needs of the adolescents.
- Mention that Handout VIII provides additional information on the topic.
- Display the module objectives given in Flipchart VIII-1 and ask the participants to read them out.

FLIPCHART VIII-1

Module Objectives

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

- Explain which contraceptive methods are most appropriate for adolescents and why?
- Demonstrate counseling skills to help adolescents choose methods most appropriate for them and best suited to their needs.

Activity 2

- Ask the participants what they understand by the term contraceptives? What do they protect from? When they say that contraceptives are methods that protect from unwanted pregnancy, ask them that amongst unmarried and married adolescents who do you think needs more protection against unwanted pregnancy. (This question is to make them internalise the fact that sexually active unmarried adolescents need contraceptives even more than their married counterparts. However, the community and health service providers have strong opinions about NOT providing contraceptives to them. As unmarried adolescents are sexually active or victims of sexual abuse, they face grave consequences due to unwanted pregnancies/unsafe abortions.)
- Brainstorm the names of various contraceptives for adolescents. Note them down on a blank flipchart. Then put up Flipchart VIII-2 and match with their list.

FLIPCHART VIII-2

Contraceptive Methods for Adolescents

- Abstinence
- Withdrawal method
- Fertility awareness based methods
- Lactational amenorrhoea
- Male condom
- Combined oral pills
- IUCD
- Emergency Contraceptive Pills (ECP) (Levonorgestrel only pills)

- Now discuss each contraceptive one by one and ask them if it is appropriate for unmarried adolescents, married adolescents or both and whether it provides protection from STI/HIV/AIDS or not.
- Sum up the session by reiterating the fact that there is huge unmet need for contraception amongst adolescents and healthy adolescents are medically eligible to use all currently available methods.

Contraceptive Methods	Appropriateness for married Adolescents	Appropriate for unmarried Adolescents
1. Abstinence	Impractical	Very appropriate Protects from STIs/HIV/AIDS
2. Withdrawal Method	Male partner's motivation/control is required	Male partner's motivation/ control is required
3. Standard Days Method	Does not protect from STIs/HIV/ AIDS Can use it if both the partners can manage the fertile days	Difficult especially in cases of sexual abuse
4. LAM	Adolescent mothers can use it provided they fulfil its 3 conditions Does not protect from STIs/HIV/ AIDS	Not appropriate
5. Condoms	Appropriate but male dependent Protects from STIs/HIV/AIDS	Appropriate but male dependent Protects from STIs/HIV/AIDS
6. Combined Oral Pills	Appropriate Does not protect from STIs/HIV/ AIDS	Appropriate Does not protect from STIs/ HIV/AIDS
7. IUCDs	Not very appropriate especially for nulliparous Does not protect from STIs/HIV/ AIDS	Not appropriate

TIPS FOR FACILITATOR

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

- Sterilization: This is not a procedure that is recommended for a young woman.
- Progestin-only injectables (such as Depomedroxy Progesterone Acetate (DMPA), and Norethisterone Enanthate (NET-EN)) are not the first method of choice for those under 18, as there is a theoretical concern that bone development could be hindered.
- Intra-Uterine Contraceptive Devices (IUCD) are not the first method of choice for those under 20, as the risk of expulsion is higher in young, nulliparous women.

TABLE 1
Contraception Methods

Method	Effectiveness against pregnancy		Protection against STI/HIV	Comments & Considerations
	As commonly used	Used correctly and consistently		
	Not effective	Very effective	Protective	Most protective method for dual protection but needs to be used correctly and consistently
Male condom	Somewhat effective	Effective	Protective	Only provides limited dual protection when used correctly and consistently.
Female condom	Somewhat effective	Effective	Protective	Only provides limited dual protection when used correctly and consistently.

Combined oral pills	Effective	Very effective	Not protective	Only protective against pregnancy if used correctly and consistently. If at risk of STIs/HIV, recommend switching to condoms or using condoms along with this method.
Fertility awareness based methods	Somewhat effective	Effective	Not protective	Only protective against pregnancy when used correctly and consistently. If at risk of STIs/HIV, recommend switching to condoms or using condoms along with this method.
Lactational amenorrhoea – LAM (During first 6 months postpartum)	Effective	Effective	Not protective	
Withdrawal	Somewhat effective	Effective	Not protective	
IUCD (Copper T)	Very effective	Very effective	Not protective	IUCD not first method of choice for nulliparious women. Not recommended for women at risk of STIs/HIV, unless other methods are not availale.
Emergency contraceptive Pills	Effective	Very effective	Not protective	Only protective against pregnancy when used correctly and consistently.

Emergency Contraception

Progestin only OCPs containing the hormone levonergstrel can be used for emergency contraception. If the correct dose is started within 72 hours after unprotected intercourse, it reduces the chances of pregnancy. Now oral contraceptives are being packaged as emergency contraceptive pills, and levonorgestrel-only tablets are more effective and cause less nausea and vomiting. Emergency contraception has a special role for adolescent girls and women who are subjected to sexual violence, to prevent unwanted pregnancies. There is a need to increase access to ECPs by training healthcare providers and also by ensuring easy availability of ECPs. All adolescents are eligible for ECP, without restriction on repetative use.

SESSION 2

Helping Adolescents make Well-informed and Voluntary Choice

Module VIII

40 mins

Objectives:

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

- Assist adolescents in making informed choices regarding contraceptive methods.

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Providing information on contraceptive methods to enable well-informed choices	Presentation	10 mins
Activity 2	Providing additional information on the method	Role Play	30 mins

Materials:

- Flipchart VIII-3
- Flipchart VIII-4
- Blank Flipcharts
- Markers
- Role Play Scenarios

Activity 1

- Put up Flipchart VIII-3 and take the participants through it.
- Health-care providers need to be very familiar with the various contraceptive methods available so that they can educate their adolescent clients on the pros and cons of each before making choices.
- Once a choice has been made, clients must be informed about the points listed under B, so that they use it correctly and act promptly if and when any problems arise.

FLIPCHART VIII-3

A. Provide information on all methods to enable well-informed choices

- Effectiveness in pregnancy prevention
- Effectiveness in STI/HIV prevention
- Possible risks and benefits to health
- Common side effects
- Return to fertility after discontinuing method
- Ease of obtaining supplies for use

B. Once a choice has been made, provide additional information on the method

- Correct use of method(s)
- Signs and symptoms, which will require a visit to the clinic
- Ease of obtaining supplies for use in the future

Activity 2

- Divide the participants into two groups and give each group a role play scenario.
- Give them 10 minutes to prepare.

Scenario 1 **Premarital Sex**

Raju, an 18-year old boy comes to your PHC. He tells you that he does not fell well, he feels very weak. Apparently, you find Raju to be of a good built and healthy. He looks a little apprehensive and anxious. You understand that may be Raju has some other problem and is not telling it openly. You ask further questions about his family and his neighbours. You can see Raju getting more relaxed and free in his communication. Then you ask him again that what is Raju's real problem. Shyly, he says that he and Rani his neighbours daughter are friends. Sometimes, they manage to have sexual relations also. Raju tells you that he is worried that some day Rani may get pregnant. He does not want his to happen as he loves Rani very much and does not want to harm her. Raju requests you for some advice to prevent pregnancy.

- **What will you say to Raju and how will you go about to help him?**

Scenario 2 **PNC**

Champa, a girl aged 19 and her husband, Raghu aged 21 come to the PHC. They tell you that they have been married for 2 years and that Champa has given birth to a daughter 2 months ago. Champa is breast feeding her and also feels weak. They tell you that they do not wish to have another child for the next 3 years and want to adopt a safe contraceptive method.

- **How will you respond to their need?**

- Explain to the role players that you want the providers to address the issues listed in Flipchart VIII-4

FLIPCHART VIII-4

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

- Have the groups perform the role play
- In the discussion after each role play, make sure that the points in the Tips for Facilitator are highlighted.

TIPS FOR FACILITATOR

In the discussion that follows each role play, highlight the following points:

Role play 1 addresses the contraceptive needs of an unmarried adolescent boy and girl. Their need is to prevent pregnancy and to avoid STIs/HIV.

Role play 2 addresses the contraceptive needs of a married adolescent couple, whose need is to postpone the second pregnancy for some time. The woman lactating.

SESSION 3

Module Summary

Module VIII

10 mins

Key points:

- Most adolescents are becoming sexually active without adequate knowledge about sexuality, contraception or protection against STIs/HIV.
- Early marriage of girls is still very prevalent.
- Hence, need to prevent teen pregnancy.
- Unintended pregnancies are common in adolescents.
- Rigid social norms act as barriers to access open and correct information regarding sexuality and reproductive health issues by adolescents.
- Health Care providers can contribute as change agents within families and communities to address these issues.
- Dual protection methods and Emergency Contraception are available for adolescents.
- Effective counseling services with confidentiality will help adolescents choose an appropriate method of their choice.
- Contraceptive use information and services must be made easily available through community based facilities and outreach services.

RTIs, STIs and HIV/AIDS in Adolescents

Module IX

Module Introduction	**Session 1** *10 mins*
RTIs and STIs in Adolescents	**Session 2** *1 hr 15 mins*
Management of RTI/STIs in Adolescents	**Session 3** *60 mins*
HIV /AIDS in Adolescents	**Session 4** *60 mins*
Module Summary	**Session 5** *5 mins*

(Total Time: 3 hrs 30 mins)

Module IX

10 mins

SESSION 1

Module Introduction

Objectives:

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

- Get an overview of this module including its objectives.

Materials:

- Flipchart IX-1

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Module objectives	Presentation	10 mins

Introduction

Repoductive Tract Infections (RTIs), or infection of the genital tract can have far reaching effects on reproductive health. Sexually Transmitted Infections (STIs) are one of the most common infections among sexually active adolescents. STIs are an important health problem because they give rise to considerable morbidity. STIs, including HIV, are most common among young people aged 15-24 and more so in young women of that age group. Adolescents today face enhanced vulnerability to HIV/AIDS. The various dimensions of the problems of STIs, RTIs and HIV/AIDS among adolescents have been addressed in the module along with the preventive and management aspects of the problem and how ANMs/LHVs can help adolescents to deal with the problem

Activity 1

- Put up Flipchart IX-1 and have the module objectives read out by the participants.

FLIPCHART IX-1

Module Objective:
By the end of this module, participants will be able to :

- Describe factors responsible for RTIs/STIs in adolescents
- Identify action points for prevention and management of STIs among adolescents
- Address myths related to HIV/AIDS and identify action points for reducting stigma and discrimination related to it
- List ways in which HIV can be transmitted
- List ways in which HIV can not be transmitted

- Explain that this module looks at prevention and management of RTIs/STIs in adolescents. It also deals with the issue of HIV/AIDS and adolescents including the myths and misconceptions and stigma related to HIV/AIDS.
- Remind the participants to put any questions/suggestions in the *Mailbox* and encourage them to do this during the breaks.

TIPS FOR FACILITATOR

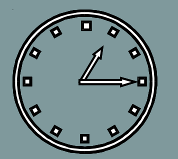
Encourage the participants to ask questions and to raise their concerns, if any. Stress that this module will keep everyone very busy, so you need to stick to the time allocated for each session.

Module IX

SESSION 2

RTIs and STIs in Adolescents

1 hr 15 mins



Materials:

- Flipchart IX-2
- Flipchart IX-3
- Flipchart IX-4
- Flipchart IX-5
- Flipchart IX-6
- Blank flipcharts
- Markers

Objectives :

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

- Identify signs and symptoms of RTIs/STIs in adolescents.
- List factors leading to increase in RTIs/STIs in adolescents.
- Identify measures for prevention of RTIs/STIs.

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	What are RTIs/STIs and routes for transmission	Discussion	15 mins
Activity 2	Reasons for RTIs/STIs in adolescents	Problem cards	15 mins
Activity 3	Symptoms of RTIs/STIs	Brainstorming	15 mins
Activity 4	Why are adolescents pre-disposed to RTIs/STIs	Discussion	15 mins
Activity 5	Prevention of RTIs/STIs	Brainstorming	15 mins

Activity 1

- Ask whether the participants, in their experience, have seen adolescents complaining of symptoms related to infections of the genital tract. What did they complain of? Let participants respond. List responses on flipchart. This is likely to be the experience with young girls complaining of vaginal discharge. Drive the discussion to the fact that though young boys may suffer from infections of the genital tract they are less likely to complain about them. Ask for the terms commonly used in the community to refer to these diseases.
- Ask the participants what they understand by RTIs (Reproductive Tract Infections) and write the responses on a flipchart.
- Then, ask the participants what they understand by STIs (Sexually Transmitted Infections) and the difference between RTIs and STIs. Note responses on a flipchart.
- Summarize the discussion by using the talking points given in the *Tips for Facilitator*.

Activity 2

- Put up Flipchart IX-2

FLIPCHART IX-2

What is the reason for the problem stated?

- Geeta, a 13-year-old girl has itching in the genital region and discharge. She is encouraged not to take bath during menstruation.
- Gautam, a 17-year-old boy is having burning sensation while passing urine. In his village in Rajasthan, water is really scarce.
- Suman, a 16 years old, girl is having foul smelling discharge from the genital region since 2 weeks. She also has pain in lower abdomen. She is friendly with a boy and loves him a lot.

- Present the situations given on Flipchart IX-2 one by one. After presenting each situation, ask the participants to give reasons for the problem faced by the adolescents. For each case, ask if it is RTI or STI?
- Discuss the reasons for RTIs/STIs in adolescent.

Activity 3

- Now brainstorm the factors that increase the risk of RTIs and STIs. Note down the responses on a flipchart. Then put up flipcharts IX-3 & 4 and run through them.

FLIPCHART IX-3

Factors that increase the risk of RTIs

- Poor general health
- Poor genital hygiene
- Poor menstrual hygiene
- Unhygienic practices by service providers during delivery, abortion, IUCD insertion in girls/women

FLIPCHART IX-4

Factors that increase the risk of STIs

- Unprotected sex
- Multiple partners
- Sex with partner having sore on the genital region, urethral discharge or infected vaginal discharge

- Ask the participants to describe the symptoms of RTIs/STIs in girls and boys. List the responses on a flipchart.

  Some of the suggested symptoms in an adolescent who seeks advice from an ANM/LHV could be:

  - For both adolescent boys and girls:
    - Genital ulcers (sores)
    - Burning sensation while passing urine
    - Swelling in the groin
    - Itching in the genital region

- For adolescent girls:
  - Unusual vaginal discharge with or without bleeding
  - Pain in lower abdomen
  - Pain during sexual intercourse
- For adolescent boys:
  - Discharge from the penis

Activity 4

- Discuss why adolescents are predisposed to RTIs and STIs.
- List the responses on a blank flipchart. Discuss each of these factors.
- Put up Flipchart IX-5. Mention that some factors alone or in combination lead to increase in RTIs/STIs in adolescents.

FLIPCHART IX-5

Increased RTI/STI in adolescents

- Adolescents are anxious to do experiments without fear of any disease and as such indulge in unsafe sexual activities
- More prone to take risks
- Girls have immature vaginal mucus membrane and can get infected, surface area of vagina is large - adolescent girls are more vulnerable
- Lack of awareness
- Lack of access to services
- Poor hygiene practices
- Unsafe delivery and abortion

- Tell the participants that:
  - The sequelae of RTIs, particularly STIs, fall most heavily on adolescent girls.
  - Asymptomatic infections are more common in girls as compared to boys, and, as a result, they do not come forward to seek care.
  - Most sexually transmitted infections, such as gonorrhoea and chlamydia are most easily transmitted from boys to girls than vice-versa because of the difference in the anatomy of the male and female reproductive tracts.
  - The lack of available female controlled barrier methods and the power dynamics in sexual relationships also make girls vulnerable.
  - Girls are also less able to prevent exposure to RTIs/STIs than boys because of their limited ability to negotiate.
  - Economic vulnerability also responsible for unsafe sexual practices.
  - Girls are more at risk from their partners' sexual behaviour than their own.
  - Also in most cases, it is socially unacceptable for girls to seek care for genital problems, particularly in a STI clinic.
  - Similarly, diagnosis of infections is more difficult in girls than in boys.
  - Potential stigma prevents early treatment.
  - Furthermore, the potential for the spread of infection to the genital tract is greater in girls than in boys.

Activity 5

- Ask the participants to brainstorm on how RTIs/STIs in adolescents can be prevented.
- List the responses on a blank flipchart. Discuss the responses.
- Put up Flipchart IX-6 and summarise the action points for prevention of RTIs/STIs in adolescents. Mention that as a ANM/LHV one should educate and inform adolescent boys and girls about the precautions for prevention of RTIs and STIs.

FLIPCHART IX-6

Prevention of RTIs/STIs

- Maintaining proper genital hygiene is important. Girls should also maintain good menstrual hygiene.
- Practicing responsible sexual behaviour. Being faithful to one partner.
- Practicing safe sex
- Avoiding sexual contact, if either of the partner has an STI
- By not neglecting any unusual discharge
- Ensuring complete treatment of self and sexual partner (partner treatment)
- Opting for institutional delivery or home delivery by a trained birth attendant
- Availing safe abortion services
- Awareness among adolescents and community
- Improve services (Adolescent-Friendly Reproductive and Sexual Health Services.)

- End the session by summarising what was discussed in the entire session and invite questions or comments. Emphasise on points such as:
  - RTIs/STIs among adolescents are preventable
  - STIs can be treated adequately through proper use of antibiotics
  - It is important for both partners to be treated simultaneously
  - Untreated RTIs/STIs lead to serious complications

TIPS FOR FACILITATOR

RTIs	STIs
• RTIs include all infections of the reproductive tract, whether transmitted sexually or not, for example, Bacterial Vaginosis or Candidiasis which are caused by a disturbance in the equilibrium of the vaginal flora or Pelvic Inflammatory Disease caused by iatrogenic infection. These are examples of reproductive tract infections that have not been sexually transmitted. On the other hand, pathogens like (Human Immune Deficiency Virus, Hepatitis -B, C, D, etc.) which are commonly transmitted by sexual contact do not always or at all cause an infection of the reproductive tract. • Iatrogenic infections (e.g., infections introduced to the reproductive tract by use of unclean hands/ instruments etc. during delivery, IUCD insertion or abortions or medical and surgical procedures, etc.)	• Sexually Transmitted Infections (STIs): STIs are contagious disease usually acquired by sexual or genital contact.

SESSION 3

Management of RTIs/STIs in Adolescents

Module IX

60 mins

Objectives:

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

- Describe action points for management of RTIs/STIs among adolescents.

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Approaches to managing RTIs/STIs	Discussion	15 mins
Actitivy 2	Dealing with STIs	Role Plays	30 mins
Activity 3	Myths & Facts	Quiz	15 mins

Materials:

- Flipcharts IX-7
- Blank flipcharts
- Markers

Activity 1

- Put-up a blank flipchart and invite responses from participants as to what they think are the important factors to consider when managing adolescents with RTIs/STIs.
- Note-down the responses of the participants.
- Put-up Flipchart IX-7 and summarise the factors.

FLIPCHART IX-7

Important factors to consider when managing adolescents with RTIs/STIs

- Adolescents are unaware of the consequences of the problem
- They are shy and do not trust adults
- It is difficult to elicit information from them
- They believe in privacy and confidentiality

- Also mention that Handout IX systematically examines the matters which ANMs/ LHVs should be aware of and pay attention to, while managing adolescents with STIs.
- Invite comments and questions, and respond to them, or better still encourage other participants to do so. After a few minutes, lead into the next part of the session.

TIPS FOR FACILITATOR

The Facilitator should stress on the fact that when dealing with adolescents, the words and actions of ANMs/LHVs should be guided by respect for them, acknowledgement of their need for - and right to - health information and services, and concern for their well-being.

Facilitator may also emphasise that ANMs/LHVs may find themselves in the difficult situation of trying to find a balance between the rights of parents (or guardians) to be told about the health problems of their issues (especially when they are still minors), and the rights of their adolescent patients to privacy and confidentiality. It is important that ANMs/LHVs deal with such situations in a responsible manner, doing everything in their power to safeguard the health and well-being of their adolescent patients.

Activity 2

- Explain to the participants that they will work in three groups and that each group will perform a role play.
- Divide them into three groups and give one role play scenario to each group and ask them to prepare their role play in 5-7 minutes.
- Tell them that 2-3 persons can enact it while other members of the group can guide them during preparation.
- Have each group present its roleplay .Then analyse it and draw out the important points of counselling on RTIs/STIs.
- Finally, wrap up the session, highlighting the key points raised in the discussion, and refer the participants back to the Handout.

Role Play 1

Deepak, a 16-year-old boy is brought to you by his mother. She says that he told her that he had been injured in his groin, playing football with his friends. You notice that the boy is silent and does not interrupt his mother, or add to anything that she says. You tell the mother that you would like to talk to Deepak separately. Taking him to another room, you ask Deepak what the problem is? The boy is silent. After a few minutes, you gently probe once again. He replies in a low voice and asks you to promise not to repeat anything he says to his mother. He tells you that he had once visited the local sex workers. After some days, he is he having itching in the groin and discharge from his penis. He is afraid now that something bad may happen to him and he will be punished by his parents if they come to know about what he had done. Deepak also tells you that he feels ashamed now to meet his friends also.

Question to pose: How will you deal with Deepak and his mother?

Role Play 2

Pramod, a 19-year-old boy comes to you with a urethral discharge. He tells you that he has been suffering from this, on and off, for a year. He knows that this is an STI, but does not seem very concerned about it. On enquiry, you learn that the young man got married to a 16 year old girl 3 months ago.

How would you deal with this situation?

Role Play 3

Laxmi, a 17-year old married girl comes to you with her mother. She complains of itching and genital discharge for the last 2 months. Laxmi reveals that her husband works in the city. Two months ago, he came home to the village for 10 days. Her complaint started soon after his visit.

How would you deal with the situation?

TIPS FOR FACILITATOR

While analysing the role plays, please keep in mind the following points:

Role Play 1 : This scenario highlights the importance of establishing a rapport with the patient, and eliciting information on the nature of the problem facing him/her. It also deals with the difficult issue of finding a balance between the rights of parents to know about the problems of their issues, and the rights of the adolescent patient to privacy and confidentiality.

Role Play 2 & 3 : This scenario highlights the challenge of communicating the diagnosis and its implications. Beyond that, it highlights the importance of helping the patient deal with the social implications of the condition, including counselling for involving the spouse for treatment simultaneously.

Activity 3

- Tell the participants that they are now going to participate in a quiz.Explain that you will read aloud a statement and those who "agree" will come and stand on your right and those who "disagree" will stand on your left. Those who "cannot decide" if they fully agree or disagree will stand in the middle. Make sure that everyone has understood what they are supposed to do.
- Begin the quiz by reading out the statement one by one.
- Let the participants take 'Agree', 'Disagree' or 'cannot decide' positions after each statement.
- After the participants have made their decisions, ask one or two participants from each group to explain why they feel that way. Continue in the same manner for each of the statements.
- During discussion, the facilitator should help participants to come to a right conclusion. Once all the statements have been made, ask the participants to return to their seats.
- Summarize by saying that it is normal to have strong feelings and values about these topics. Tell the participants that learning to be aware of their own values while being sensitive and non-judgemental to the adolescents needs, will help them to be more open with adolescents.

Quiz

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

Trainers' Notes

Quiz: Answer Sheet

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

Module IX

SESSION 4
HIV/AIDS in Adolescents

60 mins

Objectives:

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

- Explain what is HIV and AIDS.
- Explain why adolescents are vulnerable to HIV and AIDS.
- Tell how HIV is transmitted.
- Explain how to protect oneself from HIV and AIDS.

Materials:

- Flipchart IX-8
- Flipchart IX-9
- Flipchart IX-10
- Flipchart IX-11
- Blank flipcharts
- Markers

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Understanding own value system	Value clarification game	10 mins
Activity 2	HIV and AIDS and how it is transmitted/not transmitted	Brainstorming and Presentation	20 mins
Activity 3	Why are adolescents vulnerable to HIV and AIDS	Discussion	10 mins
Activity 4	Symptoms of AIDS	Discussion	10 mins
Activity 5	Prevention from HIV and AIDS	Brainstorming	10 mins

Activity 1

- Tell the participants that this exercise is to identify different attitudes and explore own values about sensitive issues like sexuality, RTIs, STIs and HIV and AIDS.
- Explain that there are no "right" or "wrong" answers. The purpose of this exercise is to help understand view points that may be different from our own and to consider how this affects our effectiveness in counselling.
- Ask the participants to gather together. Point out that those who "agree" with each statement should come and stand on your left. while whose who "disagree" should stand on your right. Those who are "undecided" can stay in the middle of the room.
- Read the following statements out loud. After each statement, ask the participants to go to the side of the room corresponding with their opinions about the statement.
  - People who get HIV through sex deserve it because of the behaviour they practice.
  - To have more than one sexual partner is acceptable.
  - Women who get STIs are promiscuous.
  - If a married woman has an STI, the provider should not tell her the infection was passed to her through sex with her husband because it might cause problems in her marriage.
  - Anal and oral sexual contacts are perversion.

  - It is easy to recognise a homosexual by his/her looks and style of dress.
  - Sex without intercourse is not real sex.
  - Condoms should be distributed to teenagers who request them.
- One or two volunteers from each side should explain the reason they selected that side of the room. People can change side if they are persuaded differently by other participants.
- Ask the group to share their observations and feelings from this exercise, and to consider how respect for individual differences in values can affect our counselling with clients. Possible questions include:
  - How did you feel during this exercise?
  - Where there any opinions or values expressed that surprised you?
  - How can you explain the differences between individuals in this group?
  - What differences would you expect between the values of providers and clients in your health care setting?
  - How do such differences influence counselling with clients?
  - What can service providers do to help clients deal with difficult decisions,
  - Summary
- Emphasise the importance of keeping personal values away from professional responsibilities in our work with clients.

Activity 2

- Start the activity with a brainstorming exercise by asking participants what they understand by HIV and AIDS.
- Note down the responses on a blank flipchart. Based on the responses, draw out what HIV and AIDS stands for. Put up Flipchart IX-8 and explain it.

FLIPCHART IX-8

HIV stands for :

- Human
- Immunodeficiency
- Virus

AIDS results from infection with HIV and stands for:

- **Acquired :** Not genetically inherited but getting it later on in life
- **Immuno-Deficiency :** Inadequacy of the body's main defence mechanism to fight external disease producing organisms
- **Syndrome :** A group of diseases or symptoms

- Make sure that the following points come up in the discussion.

  AIDS results from infection with HIV which stands for human immuno-deficiency virus. HIV gradually destroys the body's capacity to fight off infections by destroying the immune system. As a result, a routine infection can turn life threatening, as the body is not able to produce antibodies to protect against them. The HIV infected person becomes more susceptible to a variety of infections known as opportunistic infections like tuberculosis, diarrhoea, fever, respiratory infection.

- Lead the discussion towards the various modes of transmission of HIV. Ask, "How is HIV transmitted?" The put up Flipchart IX-9 and explain how HIV is transmitted.

FLIPCHART IX-9

HIV is transmitted through:

- Different forms of sexual contact including unprotected anal, vaginal or oral sex
- From an infected mother to her child (mother to child transmission, MTCT) during pregnancy, delivery or breastfeeding.
- Sharing of infected syringes and needles contaminated with infected blood and other body fluids, such as injectable drug users, use of contaminated skin-cutting tools, needle stick injuries in health care settings.
- Transfusion of infected/unsafe blood or blood products.

Mention that the most common route of transmission in our country is through the sexual route and about 85% of cases have acquired HIV through this mechanism. However, in north eastern India, the epidemic is mainly among intravenous drug users.

- Talk about the various myths and misconceptions associated with transmission of HIV/AIDS and clarify them. Adults as well as adolescents carry a lot of misinformation in relation to how this infection spreads. Sum up your discussion with Flipchart IX-10.

FLIPCHART IX-10

A person cannot get HIV by:

- Shaking hands and embracing
- Touching objects in phone booths or public transport
- Shared use of towels, linen, crockery, utensils
- Use of common toilets, bathing in a pond/ lake/canal or river
- Eating and drinking from the same plate or cup
- Donating blood with new sterile needles
- Mosquito bites
- Caring for and touching a person with HIV/AIDS
- Hugging and kissing

Activity 3

- Now discuss with the participants why young people/ adolescents are more susceptible to HIV. Give them ten minutes to think about the various factors that make adolescents more vulnerable to HIV.
- Ask the participants to enumerate these factors. Note them on a blank flipchart. Summarise all the points and add those, which have not been mentioned.

  Bring out the following issues:

  - Adolescents often have the feeling of being invincible (nothing can happen to them).
  - Adolescents do not have the knowledge or experience to reduce their risk for exposure to HIV and AIDS.
  - Adolescents are less likely to recognise potentially risky situations or negotiate safer sex behaviours.
  - In addition, peer pressure, drug and alcohol use, and other factors may increase adolescents' likelihood of engaging in high-risk behaviours.
  - Young people lack access to information and services or are not able to afford them due to social and economic circumstances.
  - Adolescent boys who are sexually active do not seek information about how to protect themselves and their partners for fear of appearing inexperienced.
  - Gender disparities lead to poor negotiating skills, poor access to information, resources and services thus increasing the vulnerability of young girls.

  Young women may be particularly vulnerable for biological reasons (less mature vaginal tissues may be more readily permeated or damaged) and for social reasons, including lack of economic resources of negotiating power.

Activity 4

- Ask the participants if they are aware of the ways by which a person with HIV infection or AIDS can be identified. Try to address misconceptions related to this issue.
- Emphasise the fact that a person can be infected with HIV for many years before any symptoms occur, and during this time an infected person can unknowingly pass the infection on to others. When s/he develops various symptoms due to opportunistic infections, the person is said to have AIDS.
- Ask the participants to describe the signs and symptoms of AIDS.
- Explain the signs and symptoms of AIDS:
  - An unexplained loss of weight lasting at least one month
  - Diarrhoea lasting for more than 1 month
  - Intermittent or constant fever for more than 1 month
  - Enlarged glands (lymph nodes) in the neck, armpits, or groin
  - Only a laboratory test can confirm the presence of HIV
  - Maintaining confidentiality of test results is of utmost importance
  - Voluntary counselling and testing centres (VCT) are now available free of cost at many government health facilities
  - It is important for the ANM/LHV to be aware of the nearest VCT facility in order to be able to guide adolescents to services wherever necessary.

Activity 5

- Ask the participants if the above activities have helped them to recognise the preventive measures and importance of adopting preventive or risk reduction behaviour since there is no cure for HIV/AIDS.
- Put down the responses of the participants on a blank flipchart.
- Put up Flipchart X-11 and read out the preventive measures on it while explaining each one of them in detail.

FLIPCHART IX-11

Preventing HIV/AIDS transmission

- Practicing safe sex
- Avoid use of unsterilised needles and other injecting equipment
- Injectable drug users must not share syringes or needles
- Avoid unsafe blood transfusion
- Pregnant women should have access to voluntary counselling and testing (VCT)

- End the session by summarising what was discussed in the whole session and invite questions or comments.

TIPS FOR FACILITATOR

- It is not possible to tell whether or not a person has HIV or AIDS by the way he or she looks and acts.
- Sometimes, it is possible to suspect this infection from the presence of certain symptoms either in isolation or in combination. However, these cannot be relied upon solely for the diagnosis, as they are usually nonspecific and common to other illnesses as well.

TIPS FOR FACILITATOR

1. Practicing safe sex

   "Safe sex" refers to those practices that enable people to reduce their sexual health risks and lower the likelihood of infection with HIV and other STIs.

   The most common mode of transmission of HIV infection is the sexual route. Safe sex is the only way of preventing this. It is therefore, important to educate adolescents about safe sex. Safe sex practices include:

   - Staying in a mutually faithfully relationship where both the partners are not infected.
   - Using a condom for sexual intercourse.
   - Avoiding sex when either partner has an open sore or STD. As you have already read in the Handout on RTI/ STIs, presence of RTIs/STIs increase the risk of transmission of HIV infection.
   - Abstinence is the best protection against sexual transmission of HIV infection.

2. Avoid use of unsterilised needles and other injecting equipments.

   Always insist on use of properly sterilised/ autoclaved needles/ syringes at a health centre or hospital. Reusable syringes and needles that have been sterilised or boiled in water for at least 20 minutes are also safe. The used needles should be put into bleach solution before disposing them off.

3. Injectable drug users must not share syringes or needles.

4. Avoid unsafe blood transfusion.

   In case of blood transfusions, only accept blood that is tested for HIV by checking the label on the blood bag. The blood should be procured only from a licensed blood bank since it is mandatory for them to test for HIV. Remember that you cannot get HIV through donating blood if sterile/ new equipment is used.

5. Pregnant women should have access to voluntary counselling and testing (VCT).

   In case a woman is at risk of contacting HIV due to her own or her partner's high risk behaviour, she should be counselled regarding the benefits of going in for VCT early in the antenatal period in order to prevent mother to child transmission of HIV.

SESSION 5

Module Summary

Module IX

5 mins

Key points:

- RTIs/STIs among adolescents are preventable.
- STIs can be treated adequately through proper use of antibiotics.
- It is important for both partners to be treated simultaneously.
- Untreated RTIs/STIs lead to serious complications.
- Adolescent are more prone due to many factors.
- Adolescents are very hesitant to seek services.
- RTIs/STIs are preventable

Counselling points:

- Information regarding how these infections spread and remove myths.
- Safe sex practices and dual protection.
- Partner identification management.
- VCT should be available to adolescent especially mothers.
- Services
- Counselling and identification of STIs and referral management at PHC level.
- Awareness in the communication influence adolescents.
- Refer for VCT.

Concluding Module

Module X

Session	Topic	Time
Session 1	Post-test	*30 mins*
Session 2	What will I do to make my health centre Adolescent Friendly?	*50 mins*
Session 3	Closing of the Orientation Programme	*10 mins*

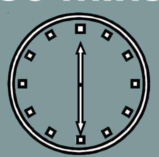
(Total Time: 1 hr 30 mins)

Module X

SESSION 1

Post-test

30 mins



Objectives:

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

- Answer key questions related to Adolescent Health.

Materials:

- Blank Post-tests for each participants

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	Post test	Exercise	30 mins

Introduction

This module in the Orientation Programme on adolescent reproductive health is the concluding module in the programme. It asks the participants to reflect on the ways they aim to improve (i.e) by consolidating areas of strength and addressing areas of weakness), and to draft the outline of an action plan for implementation, which will help to improve their work for and with adolescents when they return to their respective health facilities.

Activity 1

1. Give each participant a Post-test sheet. Ask them to fill the form completely. Give them 30 mins.
2. After all the participants finish the test, read out each question from the questionnaire and tell correct answer.

   In this way, all the participants will know the correct answers, even if they have answered some questions wrong in the Post-test.

TIPS FOR FACILITATOR

Pre/Post Test form and its Answer Sheet is given at the end of Introductory Module 1 .

SESSION 2

What will I do to make my health centre Adolescent Friendly

Module X

50 mins

Objectives:

By the end of this session, participants will:

- Have an action plan for making their health centres Adolescent Friendly.

ACTIVITY	TOPIC	TRAINING METHODOLOGY	TIME
Activity 1	How to make my health centre Adolescent Friendly	Individual workplan	50 mins

Materials:

- Blank flipcharts
- Markers

Activity 1

- Ask the participants to pull out the "Plan of Action (POA)" sheet in Handout X. Explain the five columns on it and show the sample action plan sheet.
- Encourage the participants to use this matrix to prepare a plan of action to provide AFHS at their Health Centres. Ask them to use the action points mentioned by the participants in the previous session.
- To conclude the session, highlight some noteworthy issues made by the participants in their feedback and in the discussion.

TIPS FOR FACILITATOR

- **Column 1**

  Changes you personally plan to make in your everyday work with or for adolescents. Stress that each change could relate to something they learned during any of the modules they have worked through. Explain each remaining column in turn.

- **Column 2**

  Why is this change important: who or what will benefit and in what way? Explain that the first task is to concentrate on the first two columns only.

- **Column 3**

  How will you measure the extent of success of this change?

- **Column 4**

  Are they any personal or professional challenges and/or problems you anticipate in carrying out the changes?

- **Column 5**

  What assistance are you likely to need and who could provide you with this assistance?

PLAN OF ACTION

Column 1	Column 2		Column 3		Column 4	Column 5	
The changes I plan to make in my every day work with/or for adolescents.	Why is this change important.		Measuring the extent of success of this change.		Challenges and/or problems anticipated in working with adolescents.	Assistance	
	Who/what will benefit?	In what way?	How to measure?	When to measure?		Assistance required	Source

PLAN OF ACTION (An Example)

Column 1	Column 2		Column 3		Column 4	Column 5	
The changes I plan to make in my every day work with/or for adolescents.	Why is this change important.		Measuring the extent of success of this change.		Challenges and/or problems anticipated in working with adolescents.	Assistance	
	Who/what will benefit?	In what way?	How to measure?	When to measure?		Assistance required	Source
1. Contact the local schools to provide information on the new adolescents-friendly health services being provided at my clinic.	Students in local schools. Friends of students, and family members of school staff who are not in local schools.	They will find it easier to obtain the services they need. — “ —	A steady increase in the number of students who come to the clinic to obtain services.	Six months after making contact with the schools.	Lack of interest from the school Principal.. Resistance from the teachers.	Support from the block education authority. A meeting to convince them of the value of this work.	The director of the PHC could request this. Parents and teachers.

Module X

10 mins

SESSION 3

Closing of the Orientation Programme

Activity

- Congratulate the participants for having completed the Orientation Programme.
- Ask participants for any final questions for comments, and address them
- Ask for any comments and suggestions about the usefulness of this Programme.
- Thank participants warmly for their active participation in what has been a lively and challenging workshop. Close with a plea for continued reflection and self-appraisal on their work for and with adolescents.

Pre / Post-Test *for Participants*

Orientation Programme for ANMs/LHVs on Adolescent-Friendly Reproductive and Sexual Health Services

Name of state ____________________ Name of District ____________________

Name of Block PHC/CH ____________ Date of Pre/Post-test ________________

Name of Participant (Optional) ____

Dates of Programme _______________ Date of Test _________________________

Note: Answer all questions. Multiple choice questions have only one correct answer. Please '✓' correct answer.

1. Adolescents come under which age group?
   - a) 8 -10 years
   - b) 8 -15 years
   - c) 10 -19 years
   - d) 19 -35 years
2. What are the important changes that take place in the individual as he/she goes through adolescence?
   - a) Physical
   - b) Mental
   - c) Emotional
   - d) All of the above
3. What are health related concerns of adolescents?
   - a) Menstrual problems
   - b) RTIs/STIs - Hygiene
   - c) Teenage pregnancy
   - d) Anaemia
   - e) Unsafe abortions
   - f) Drug/substance abuse/smoking
   - g) All of the above
   - h) None of the above
4. We should invest in adolescents because:
   - a) a healthy adolescent grows into a healthy adult.
   - b) health benefits for the adolescent's present and future.
   - c) economic benefits to avert future health cost.
   - d) as an adolescents' right to good health.
   - e) all of the above
   - f) none of the above

5. How do you think an adolescent feels when he/she walks into your health centre?
    a) shy, embarrassed, worried, confused
    b) happy, confident
    c) angry
    d) all of the above
6. How would you strike a rapport with an adolescent client?
    a) By not asking too many questions and not making eye contact/
    b) By friendly, warm and non-judgmental behaviour with positive non-verbal cues.
    c) Frowning and stern behaviour.
    d) None of the above.
7. Adolescents often do not utilise available health services because:
    a) they fear the health providers will inform their parents.
    b) they are not interested.
    c) they do not recognise illness.
    d) they do not know where to go.
    e) All of the above.
    f) None of the above.
8. What are the barriers to good communication?
    a) Using simple words and language
    b) Client feels comfortable
    c) Lack of privacy
    d) Unable to talk because of fear
    e) Insufficient time to explain
    f) (b) and (d) above
    g) (c, d and e) above
9. What problems are caused by lack of menstrual hygiene?
    a) Anaemia, weakness, diarrhoea
    b) Malaria, worm infestation
    c) Vaginal discharge, burning during urination and genital itching
10. According to you, how will you rate masturbation for adolescent boys and girls.
    a) Normal behaviour
    b) Abnormal behaviour
    c) Shameful behaviour
11. Lack of nutrition in adolescence can cause-
    a) Protein - energy malnutrition
    b) Stunting of growth
    c) Anaemia
    d) All of the above
    e) None of the above

12. Are the nutritional needs of boys more than that of girls?

    a) Boys have more nutritional needs

    b) Boys and girls have some nutritional needs

    c) Girls have more nutritional needs

13. What is the risk of maternal death among women aged 15-19 years as compared to women aged 20-35 years?

    a) Lower

    b) Higher

    c) Equal

14. What can you as an ANM/LHV do to prevent unsafe abortions in pregnant adolescents?

    a) Counsel and refer to appropriate facility for termination of pregnancy

    b) Conduct termination of pregnancy yourself

    c) Scold her for getting pregnant and tell her to continue her pregnancy now and take some contraception after delivery

15. Which contraceptive method is not an appropriate choice for adolescents?

    a) Abstinence

    b) Condoms

    c) Combined oral contraceptive pills

    d) Sterilisation

    e) Fertility-awareness based methods

    f) IUCD

16. What should ANMs/LHVs do to prevent STIs among adolescents? (please (✓) three most important actions)

    a) Counsel all adolescents to abstain from sex until marriage ☐

    b) Counsel for faithfulness and contraception to sexually active adolescents ☐

    c) Make STI services adolescent friendly ☐

    d) Criticise unmarried sexually active and inform the parents of sexually activer unmarried adolescents of their shameful behaviour ☐

17. After unprotected sex, emergency contraceptive pills can be given to:

    a) Married adolescents

    b) Unmarried adolescents

    c) Both

    d) None of the above

18. Which adolescent services can you provide at your health centre (PHC or sub-centre)?
    a) ____________________
    b) ____________________
    c) ____________________
    d) ____________________
19. What are the most important characteristics of adolescent-friendly health facilities?
    a) ____________________
    b) ____________________
    c) ____________________
    d) ____________________
20. Which contraceptive methods are protective against STIs/HIV (dual protection)?
    a) ____________________
    b) ____________________

Note: Each question is of 1 mark. If the answer is correct for the whole question score 1 for it. In the end add up the total marks obtained and calculate the score % of dividing marks obtained with maximum marks 20 and multiply by 100. Example: if a participant scores 15 marks. Her score % is

$$\frac{15}{20} x100 = 75\%$$

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