

# Youth-Friendly Services for Married Youth: A Curriculum for Trainers



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# Introduction

## Working with Married Youth

Demographic research has shown that up to three-fifths of women age 15 to 19 years in South Asia and sub-Saharan Africa are married.<sup>1</sup> Marriage commonly marks the point in a woman's life when childbearing becomes socially acceptable, and in some cultures, women face extreme pressure to demonstrate their fertility soon afterwards.<sup>2</sup> Early marriage is, therefore, a strong determinant of early childbearing with its associated risks. Each society may have a different definition of early marriage and in some cases it can be under 18 years of age, even if laws are in place to set legal limits. This curriculum was written with the assumption that program working with married youth would be working with young people under the age of 24.

It is critical to recognize that gender roles and norms significantly influence the marital status of young people. Traditions and cultural expectations for both girls and boys often push them to be married before they are physically or emotionally prepared. Despite the fact that both boys and girls are subjected to early marriages, it is most often girls who are married at young ages.

In many developing country settings, marriage brings radical change to an adolescent woman's life. Her marriage will often prescribe where she lives, with whom she is permitted to associate, and what happens to her sexually, physically, and emotionally. Pregnancy and motherhood commonly cut short a young woman's education, thereby undermining personal development, economic prospects, employment opportunities, and social networks.

The misconception persists that once women are married, they are protected from STIs and HIV. In some societies, this belief is a reason for encouraging girls to marry at very young ages.<sup>3</sup> However, early marriage often exposes women to unprotected sexual activity with partners who are often older men, and who by virtue of their age, have a greater chance of being infected with STIs and/or HIV.<sup>4</sup> Additionally, when women marry men who are much older than they are, they are at even greater risk because there is a sizable inequality in power. Research in sub-Saharan Africa has found that married adolescent women have higher rates of HIV than their unmarried, sexually-active peers.<sup>5</sup> A review of research on forced sexual relations among young married women in developing countries also found that between 3% and 23% of women age 15 to 24 had engaged in non-consensual sex with a current or former spouse, and that women who marry in adolescence are more likely to experience sexual violence than women who marry later.<sup>6</sup>

Research has also revealed that married adolescent girls have more limited support systems and social networks, less freedom of mobility, and less exposure to information

<sup>1</sup> Measure DHS. Survey Indicators.

<sup>2</sup> Mathur, S., et al. 2003. A. Too young to wed: The lives, rights, and health of young married girls. Washington, DC: International Center for Research on Women.

<sup>3</sup> Chowdhury, F. D. 2004. The socio-cultural context of child marriage in a Bangladeshi village. *International Journal of Social Welfare* 13: 244-253

<sup>4</sup> Bruce, J. & Clark, S. 2004. "The implications of early marriage for HIV/AIDS policy," Brief based on background paper prepared for the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents. New York: Population Council.

<sup>5</sup> Clark, S. 2004. Early marriage and HIV risks in sub-Saharan Africa. Harris School Working Paper Series No. 04.06. Chicago: University of Chicago.

<sup>6</sup> Population Council. 2004. Forced sexual relations among married young women in developing countries. New Delhi, India.

and media than both their unmarried counterparts and older married women. They also have less schooling than unmarried girls, and less decision-making power in their households than older married women.<sup>7,8,9</sup> Since married women are often restricted to their homes, it is difficult to reach them alone, away from the pressure of family members. As a consequence, married adolescent women are at a distinct disadvantage in accessing critical health information and services, even compared to their peers.

Young married men are also affected by a lack of health-care information and services. A comprehensive report on men's reproductive health in 23 countries revealed a high unmet need for family-planning services, HIV testing, and STI treatment.<sup>10</sup> Some men infected with STIs reported that they tried to treat themselves, or sought care from traditional healers, because they were more affordable, more respectful, and less judgmental than healthcare workers. Many married men expressed the desire to plan the timing of births or to not have any more children, but a significant proportion were not protected by a modern method of contraception. Educating men to practice safer sexual behaviors, coupled with an expanded scope of available services, can positively impact men, their partners, and their children.

Despite the urgent need for reproductive health information and services for married adolescents, few programs exist for this population.<sup>11</sup> Most adolescent health interventions target unmarried youth. They often emphasize abstinence and rarely include discussion of antenatal and obstetric care or mother-to-child transmission of HIV. Programs are also commonly conducted in schools or youth centers, places not usually frequented by married couples. In the absence of targeted interventions, married adolescents are frequently excluded by default.

This curriculum seeks to enhance health care providers' understanding of young married men and women reproductive health needs and enables them to provide appropriate information, support, and services. Moreover, the curriculum encourages health care providers to reach out to community members and adults and help them create a supportive environment that meets the reproductive health needs of young married couples.

<sup>7</sup>Haberland, N. et al. 2004. A world apart: The disadvantage and social isolation of married adolescent girls. Brief based on background paper prepared for the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents. New York: Population Council.

<sup>8</sup>Amin, S. et al. 2002. Baseline survey report on rural adolescents in Bangladesh. Dhaka: Ministry of Women's Affairs, Government of Bangladesh.

<sup>9</sup>Santhya, K. et al. 2003. The gendered experience of married adolescent girls in India: Baseline findings from the First Time Parents project. Paper presented at the Second Asia and Pacific Conference on Reproductive and Sexual Health, Bangkok, October 6-10, 2003.

<sup>10</sup>Alan Guttmacher Institute. 2002. In their own right: Addressing the sexual and reproductive health needs of men worldwide. New York, NY.

<sup>11</sup>Bruce, J. 2001. Married adolescent girls: Human rights, health and developmental needs of a neglected majority. Briefing for the UNICEF Working Group on Girls, Steering Committee, New York, 6 September, 2001.

# About the Curriculum

## Who is this manual for?

This manual seeks to enhance health care providers' understanding of young married men and women's reproductive health needs and enable them to provide appropriate information, support, and services. Moreover, the manual encourages health care providers to reach out to community members and adults and help them create a supportive environment that meets the reproductive health needs of young married couples.

## How was this manual developed?

This manual is a compilation of activities adapted from several curricula EngenderHealth has developed over the years in order to meet the needs of youth, including EngenderHealth's Men As Partners (MAP) Manual, and curricula developed for a community-based participatory reproductive health project implemented in Nepal.

## How should this manual be used?

Before beginning the training, it is important that the facilitator and/or trainer read the entire manual to understand how it is organized and what it contains.

## What is included in this manual?

Part one provides a number of sample agendas. This training may be conducted over several consecutive days or spread out over a longer period of time. You will need to decide what is most appropriate for your program and its participants since many providers have limited time and may not be able to participate in full day trainings.

Parts two to seven includes a set of activities in the key areas of: provider values, gender and sexuality, sexual and reproductive health, and communication with married youth. These activities aim to help service providers understand the needs of married youth and to orient them to the basic reproductive health information that is relevant to married youth. Please note that Part seven contains activities most appropriate for health clinic use only. This section was developed to guide providers in the provision of youth-friendly services for married couples. Part eight consists of closing activities.

Past experience has shown that it is best to undertake a complete set of activities or select a group of activities from each section, rather than performing one or two alone. The majority of activities are participatory and are most effective when carried out in groups of 10 to 20 people.

## NOTE:

This manual may also be adapted for use with low-literacy audiences. In those instances, modifying activities to use fewer written materials and include more visual and hands-on work, including role-plays, pictures, and other visual media, is crucial.

## What information is included for each activity?

The manual presents information for each activity in a standardized format. Each activity may include some, but not necessarily all, of the following:

- **Objectives** of the activity
- **Time** required for the activity
- **Materials** and advance preparation needed for the activity
- **Steps** for implementing the activity
- **Facilitator's Notes** on how to implement the activity most effectively
- **Trainer's Resource Sheets** to be referred to during the activity
- **Handouts** that may be given out during the activity
- **Examples** of teaching aids that may be used during the activity

Each of these elements is discussed in more detail below:

### Objectives

This describes what participants should learn from the activity. It is a good idea to begin each activity by describing its learning objectives, so participants understand why they are doing it and what they can hope to get out of it. Unless otherwise specified, repeat the learning objectives at the end of each day in order to gauge the participants' learning progress.

### Time

This is how long the activity should take, based on past experience, though length of time can vary, depending on the number of participants and other factors. The activities in the manual are designed to take between 30 and 90 minutes; in some cases a time range is provided. It is most important to work at the pace of the participants. In general, sessions should not be longer than two hours. It is also important to remember that most agendas for a workshop are full ones. Spending too much time on one activity may mean you do not have time for others. Try to stick to the time suggested.

### Materials

These are the materials you will need and should prepare before the workshop begins. For the most part, they're comprised of basic materials, such as flipchart paper and markers. If the materials cannot be easily accessed, feel free to improvise. For example, you can substitute flipchart and markers for chalkboard and chalk.

### Advance Preparation

These are the preparations that need to be made before the activity is implemented.

### Steps

These are the steps you should take to perform the activity well. The numbered instructions should be followed in order. For the most part, the activities can be easily adapted to groups with different reading and writing levels. but be attentive to whether

the steps are feasible and appropriate. For example, if the procedure calls for participants to read a text, you can read it aloud instead, if necessary.

The steps will often include questions to help guide the discussion on the activity topic. Feel free to add to them or to rephrase them to fit the local context. It is not necessary for the group to discuss all of the suggested questions or that you adhere strictly to the order in which they are listed. Rather, focus on encouraging as many participants as possible to express their opinions. It is important to be patient, since some participants may be shy in the beginning or may not feel comfortable discussing these subjects with each other. Never force anybody to speak.

### **Facilitator's Notes**

These notes will help you to facilitate the activity better. They point out important aspects of the process and provide background information and tips to help you prepare. Make sure you have read these notes before you begin.

### **Handouts**

Some activities have handouts. These are included in the Appendix. The handouts include information for participants to take away with them or for you to review with them. If possible, make enough copies of handouts for all participants. Another option is to write the information on flipchart paper for the participants to refer to during the activity.

### **Trainer's Resource Sheets**

This is additional information for the facilitator to review when preparing an activity. Not all activities will have resource sheets.

### **Training Options**

These are additional ideas of how to conduct the activity differently. Not all activities have trainer's options.

### **Examples**

Some activities include examples of a diagram or chart for use during the activity. Use it as a guide.



# Sample Agenda for a Three-Day Training

## Day One

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Time	Training Content
9:00 - 9:30	Training Overview
9:30 - 10:00	Introductions - Get That Autograph
10:00 - 10:10	Training Rules
10:10 - 10:30	BREAK
10:30 - 11:00	Pre-training Questionnaire
11:00 - 12:00	Working with Married Youth: Case Studies
12:00 - 1:00	Provider Values about Married Adolescent Sexuality
1:00 - 2:00	LUNCH
2:00 - 2:45	Provider Experiences with Marriage and Adolescence
2:45 - 3:15	Gender and Sex
3:15 - 3:30	BREAK
3:30 - 4:30	Gender Roles - Act Like a Man, Act Like a Woman
4:30 - 4:45	Reflection

## Day Two

---

Time	Training Content
9:00 - 9:45	What Does it Mean to be Sexually Healthy
9:45 - 10:45	Reproductive Health Needs of Married Youth
10:45 - 11:00	BREAK
11:00 - 12:00	Married Youth Problem Tree
12:00 - 1:00	Characteristics of a Youth-Friendly Services for Married Youth
1:00 - 2:00	LUNCH
2:00 - 2:45	Maternal Health and Safe Motherhood
2:45 - 4:00	The Importance of Delaying First Birth and Using Family Planning
4:00 - 4:15	BREAK
4:15 - 5:00	Strategies of Working with Married Youth
5:00 - 5:15	Reflection



**Day Three**

---

<b>Time</b>	<b>Training Content</b>
9:00 - 10:00	Effective Communication and Counseling Skills
10:00 - 10:45	Role-Plays with Young Married Clients
10:45 - 11:00	BREAK
11:00 - 12:15	Using the COPE® Self-Assessment Guides
12:15 - 1:15	LUNCH
1:15 - 2:15	Group Discussion of Findings from Self-Assessment
2:15 - 3:15	Action Planning on Youth-Friendly Services for Married Youth
3:15 - 3:30	BREAK
3:30 - 4:00	Post-training Questionnaire
4:00 - 4:30	Reflection



# Sample Agenda for a Four-Day Training

## Day One

---

Time	Training Content
9:00 – 9:30	Training Overview
9:30 – 10:00	Introductions: Get That Autograph
10:00 – 10:10	Training Rules
10:10 – 10:40	Pre-training Questionnaire
10:40 – 10:55	BREAK
10:55 – 11:55	Working with Married Youth: Case Studies
11:55 – 12:40	Provider Values about Married Adolescent Sexuality
12:40 – 1:40	LUNCH
1:40 – 2:40	Provider Experiences of Marriage and Adolescence
2:40 – 3:10	Gender and Sex
3:10 – 3:30	BREAK
3:30 – 4:30	Gender Roles: Act Like a Man, Act Like a Woman
4:30 – 5:30	Understanding Sexuality
5:30 – 5:45	Reflection

## Day Two

---

Time	Training Content
9:00 - 10:00	What Does It Mean to be Sexually Healthy?
10:00 - 11:00	Reproductive Health Needs of Married Youth
11:00 - 11:15	BREAK
11:15 - 12:15	Married Youth Problem Tree
12:15 - 1:15	LUNCH
1:15 - 2:15	Characteristics of a Youth-Friendly Services for Married Youth
2:15 - 3:15	Maternal Health and Safe Motherhood
3:15 - 4:45	The Importance of Delaying First Birth and Using Family Planning
4:45 - 5:00	Reflection

**Day Three: Sexual Reproductive Health & Communication**

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<b>Time</b>	<b>Training Content</b>
9:00 – 9:45	Levels of HIV Risk
9:45 - 10:45	Who is at Risk for an STI?
10:45 – 11:00	BREAK
11:00 – 12:00	Strategies for Working with Married Youth
12:00 – 1:00	Effective Communication and Counseling Skills
1:00 – 2:00	LUNCH
2:00 – 3:00	Role-Plays with Young Married Clients
3:00 – 3:15	BREAK
3:15 – 4:15	Married Youth Panel
4:15 – 4:30	Reflection

## Day Four: Creating Youth-Friendly Services for Married Youth & Closing Activities

---

Time	Training Content
9:00 – 9:45	Provider Case Studies
9:45 – 11:15	Using the COPE® Self-Assessment Guides
11:15 – 12:00	Discussion of Findings from Self-Assessment
12:00 – 1:00	LUNCH
1:00 – 2:30	Action Planning on Youth-Friendly Services for Married Youth
2:30 – 3:00	Post-training Questionnaire
3:00 – 3:15	BREAK
3:15 – 3:30	Training Evaluation
3:30 – 4:00	The Rainstorm/Adjourn

# 1. Introductory Activities

## 1.1 Training Overview

### Objectives

1. To review the goals, objectives, and agenda for the training
2. To brainstorm participants' expectations for the training
3. To provide logistical information for the training

### Time

30 minutes

### Materials and Advance Preparation

- Flipchart paper
- Markers
- Overhead projector if using transparencies
- Sufficient copies of Handout 1: Youth- Friendly Services for Married Youth for all participants
- Write the agenda and a list of goals and objectives on a flipchart or a transparency.

### Steps

1. Welcome the participants to the training. Ask the facilitators to introduce themselves and briefly describe their interest in working with married youth.
2. Pass out handout 1 to the participants. Review the goal and objectives of the training.
3. Explain that the purpose of the workshop is to:
  - Create awareness about different RH issues affecting married youth
  - Create awareness about the issues affecting the delivery of reproductive health services to married youth.
  - Increase participants' skills in providing RH services to married youth.
  - Assess the reproductive health services needed for married youth in the participants' communities.
  - Identify effective strategies to reach married youth
4. Ask participants what they hope to learn during the training and list their expectations on the flipchart. Pass out copies of the training agenda. Review the topics for each day and ask participants if they have any questions or concerns regarding the agenda. Tell them that changes may be made to the schedule and that if an issue in which they are interested is not on the agenda, you can refer them to other resources.

5. Discuss training details, such as the following:

- Start and end times for each day;
- Meal breaks and other breaks;
- Location of bathrooms and smoking areas;
- Per diems and other financial matters, and;
- Whom to see about any administrative problems or needs.



# Handout 1:

## Youth-Friendly Services for Married Youth

### Training Goal

To increase knowledge and skills in the delivery of reproductive health services to married youth

### Training Objectives

By the end of the YFS training, participants will be able to:

- Identify personal values and attitudes regarding adolescent sexuality and reproductive health and to understand how these values can impact service delivery to married youth
- Describe basic principles of adolescent physical, cognitive, and social development
- Understand the different RH issues affecting married youth
- Assess the reproductive health service needs for married youth in their communities
- Demonstrate the skills to counsel and communicate effectively with married youth
- Understand how to provide youth-friendly services to young, married people
- Identify effective strategies for reaching young, married people



## 1.2 Introductions - Get That Autograph

### Objective

1. To give participants a chance to introduce themselves and get to know others in the training

### Time

30 minutes

### Materials and Advance Preparation

- Pens or pencils
- Sufficient copies of Handout 2: Get That Autograph for all participants
- Review Handout 2: Get That Autograph. You may want to change the statements to reflect the participants' needs and interests.

### Steps

1. Tell the participants that this is a participatory training and so they will be asked to get involved throughout the training and work cooperatively with others in the group. Explain that this activity will focus on meeting the other training participants.
2. Pass out Handout 2: Get That Autograph to the participants.
3. Tell them that they will walk around the room, introduce themselves to the other participants, and sign their names under one category that applies to them on the other participants' handouts. Explain that each person may sign his or her name under one category on each handout. Each person can also sign either the same category or a different category on other participants' handouts. The goal is for each participant to have a different signature under every category on his or her handout. Tell them they have 15 minutes to complete the activity.
4. After 15 minutes, bring the group back together. Have one participant state his name, where he works, and one thing he does for fun outside of work. Then after the brief introduction, that person will read one of the signed statements on his handout and the name of the person who signed it. Ask the person whose name was called to introduce themselves in the same manner. Continue until all participants have been introduced.

## Handout 2: Get That Autograph

### Directions:

- Find a person who matches the sentence below.
- Have that person sign his or her name on the line below the sentence.
- Continue until there's a signature under all of the categories.

Note: Each person can sign only one category on this page.

### Find a person who...

1. Talks to married youth on a daily basis:

---

2. Has only male children:

---

3. Has only female children:

---

4. Has an adolescent son or daughter who is married:

---

5. Got married before 20:

---

6. Speaks more than one language:

---

7. Feels comfortable discussing reproductive health issues with married youth:

---

8. Has worked in reproductive health for more than five years:

---

9. Has attended a workshop or conference on married youth:

---

10. Is excited about this workshop:

---

## 1.3 Training Rules

### Objective

1. To establish ground rules for the training

### Time

10 minutes

### Materials and Advance Preparation

- Flipchart
- Markers
- Write some sample training rules on flipchart.

Some common rules include:

- ♦ Arrive on time.
- ♦ Don't interrupt when others are speaking.
- ♦ Respect others' views.
- ♦ Use "I" statements (speak from your own perspective).
- ♦ Turn off beepers and cellular phones.

### Steps

1. Tell them that during the training they will be asked to reflect and assess their attitudes on a variety of issues and will participate in interactive activities. State that in order for people to fully participate, they need to feel safe and comfortable. Explain that you want them to brainstorm group norms that will establish a comfortable learning environment.
2. Show them the sample of group rules on the flipchart. Ask participants if they would like to add any other rules and record them on the flipchart. Ask the participants to look over the list and think about these expectations.
3. Encourage a discussion by asking the following questions:
  - ▶ Would you like to change or discuss any of the rules?
  - ▶ Are you comfortable with these rules? If not, how can we change them to make them acceptable?
  - ▶ Can you agree to follow these rules throughout the training?



## 1.4 Pre-training Questionnaire

### Objective

1. To establish the participants' range of knowledge and attitudes at the beginning of the training (which will be compared to their knowledge and attitudes at the end of the training, as demonstrated in the Post-training Questionnaire)

### Time

30 minutes

### Materials

- Flipchart paper
- Markers
- Pens or pencils
- Sufficient copies of Handout 3: Pre-training Questionnaire for all participants
- Trainer's Resource Sheet 1: Group Performance Matrix

### Steps

1. Tell the participants that measuring changes in their knowledge and attitudes is important information to help improve the training. Explain that they will be asked to complete a survey at the beginning and at the end of the training. Remind the participants that the survey is not a test and that all answers and information will be anonymous and confidential.
2. Give the Pre-training Questionnaire handout and the pens or pencils to the participants. Tell them to fill it out to the best of their ability and that they will have 30 minutes to complete the survey.
3. Collect the surveys and tell the participants that the material on the survey will be covered in this training. Tell them that the survey will be given at the end of the training to compare whether the group's knowledge and/or opinions have changed during the training.
4. During a break or at the end of the day, grade the surveys and record them on one copy of Trainer's Resource Sheet 1: Group Performance Matrix

### Training Options

- If most of the participants are low-literate/illiterate, read aloud the questions and ask the participants to answer by raising their hands. Record the responses of the group as a whole on the Group Performance Matrix. At the end of the training, the matrix will be compared to the Post-training Questionnaire results.
- If some of the participants are low-literate/illiterate, give each person a partner (one literate paired with one low-literate) so that everyone is able to complete the test.

## Handout 3:

# Pre-training Questionnaire

Decide whether you agree (A) or disagree (D) with each of the following statements. Write your response (A or D) to each statement in the space provided.

- 1 \_\_\_\_ All adolescents should be able to receive reproductive health services, regardless of their marital status.
- 2 \_\_\_\_ In order for an adolescent reproductive health program to be successful, staff must have the same values about sex and sexuality as the adolescents they serve.
- 3 \_\_\_\_ All married adolescents want to have children and must begin their families immediately after getting married.
- 4 \_\_\_\_ Young married adolescents' voices and needs must be considered when programs for youth are designed.
- 5 \_\_\_\_ Service providers should give contraceptives to a married girl if she requests them, even without her partner or family's consent.
- 6 \_\_\_\_ Adults should make RH decisions for married adolescents because married youth do not have a lot of experience.
- 7 \_\_\_\_ Married youth have many questions about sex that require honest and factual responses.
- 8 \_\_\_\_ Masturbation is an unhealthy expression of a young person's sexuality, especially during marriage.
- 9 \_\_\_\_ Service providers should not bother discussing sexually transmitted infections (STIs) and HIV testing with married youth since they are not at high-risk.
- 10 \_\_\_\_ Married youth are always monogamous with their partners.
- 11 \_\_\_\_ Depo-Provera may be a better method than the pill for young married women because they may forget to take the pills.
- 12 \_\_\_\_ Before having children, young married couples should never use hormonal methods of contraception (Depo-Provera, pills).
- 13 \_\_\_\_ After marriage, young couples often believe that there is no value in using condoms since condom use may indicate a lack of trust in the partner.
- 14 \_\_\_\_ Young, married girls who complain of pain during labor and delivery are usually overreacting.



**Pre-training Questionnaire (continued)**

- 15 \_\_\_\_ Premature ejaculation is a common concern among young married couples.
- 16 \_\_\_\_ Although pre-ejaculatory fluid does not contain sperm, the fluid may transmit HIV and other STIs to a man's sexual partner.
- 17 \_\_\_\_ The human sexual-response cycle begins to function only when an individual enters marriage, not beforehand.
- 18 \_\_\_\_ Young couples that want to practice proper birth spacing have only one option to delay pregnancy - condoms.
- 19 \_\_\_\_ Childhood mortality is higher among children born to young mothers.
- 20 \_\_\_\_ STIs that are caused by viruses, including herpes and genital warts, can be cured with medications.
- 21 \_\_\_\_ Up to 60% of new HIV infections in developing countries occur among those 15 to 24 year olds.
- 22 \_\_\_\_ Regardless of marital status, the highest reported cases of STIs are among adolescents (ages 15 to 24).
- 23 \_\_\_\_ Research shows that married youth often have less knowledge of reproductive health issues than unmarried youth.
- 24 \_\_\_\_ Delaying pregnancies among married youth may have a long-term demographic impact.
- 25 \_\_\_\_ Women who become pregnant during at a young age are two to five times more likely to die in childbirth than their older age counterparts.

# Trainer's Resource Sheet 1:

## Group Performance Matrix

Course Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Question #	Participants													
	Correct Responses	1	2	3	4	5	6	7	8	9	10	11	12	Total
1	A													
2	D													
3	D													
4	A													
5	A													
6	D													
7	A													
8	D													
9	D													
10	D													
11	D													
12	D													
13	A													
14	D													
<b>Attitudinal Subtotal (Question #s 1 to15)</b>														
15	D													
16	A													
17	D													
18	A													
19	A													
20	D													
21	A													
22	A													
23	A													
24	D													
25	A													
<b>Knowledge Subtotal (Question #s 16 to25)</b>														
<b>Total # of Correct Answers</b>														

## 1.5 Working with Married Youth: Case Studies

### Objectives

1. To understand the importance of working with young married couples
2. To understand the needs of young married couples
3. To understand the issues, pressures, and influences in the lives of young married couples

### Time

60 minutes

### Materials and Advance Preparation

- Flipchart paper and markers
- Sufficient copies of Handout 4: Case Studies for all participants
- Prepare a flipchart with the following questions:
  - ▶ Could the story in this case apply to young married couples in your community? Why or why not?
  - ▶ Is the story in the case study similar to your personal experiences? In what way?
  - ▶ What would be some of the concerns of the young woman in the story? The young man?
  - ▶ What pressures, if any, might the young woman be experiencing in the story? The young man?
  - ▶ What support would be useful to the young woman? The young man?
  - ▶ What might be some of the health needs of the young woman? The young man?
  - ▶ Is this scenario common in your community?

### Facilitator's Notes

Please review the case studies carefully. You may need to change them so that the names and situations better fit the reality of young married men and women in the country in which you are working. If some participants in the group are illiterate you can read the questions aloud before breaking into small groups as well as posting them at the front of the room on a flipchart.

### Steps

1. Explain that this exercise will help participants understand some of the needs, pressures and influences in the lives of young married people.
2. Divide the participants into four groups and give each group one of the case studies. If there are a large number of participants, create more than four and give the same case study to more than one group.

3. Ask the groups to review their case studies and discuss the questions listed on the flipchart. Give them 25 minutes to do. Each group should then choose one member to read the case study aloud to the room and summarize, in five minutes, the group's discussion.
4. After everyone has reported back, ask all the groups to consider the following questions:
  - What were some of the common concerns faced by young women in all the case studies?
  - What were some of the common concerns faced by young men in all the case studies?
  - What kind of support did the young women and men need?
  - What were some of the health needs of the young women and men?
  - How may these situations affect the relationships that the young people have with people in the community?
5. Conclude the activity by explaining that when a young woman or man gets married, his or her life can change both positively and negatively. Depending on the person's support structure, culture, economic situation, and personal relationships, a new marriage can create challenges for which he or she may not be prepared. Some of these challenges will be explored in this workshop because they may seriously impact an individual's ability to make decisions about health, including reproductive health.

Many people assume that once young men and women are married, they are fully equipped to make the best decisions for themselves. This is not always the case. The primary purpose of this program is to ensure that young people, especially young women, get the support, information, and services necessary to address the challenges they may face when married.

# Handout 4: Case Studies

## Case Study One

Reema is a 16-year-old girl who is married, but she is still living with her parents. She is planning to move to her husband's home when she is 18. Her husband, Ashok, who is 21, is from a district close to hers, but is currently working in the Gulf to earn some extra money for his family. When Reema turns 18, Ashok will move back to his parents' house, and he and Reema will live there with Ashok's older brother and his family. Reema has been receiving good grades in school and would like to continue her studies after she gets married. In fact, she wanted to delay her marriage, but couldn't because of family pressure. She is hoping that her husband will support her in her desire to continue her studies, but she is scared, because in many families, once a young girl gets married, she is expected to stop her studies and start a family immediately.

## Case Study Two

Bacia is 18 and a class-12 graduate. She recently got married and is currently living with her husband, Dembe, and his parents, grandparents, and younger brother. Dembe, who is four years older than Bacia, helps oversee his father's plastics factory in the town in which they live. Bacia and Dembe met in school and have a love marriage. Bacia currently works part-time in the town where they live, but she must also take care of her husband's family. In general, Bacia gets along well with her in-laws, but she has recently been facing a lot of pressure from them to leave her job and have a child. Dembe also wants to have a child, but understands Bacia's wish to delay it. Dembe is also facing a lot of peer pressure because many of his friends already have young children.

## Case Study Three

Joseph is 22 and lives with his wife, Tusnelde (who is 18), and his parents. Both Joseph and Tusnelde are very happy because she is expecting their first child. They both want to deliver at a hospital, but are facing some resistance from Joseph's parents because Joseph and all his siblings were delivered at home. Joseph's mother feels that it is not necessary to deliver in the hospital. Tusnelde often argues with her mother-in-law about how to behave during pregnancy and where to deliver. Her mother-in-law, for example, does not think it is important for Tusnelde to seek antenatal care four times before giving birth. She never needed that kind of care and got all the information and assistance she needed from the traditional birth attendants. She wants the same for her first grandchild.

## Case Study Four

Marcos, 25, and his wife, Julia, 18, recently had their first child. They were married one year ago, and were hoping to wait to have children, but they did not have enough information about family planning or where to get help. They also faced pressure from both their parents to have a child. Julia delivered her baby at home, with the help of a skilled birth attendant. They were interested in delivering at the hospital, but were told by their families that it was unnecessary. Julia now wants to start family planning because she wishes to wait at least three years before having another child. Marcos is not sure if he wants the same thing because he worries that the family-planning methods could be harmful to her, and feels they should have another child in a year.



## 2. Provider Values

### 2.1 Provider Values About Married Adolescent Sexuality

#### Objective

1. To understand providers' personal attitudes about married youth and the impact of those attitudes on information and services available to young, married couples

#### Time

60 minutes

#### Materials and Advance Preparation

- Flipchart
- Markers
- Write the following terms on flipchart paper, one term per flipchart paper: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree."
- Display the signs around the room, leaving enough space between them to allow participants to stand near each one.
- Write the following six statements on flipchart:
  1. Married young people should have children immediately after marriage.
  2. It is not necessary for married youth to use condoms because they are in a monogamous relationship.
  3. There are family planning methods that married young people should not use.
  4. Husbands and in-laws should make the decision about where the wives should deliver the baby.
  5. If a married young woman does not have a child in two years after marriage, her partner has a right to divorce her.
  6. Married young people should not use family planning until they have completed their family size.

#### Training Option

To encourage discussion, if the participants are in complete agreement for any of the statements, ask a volunteer to challenge the rest of the group by expressing an opinion that is different from the rest of the group.

### Steps

1. Explain to the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about the reproductive health issues facing young married couples. It is designed to challenge some of their current thinking about the issues facing young married couples and helps them clarify how they feel about certain issues. Remind the participants that everyone has a right to his or her own opinion, and everyone's opinions should be respected. The group must respect one another's responses even if there is disagreement.
2. Read aloud the first statement you have chosen. Ask participants to stand near the sign that best reflects what they think about the statement. After the participants have moved to their sign, ask for one or two people beside each sign to explain why they are standing there. Ask them to say why they feel this way about the statement.
3. Repeat Step 2. Continue with each of the statements you have chosen. After all the statements have been read, have the participants return to their seats.
4. Encourage a discussion by asking the following questions:
  - ▶ Which statements, did you find challenging? Why?
  - ▶ How did it feel to express an opinion that was different from that of some of the other participants?
  - ▶ How do you think attitudes might affect provider interactions with young married clients or the ability to provide reproductive health services to married youth?
5. Remind participants that the answers are confidential. While participants may not all share the same values, it is important they respect differing views and refrain from judging one another. Stress that the point of this activity is to increase providers' awareness of their own attitudes while offering services to others. Encourage everyone to continue to challenge their personal values and beliefs about the reproductive health issues facing young married couples, both during the workshop and beyond.



## 2.2 Provider Experiences with Marriage and Adolescence

### Objective

1. To develop a better understanding of the needs of married young people by exploring providers' own personal experiences.

### Time

45 minutes

### Materials and Advance Preparation

- Blank sheets of paper
- Flipchart
- Markers
- List the following questions on a flipchart:
  - ▶ What were the most important things in your life?
  - ▶ What did you like to do in your free time?
  - ▶ What adults played a significant role in your life?
  - ▶ What was your relationship like with your partner?
  - ▶ What was your relationship like with your in-laws? Your family?
  - ▶ What was difficult about being a young married person?
  - ▶ Where did you get health information?

### Steps

1. Tell participants that during this activity, they will explore their own experiences of being young and married. This will allow them to reflect on what other young people need and the issues they face. Ask if they remember what it was like when they were first married. Instruct the unmarried participants to think about a married member of their family and to imagine the first years of that family member's marriage.
2. Ask all the participants who have children to raise their hands. Divide those participants with children into two groups.
 

Tell the first group to think about the time during the first pregnancy.

Tell the second group to think about the time after the delivery of the child.

Ask the remaining participants to think about the time when they first got married.
3. Give each participant a blank sheet of paper. Read aloud each of the seven prepared questions on the flipchart and ask the participants to write down their answers, keeping in mind what group they have been assigned to. Allow 10 minutes for them to respond to all the questions.

4. Tell them that you want them to share their answers with one person in the same group. Divide the group into pairs, giving each person 5 minutes to share their answers. Remind them that they should only share their experiences if they feel comfortable doing so.
5. After 10 minutes, bring the class back together and invite participants to share one thing they learned. Take a few responses from each of the 3 groups.
6. Encourage a discussion with the following questions:
  - ▶ What did you learn from this activity?
  - ▶ Was it easy or difficult to remember what it was like when you were married? Why?
  - ▶ Are the issues similar or different for young married couples at different stages in their lives?
  - ▶ How can this activity improve the way you work with married youth?
7. Conclude by explaining that it is important to remember some of our own positive and negative experiences as married young people. This helps us understand that married youth today may have similar needs, concerns, and experiences. It also helps us relate to married adolescents when they seek reproductive health services and gives us a better understanding of their needs.

# 3. Gender and Sexuality

## 3.1 Gender and Sex

### Objectives

1. To understand the difference between gender and sex
2. To understand the gender issues that can affect young married couples

### Time

30 minutes

### Materials and Advance Preparation

- Flipchart paper with the definitions of “Sex” and “Gender,” as indicated below
- Blank flipchart paper
- Markers
- Sufficient copies of Handout 5: The Gender Game for all participants
- Trainer’s Resource Sheet 2: Answers to The Gender Game
- Pens or Pencils

### Steps

1. Ask participants if they have heard the terms “sex” and “gender.” Ask them what they think of when they hear the term “sex.” Note their responses on flipchart paper. Then ask them what they think of when they hear the term “gender.” Note their responses on flipchart paper.

2. Display the flipchart you prepared with the following definitions of “sex” and “gender”:

Sex refers to physical features that identify a person as male or female. This includes the type of genital organs, most common type of hormones circulating in the body, ability to produce sperm or ova (eggs), and ability to give birth and breastfeed children.

Gender refers to widely shared ideas and societal rules concerning women and men. These include ideas about typically feminine or female and masculine or male characteristics and commonly shared expectations about how women and men should behave in certain situations. For example, men are supposed to be strong and women are supposed to take care of the children.

Hang these definitions in the room so they can be used for future reference.

3. Illustrate the meaning of these terms by playing the Gender Game. Pass out Handout 5 and ask participants to complete the game. Give everyone 10 minutes to do so.

4. Discuss the answers as a group, clarifying why the statement either refers to gender or sex.
5. Ask participants to refer back to their problem trees and to circle the causes and consequences related to "gender."
6. Ask the following questions:
  - ▶ Were you surprised by how many causes and consequences were gender-related?
  - ▶ What were some of the common gender-related causes and consequences? How might these affect young people's health?

## Handout 5:

# The Gender Game

Read the following statements and indicate if they refer to “sex” or “gender.”

Sex	Gender	
		1. Women give birth to children; men don't.
		2. Girls are gentle; boys are tough.
		3. Most truck drivers are men.
		4. Many women do not make decisions independently and freely, especially regarding sex and relationships.
		5. Men's voices change with puberty, women's voices do not.
		6. Women's risk for HIV infection is often determined by their partner's sexual behavior.
		7. Women are biologically more at risk for HIV than men.
		8. Women can breastfeed babies, men can bottle feed babies.
		9. In ancient Egypt, women managed household affairs and inherited property; men did not. Men stayed at home and did the weaving.
		10. Women in sub-Saharan Africa contribute an average of 70% of the labor for food production, yet rural women are poorer than men and have lower levels of literacy, education, health, and nutrition.
		11. In 2006, a baseline study conducted in Nepal found that the majority of married adolescent couples believe that women's main work is to stay at home and look after the home and children.
		12. Of the estimated six to seven million people around the world who inject drugs, four-fifths are men.

## Trainer's Resource Sheet 2:

### Answers to The Gender Game

Read the following statements and indicate if they refer to "sex" or "gender."

Sex	Gender	
X		1. Women give birth to children; men don't.
	X	2. Girls are gentle; boys are tough.
	X	3. Most truck drivers are men.
	X	4. Many women do not make decisions independently and freely, especially regarding sex and relationships.
X		5. Men's voices change with puberty, women's voices do not.
	X	6. Women's risk for HIV infection is often determined by their partner's sexual behavior.
X		7. Women are biologically more at risk for HIV than men.
X		8. Women can breastfeed babies, men can bottle feed babies.
	X	9. In ancient Egypt, women managed household affairs and inherited property; men did not. Men stayed at home and did the weaving.
	X	10. Women in sub-Saharan Africa contribute an average of 70% of the labor for food production, yet rural women are poorer than men and have lower levels of literacy, education, health, and nutrition.
	X	11. In 2006, a baseline study conducted in Nepal found that the majority of married adolescent couples believe that women's main work is to stay at home and look after the home and children.
	X	12. Of the estimated six to seven million people around the world who inject drugs, four-fifths are men.

*Adapted from "Gender or Sex: Who Cares?" by Ipass*

## 3.2 Gender Roles: Act Like a Man, Act Like a Woman

### Objectives

1. To recognize that it can be difficult for young married men and women to fulfill the gender roles that society establishes
2. To examine how messages about gender can affect human behavior

### Time

60 minutes

### Materials

- Flipchart paper
- Markers
- Tape

### Steps

1. Ask the participants if they have ever been told to “Act Like a Man” or “Act Like a Woman” based on their sex. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?
2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.

In large letters, print on a piece of flipchart paper the phrase “Act Like a Man.” Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of “act like a man” inside this box. Some responses might include the following:

- Be tough.
  - Do not cry.
  - Yell at people.
  - Show no emotions.
  - Take care of other people.
  - Do not back down.
  - Make decisions.
3. Ask the participants to think about what happens to a young man when he acts in a manner that is outside of the “Act Like a Man” box. Ask participants to share some of the names that this person is called. Write these names outside of the box.

4. Once you have a list, encourage discussion by asking the following questions:
  - ▶ Can it be limiting for a young married man to be expected to behave in this manner? Why?
  - ▶ Which emotions are young married men not allowed to express?
  - ▶ How can “acting like a man” affect a young man’s relationship with his wife? And his children?
  - ▶ How can social norms and expectations to “Act Like a Man” have a negative impact on a young married man’s sexual and reproductive health?
  - ▶ How might expectations to “Act Like a Man” impact a young married man’s willingness to access services at a clinic?
  - ▶ Can young married men actually live outside the box? Is it possible for men to challenge and change existing gender roles?
5. Now in large letters, print on a piece of flipchart paper the phrase “Act Like a Woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the piece of paper, and write the meanings of “Act Like a Woman.” inside this box.

Some responses may include the following:

- Be passive.
  - Be the caretaker.
  - Act sexy, but not too sexy.
  - Be smart, but not too smart.
  - Be quiet.
  - Listen to others.
  - Be the homemaker.
6. Ask the participants to think about what happens to a young woman when she acts in a manner that is outside of the “Act Like a Woman” box. Ask participants to share some of the names that this person is called. Write these names outside of the box.
  7. Once you have a list, encourage discussion by asking the following questions:
    - ▶ Can it be limiting for a young married woman to be expected to behave in this manner? Why?
    - ▶ What emotions are young married women not allowed to express?
    - ▶ How can “Acting Like a Woman” affect a young married woman’s relationship with her husband? And children?



- ▶ How can social norms and expectations to “Act Like a Woman” have a negative impact on a young married woman's sexual and reproductive health?
  - ▶ How might expectations to “Act Like a Woman” impact a young married woman's willingness to access services at a clinic?
  - ▶ Can young married women actually live outside the box? Is it possible for women to challenge and change existing gender roles?
8. Ask participants to think about the barriers that gender roles create when married men and women need to access information and services. Encourage discussion by asking the following questions:
- ▶ In what ways can you make clinics more accessible to young married men and more male-friendly?
  - ▶ In what ways can you make clinics more accessible to young married women? How is it different from making services accessible to men?



### 3.3 Understanding Sexuality

#### Objective

1. To gain an understanding of the broad concept of sexuality and the many areas of our lives that involve our sexuality

#### Time

45 Minutes

#### Materials

- Flipchart paper
- Markers
- Sufficient copies of Handout 6: The Five Circles of Sexuality for all participants
- Trainer's Resource Sheet 3: The Five Circles of Sexuality

#### Steps

1. Write "Sexuality" and "Sex" in separate columns on a piece of flip chart paper.
2. Ask the participants what the term sex means to them. Invite a few participants to share their thoughts; write the responses in the "Sex" column on the flip chart.
3. Ask the participants what the term sexuality means to them. Invite a few participants to share their thoughts; write the responses in the "Sexuality" column on the flipchart.
4. Read aloud the following definitions and ask for any comments on the definition:
  - Sex refers to one's biological characteristics--anatomical (breasts, vagina, penis, testes), as a male or female. Sex is also a synonym for sexual intercourse, which includes penile-vaginal sex, oral sex, and anal sex.
  - Sexuality is an expression of who we are as human beings. Sexuality includes all the feelings, thoughts, and behaviors of being male or female, being attractive and being in love, as well as being in relationships that include intimacy and physical sexual activity.
  - Sexuality begins before birth and lasts throughout the course of the life span. A person's sexuality is shaped by his or her values, attitudes, behaviors, physical appearance, beliefs, emotions, personality, likes and dislikes, spiritual selves, and all the ways in which he or she has been socialized. Consequently, the ways in which individuals express their sexuality are influenced by ethical, spiritual, cultural, and moral factors.
5. Stress that while many people often associate the term sexuality with the terms sex or sexual intercourse, it encompasses much more than that. To understand sexuality, discuss the 5 different aspects of sexuality with the group using the circle model.

Draw 5 circles that all touch each other to show these five aspects. Each circle represents an element of sexuality. When all of the circles are placed together, it creates a complete definition of sexuality. After describing each element, ask the group to provide examples:

**Sensuality** - Sensuality is how our bodies experience pleasure. It is the part of our body that deals with the five senses: touch, sight, sound, smell, and taste. Any of these senses when enjoyed can be sensual. The sexual response cycle is part of our sensuality.

**Intimacy/Relationships** - Intimacy is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from those relationships around us, particularly those within our families.

**Sexual Identity** - Every individual has a personal sexual identity. There are four components that make up an individual's sexual identity. The first component is our biological sex, which is either male or female. The second is our gender identity, which is how we feel about being male or female. The third is gender roles, which are society's expectations of us based on our sex. The final part of our sexual identity is the sex we are attracted to romantically. This is called our sexual orientation. Our orientation can be heterosexual (attracted to the opposite sex), bisexual, (attracted to both sexes) or homosexual (attracted to the same sex). These four components combined comprise our sexual identity.

**Sexual Health** - Sexual Health involves our behavior related to having children and maintaining our sexual and reproductive organs. Issues like pregnancy and sexually transmitted disease are part of our sexual health.

**Sexuality to Control Others** - This element is not healthy. Unfortunately, many people use sexuality to violate someone else or get something from them. Rape (forced non-consensual sex) is an example of sex being used to control somebody else. Sexual abuse and prostitution are others. Often advertising uses messages of sex in order to get people to buy products.

6. Have the participants share with the person next to them something they have learned about sexuality. Tell them to explain their understanding of the five elements of sexuality.
7. After five minutes, bring the group back together and encourage a discussion with the following questions:
  - ▶ Is it easy to talk about sexuality? Why or why not?
  - ▶ Are the challenges of talking about sexuality different for men and women? Why?
  - ▶ What makes it hard for men to talk about this? What makes it hard for women?
  - ▶ What would make it easier for men and women to talk about sexuality?
  - ▶ Where is "sexual intercourse" included within the definition of sexuality? Does the term play a large or small role in the definition of sexuality?
  - ▶ How does culture influence the various circles of sexuality?
  - ▶ What are some similarities in how men and women experience sexuality?
  - ▶ What are some differences? Why do you think these differences exist?
  - ▶ What have you learned from this exercise? How can you apply this to your work with young married couples?

## Handout 6:

# The Five Circles of Sexuality

**Sensuality** - Sensuality is how our bodies experience pleasure. It is the part of our body that deals with the five senses: touch, sight, sound, smell, and taste. Any of these senses when enjoyed can be sensual. The sexual response cycle is part of our sensuality.

**Intimacy/Relationships** - Intimacy is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from those relationships around us, particularly those within our families.

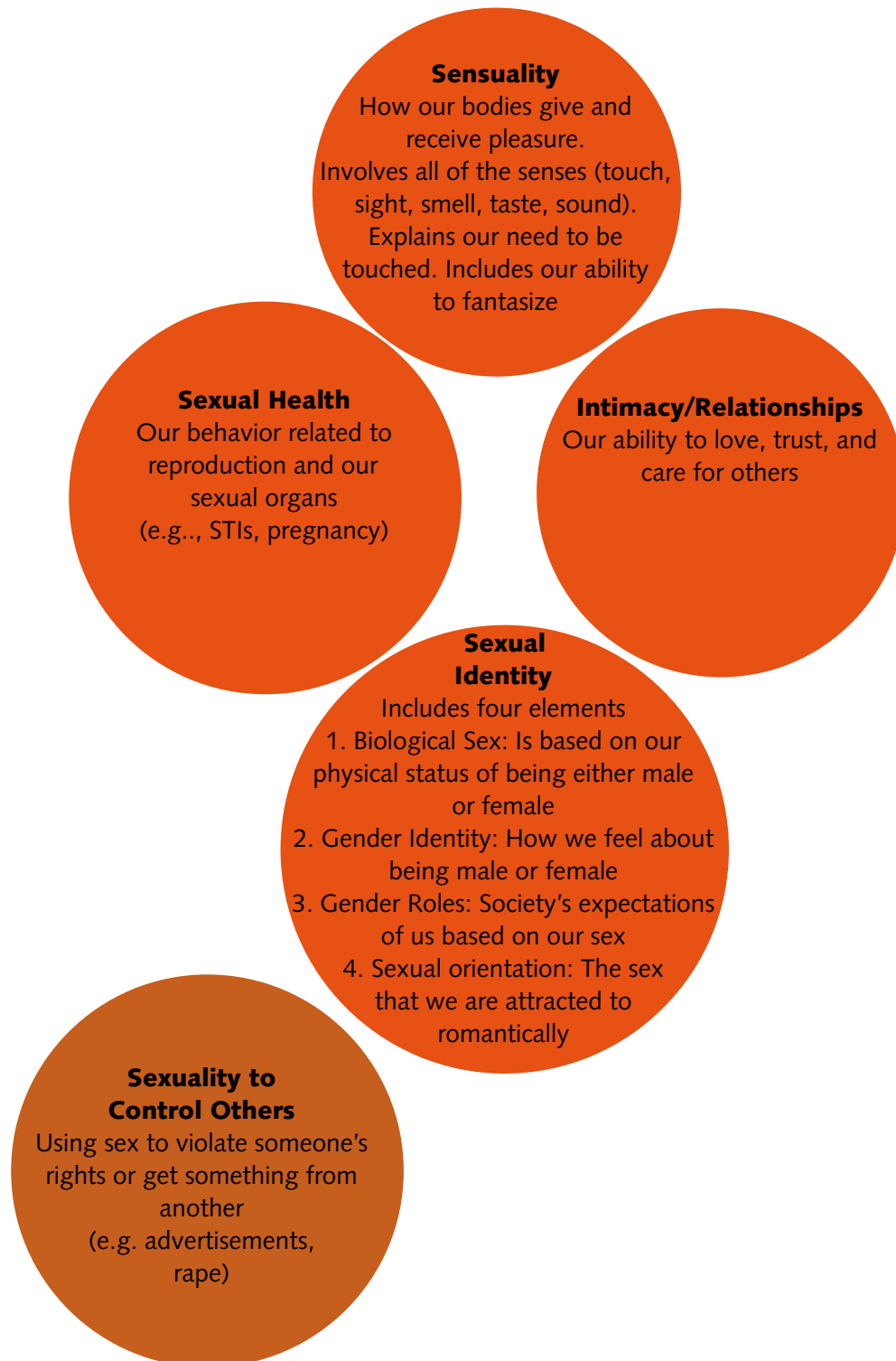
**Sexual Identity** - Every individual has a personal sexual identity. There are four components that make up an individual's sexual identity. The first component is our biological sex, which is either male or female. The second is our gender identity, which is how we feel about being male or female. The third is gender roles, which are society's expectations of us based on our sex. The final part of our sexual identity is the sex we are attracted to romantically. This is called our sexual orientation. Our orientation can be heterosexual (attracted to the opposite sex), bisexual, (attracted to both sexes) or homosexual (attracted to the same sex). These four components combined comprise our sexual identity.

**Sexual Health** - Sexual Health involves our behavior related to having children and maintaining our sexual and reproductive organs. Issues like pregnancy and sexually transmitted disease are part of our sexual health.

**Sexuality to Control Others** - This element is not healthy. Unfortunately, many people use sexuality to violate someone else or get something from them. Rape (forced non-consensual sex) is an example of sex being used to control somebody else. Sexual abuse and prostitution are others. Often advertising messages use sex in order to get people to buy products.

# Trainer's Resource Sheet 3:

## The Five Circles of Sexuality



# 4. Defining Married Youth

## 4.1 What Does It Mean to Be Sexually Healthy?

### Objective

1. To identify the characteristics of a sexually healthy married youth

### Time

60 minutes

### Materials

- Flipchart paper
- Markers
- Sufficient copies of Handout 7: Case Studies: Sexually Healthy Youth for all participants
- Sufficient copies of Handout 8: Sexually Healthy Individuals - Common Characteristics for all participants

### Steps

1. Ask participants to define what it means for married youth to be sexually healthy. Encourage them to think about general characteristics, such as knowing your HIV status. List their responses on the flipchart. Explain that sexually healthy young people are able to make good decisions about family planning and ways to protect themselves from STIs. Sexually healthy married youth maintain both physical and mental/emotional health.
2. Tell them that they will be divided into small groups and given a case study. Each case study describes a young person who is either engaged or married. The goal of this exercise is to identify whether the subject(s) is (are) sexually healthy.
3. Divide the participants into five small groups give each group one case study. Give them 3-5 minutes to read the case study and then 10 minutes to discuss the case. Ask them to identify the sexually healthy or unhealthy behaviors and characteristics in the case.
4. Bring everyone back together. Ask for a volunteer from each group to read aloud the case study and share the group's analysis. If more than one group reports on a specific case study, ask the volunteers to report only on those ideas not yet shared. If they come up with additional characteristics of sexually healthy married youth, list those on the flipchart.

## Facilitator's Notes:

Make sure the “Healthy” list includes the following items:

- Appreciate their own body
- Practice health-promoting behaviors, such as having regular checkups, doing breast and/or testicular self-exams, and seeking early identification of potential problems
- Avoid exploitative or manipulative relationships
- Identify and live according to their own values
- Take responsibility for their own behavior
- Communicate effectively with family, peers, and partners
- Negotiate sexual limits
- Accept refusals for sex
- Discuss family planning methods and decisions with spouse
- Practice safer sex to prevent sexually transmitted infections (STIs)
- Seek new information and resources to enhance their sexuality as needed

5. Give Handout 8 to the group. Review the list, and encourage the participants to share any thoughts or questions.
6. Ask participants why it is important to understand these characteristics. Explain that service providers can help young people become or stay sexually healthy by understanding these characteristics. Ask for a volunteer to share an experience working with a married adolescent as a provider.
7. Explain that it is important that provider values on married youth do not keep a provider from discussing a client's sexual health needs. Encourage participants to conduct client assessments of sexual health regardless of age and marital status. The criteria for a sexually healthy adolescent should be no different than those for an adult.
8. Encourage a group discussion using the following questions:
  - ▶ Was it hard to identify sexually healthy and unhealthy characteristics? If so, why?
  - ▶ Do you think that the youth knew they were being healthy or unhealthy?
  - ▶ How do youth develop these behaviors? Are they learned? What are the influences?
  - ▶ Are there traditional cultural practices or religious practices that may encourage or discourage healthy behaviors?
  - ▶ Do any characteristics apply to married youth, but not to unmarried youth?



# Handout 7: Case Studies:

## Sexually Healthy Youth

### Case Study 1

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Moussa and Fatima have been married for three months. He is 27 years old, and she is 16. Fatima loves Moussa because he is older than she is and has a good job. He gives her money when she needs it and buys her gifts that she cannot afford herself. Fatima is worried about getting pregnant because she wants to finish school before starting a family, but she never uses birth control. She is thinking about going to the clinic so that she can get on the pill. Fatima wants to talk to Moussa about this, but she never brings up the subject because she is afraid of how he will react. She is also afraid of how her in-laws will react since the family makes most of the decisions together and she cannot go to the clinic alone.

Questions for group discussion:

Do you consider Fatima a sexually healthy young person? Why or why not?

Does Fatima engage in behaviors that are sexually healthy? If so, what are they?

Does Fatima engage in behaviors that are sexually unhealthy? If so, what are they?

### Case Study 2

---

Mariah and Carlos are both 17 years old and are engaged to be married. They have been practicing safe sex for the last nine months because neither of them wants to get a sexually transmitted infection (STI) or have a baby. They love each other and are looking forward to graduating from high school next year. Mariah cannot wait to leave home. She often complains about being abused at home, but she has never given Carlos any details. Carlos cannot wait to move to the city next year for school. He tells Mariah that she is lucky to have him for a fiancé and that she would have trouble finding another man like him. Mariah agrees, even though sometimes she is scared of Carlos without knowing why. Sometimes he yells at her because she does things he does not like.

Questions for group discussion:

Do you consider Mariah a sexually healthy young person? Why or why not?

Does Mariah engage in behaviors that are sexually healthy? If so, what are they?

Does Mariah engage in behaviors that are sexually unhealthy? If so, what are they?

### Case Study 3

---

Deepak and Bina, who are both 19 years old, have been married for seven months. Deepak wants to wait until they are more financially stable before having any children. He and Bina have been discussing their family planning options and recently visited the health clinic together. However, Deepak's mother keeps telling them that Bina will disgrace the family if she does not have children right away. Since they are unsure how to explain their decision to Deepak's family, they have decided to remain silent about their choice to use birth control.

Questions for group discussion:

Do you consider Deepak a sexually healthy young person? Why or why not?

Does Deepak engage in behaviors that are sexually healthy? If so, what are they?

Does Deepak engage in behaviors that are sexually unhealthy? If so, what are they?

### Case Study 4

---

Dao and Anh, who are both 19 years old, have been married for almost two years. Occasionally, Dao leaves home for a few months at a time to find work in neighboring towns. While he is traveling, Dao sometimes gets lonely and seeks out sex with other women. Dao uses condoms when they are available, but they can be hard to find in the smaller towns. During those times, he has unprotected sex. Anh believes Dao is monogamous. At home, Dao never uses condoms when having sex with Anh. He does not think there is a reason to use protection with his wife.

Questions for group discussion:

Do you consider Dao a sexually healthy young person? Why or why not?

Does Dao engage in behaviors that are sexually healthy? If so, what are they?

Does Dao engage in behaviors that are sexually unhealthy? If so, what are they?

### Case Study 5

Grace, who is 15, has been engaged to her boyfriend Sedou, 22, for the past six months. She enjoys kissing him, but she is very uncomfortable when he touches her. Although his touch feels good, she is embarrassed by her body. She feels that she is too heavy and that her breasts are not big enough. Sometimes Grace stops eating for days in order to lose weight, but she never has any success. Sedou is very frustrated that Grace does not want to have sex with him. He has threatened to leave her if she continues to refuse. Grace is thinking of having sex with Sedou because she does not want to lose him. She has asked her friends to help her with her problem. She has also talked to a counselor at a clinic, and she took some condoms in case she decides to have sex. She is very nervous about her situation. She does not want to have sex until they get married, yet she is afraid that she will give into him.

Questions for group discussion:

Would you consider Grace a sexually healthy young person? Why or why not?

Does Grace engage in behaviors that are sexually healthy? If so, what are they?

Does Grace engage in behaviors that are sexually unhealthy? If so, what are they?

## Handout 8:

# Sexually Healthy Individuals- Common Characteristics

### Human Development

- Appreciate their body
- Believe that human development includes sexual development, which may or may not include reproduction or sexual experience
- Seek additional information about reproduction as needed

### Relationships

- Express love and intimacy in appropriate ways
- Practice effective decision making with their spouse
- Understand how cultural background affects ideas about family, interpersonal relationships, and ethics

### Personal Skills

- Take responsibility for their behavior
- Communicate effectively with family, peers, and spouse
- Enjoy and express their sexuality throughout life

### Sexual Behavior

- Seek new information and resources to enhance their sexuality as needed
- Make informed choices about family options and relationships
- Accept refusals for sex from their spouse
- Enjoy sexual feelings without necessarily acting on them

### Sexual Health

- Use contraception to delay or prevent unintended pregnancy
- Seek early prenatal care and know the importance of birth spacing
- Avoid contracting or transmitting STIs, including HIV
- Practice health-promoting behaviors, such as having regular checkups, performing breast or testicular self-exams, and seeking early identification of potential problems

### Society and Culture

- Assess the impact of family, cultural, religious, media, and societal messages on their thoughts, feelings, values, and behaviors related to sexuality
- Promote the rights of all people to obtain accurate sexuality information
- Educate others about sexuality

SOURCE: SIECUS, 2004. *Guidelines for Comprehensive Sexuality Education: K through 12, 3rd ed.*

## 4.2 Reproductive Health Needs of Married Youth

### Objective

1. To identify the various reproductive health needs of young married people

### Time

60 minutes

### Materials and Advance Preparation

- Flipchart paper
- Markers and tape
- Prepare a flipchart with information contained in Trainer's Resource Sheet 4: Categories of Married Youth
- Sufficient copies of Handout 9: Reproductive Health Needs of Married Youth for all participants

### Facilitator's Notes

You may need to change the age ranges below, depending on what is considered “young” or “adolescent” in the country or community in which you work.

### Steps

1. Show participants the “Categories of Married Youth” chart written earlier on flipchart paper and explain the five categories for both young married men and women.
2. Explain that many young people have the same reproductive health needs, even though they fall into different categories. Others’ needs might be different because they want to have children, are pregnant, or have just given birth. It is therefore important to explore the reproductive health needs of young couples at different points in their lives. Remind participants that they will be using the definition and ideas from the last activity to guide them.
3. Divide everyone into four groups: Two will focus on married young women and two will focus on married young men. Hand all groups copies of the worksheet, flipchart paper, and markers. Give the groups 20 minutes to identify the family planning, maternal health, HIV, and other reproductive health needs of the young men or women in each category. Ask them to record their information on flipchart paper.
4. Have one person from each group present its work. Ask the rest of the room if they want to add any other reproductive health needs.

# Handout 9:

## Reproductive Health Needs of Married Youth

Reproductive Health Needs of Married Young Females

Categories of Young Females	Family Planning	Safe Motherhood and Newborn Care	STIs/HIV	Other RH Needs
Married/engaged/promised, but has not lived with spouse				
Recently married (under 1 year)				
Currently pregnant				
Married, recently given birth				



## Reproductive Health Needs of Married Young Males

Categories of Young Males	Family Planning	Safe Motherhood and Newborn Care	STIs/HIV	Other RH Needs
Married/ engaged/ promised, but has not lived with spouse				
Recently married (under 1 year)				
Spouse currently pregnant				
Married, spouse recently given birth				

## Trainer's Resource Sheet 4: Categories of Married Youth

Young Females	Young Males
Married/engaged/promised but has not lived with partner yet	Married/engaged/promised but has not lived with partner yet
Recently married (under 1 year)	Recently married (under 1 year)
Married but not living with husband because one of them is away from home (for school/work)	Married but not living with wife because one of them is away from home (for school/work)
Married and pregnant	Married and wife pregnant
Married recently given birth	Married and wife recently given birth

### 4.3 Married Youth Problem Tree

#### Objectives

1. To better understand the context of young married couples' lives

#### Time

60 minutes

#### Materials and Advance Preparation

- Flipchart paper
- Markers
- Tape
- Prepare a simple flipchart drawing of a tree showing the roots, trunk, and branches. In large letters, write: "CAUSES: Why is it like this?" next to the roots  
"CONSEQUENCES: What happens when it's like this?" next to the branches and  
"PROBLEM: Difficulties in negotiating contraceptive use with a partner" next to the trunk.

#### Facilitator's Notes

Trainers may choose to cover only one subject (either getting married at an early age or having a child immediately after early marriage) depending on time constraints and the focus of the participants in the training. You may also change the subject to better fit the issues affecting young married couples in the country in which you are working.

#### Steps

1. Explain that this exercise will help participants understand the issues and pressures in young people's lives and the factors affecting a married young person's health.
2. Divide the participants into groups of three to five people. Ask each group to choose one person to report back to all the participants at the end of the session.
3. Explain that the groups will use a tool called "A Problem Tree" in this activity. Each group will focus on a different issue: half will focus on limited use of health clinics for labor and delivery; the other half will focus on difficulties in negotiating contraceptive use with a partner.
4. Give a flipchart and a few markers to each group and ask one member from each to draw a large tree trunk and to write their assigned problem on the trunk such as "Limited Clinic Use".
5. Explain that this "problem tree" represents the causes and consequences of an issue. Each cause of "Limited Clinic Use" is represented by a root and each consequence of "Limited Clinic Use" is depicted as a branch. The trunk represents the problem of "Limited Clinic Use." Use the problem tree you prepared in advance as an example.

6. Give each group 15 minutes to brainstorm the causes and consequences of their assigned issue. They should follow the model and place these causes and consequences on their tree.
7. Bring everyone back together. Have one person from each group present their problem tree. After each presentation, ask if anyone has additional comments. Ask if the other groups agree with the causes and consequences identified by the group.
8. Encourage discussion with the following questions:
  - ▶ How many of the causes and/or consequences were similar among the groups? Was this surprising? Why or why not?
  - ▶ What were the common gender related consequences identified by all the groups? How does this affect young married people?
  - ▶ How could you address the issue of gender when providing health services to married adolescents?
9. Ask all the groups to hang their problem trees around the room so that they can refer back to them later on in the workshop.

## 4.4 Characteristics of A Youth-Friendly Service for Married Youth

### Objective

1. To establish criteria for an ideal reproductive health service-delivery setting for married youth.

### Time

60 minutes

### Materials and Advance Preparation

- Flipchart
- Markers
- Sufficient copies of Handout 10: Youth-Friendly Service (YFS) Characteristics for Married Youth for all participants
- Write the following questions on flipchart:

#### **Programmatic Characteristics**

What types of services would be offered?

How would the services be designed?

#### **Provider Characteristics**

What would staff be like?

How would they treat married youth?

#### **Health Facility Characteristics:**

What would the site look like?

Where would it be located?

### Training Options

- If you have 6 groups or more, multiple groups can be assigned to a topic area. For example, if there are six groups, have group 1 and 2 report on Programmatic Characteristics. Groups 3 and 4 will report on Provider Characteristics and groups 5 and 6 will report on Health Facility Characteristics.
- Consider writing the common characteristics on a flipchart, while the group presentations are given. This can save time and will help encourage discussion during Step 8.

### Steps

1. Ask participants to think about the number of married youth they serve in their clinics. Ask them if enough married youth access services at their facility. Why or why not? Write group responses on the flipchart.

2. Tell them that they will have an opportunity to create an ideal clinic for married youth. Questions to consider are: What would the clinic look like? What services would be available for married youth? Who would provide services to married youth?
3. Divide the participants into three groups and spread the groups out into separate parts of the room. Make sure that each group gets a sheet of flipchart paper and markers. (If you have more than six participants in each group, create additional groups so that there are no more than six participants in each group.)
4. Ask them to imagine that they have been given funding to create a new reproductive health facility for married youth. Remind them that they want to reach both to young married women and their partners. Stress reaching out to the 5 categories of married youth discussed in the last session.
5. Tell them to design the health facility using the following questions:

### **Programmatic Characteristics**

- ▶ What types of services would be offered? How would the services be designed?

### **Provider Characteristics**

- ▶ What would staff be like? How would they treat young clients who are married?

### **Health Facility Characteristics**

- ▶ What would the site look like? Where would it be located?

6. Give each group 15-20 minutes to discuss and write their answers on a flip chart. Ask them to assign one person to report back to the larger group. Check on the groups and remind them when they have 5 minutes remaining.
7. Bring the class back together and tell them that each group will have 5 minutes to present. After the first group reports, each group can add responses that were not yet mentioned. If you only have three groups, have each group report on all three characteristics.
8. After the reports, give the participants the Handout 10: Youth-Friendly Service (YFS) Characteristics for Married Youth. Ask participants to take a look at the lists and highlight any issues that were not mentioned. Encourage a discussion with the large group using the following questions:
  - ▶ What were the common characteristics, if any, of all the group lists?
  - ▶ What are the most important characteristics for working with married youth? Why?
  - ▶ Which activities can be done with minimal effort or cost?
  - ▶ What would you change at your site to become more youth friendly?

# Handout 10:

## Youth-Friendly Service Characteristics for Married Youth

### Programmatic Characteristics:

- Married adolescent involvement in program design
- Married role models/mentors
- Married men and women are welcomed and served by the clinic
- Ongoing group discussions (for men, women, or married couples)
- Parental or family involvement encouraged, but not required
- Affordable fees
- Wide range of services offered or necessary referrals available
- Adequate supply of commodities
- Drop-in clients welcomed and appointments arranged rapidly
- Short waiting times
- Educational materials available on-site
- Positive educational messages throughout the community (radio/TV/posters)
- Services well-promoted in areas where young married people gather
- Linkages with institutions or community organizations that reach out to young married people
- Alternative ways to access information, counseling, and services

### Provider Characteristics:

- Trained staff (on issues affecting married youth)
- Respect for young people
- Privacy and confidentiality
- Adequate time given for client and provider interaction
- Married peer counselors available
- Couples encouraged to visit the site together

### Health Facility Characteristics:

- Convenient hours
- Convenient location
- Adequate space
- Sufficient privacy
- Welcoming environment (posters, etc)

### **Married Youth's Perceptions of Program:**

- Privacy at facility
- Confidentiality is honored
- Married men/women are welcome to come with their partners
- Married women are welcome without their partners or families
- Providers are attentive to youth needs

*(Adapted from: Assessing and Planning for Youth-Friendly Reproductive Health Services, FOCUS on Young Adults. 2000. )*



# 5. Sexual and Reproductive Health

## 5.1 Reproductive Anatomy and Physiology

### Objective

1. To provide participants with basic information about reproductive anatomy and physiology

### Time

90 minutes

### Materials and Advance Preparation

- Large, clearly labeled pictures of the female and male reproductive systems and genitalia (Trainer's Resource Sheet 5: The Male Reproductive System and Genitalia, Trainer's Resource Sheet 6: The Female Reproductive System and Internal Genitalia and Trainer's Resource Sheet 7: The Female Reproductive System and External Genitalia,) to display at the front of the room
- Sufficient copies of Handouts 11: Male Reproductive System and Genitalia, 12: Female Reproductive System and 13: Female External Genitalia for all participants
- Sufficient copies of Handout 14: Definitions of the Male Reproductive System and the Female Reproductive System and Genitalia for all participants

### Steps

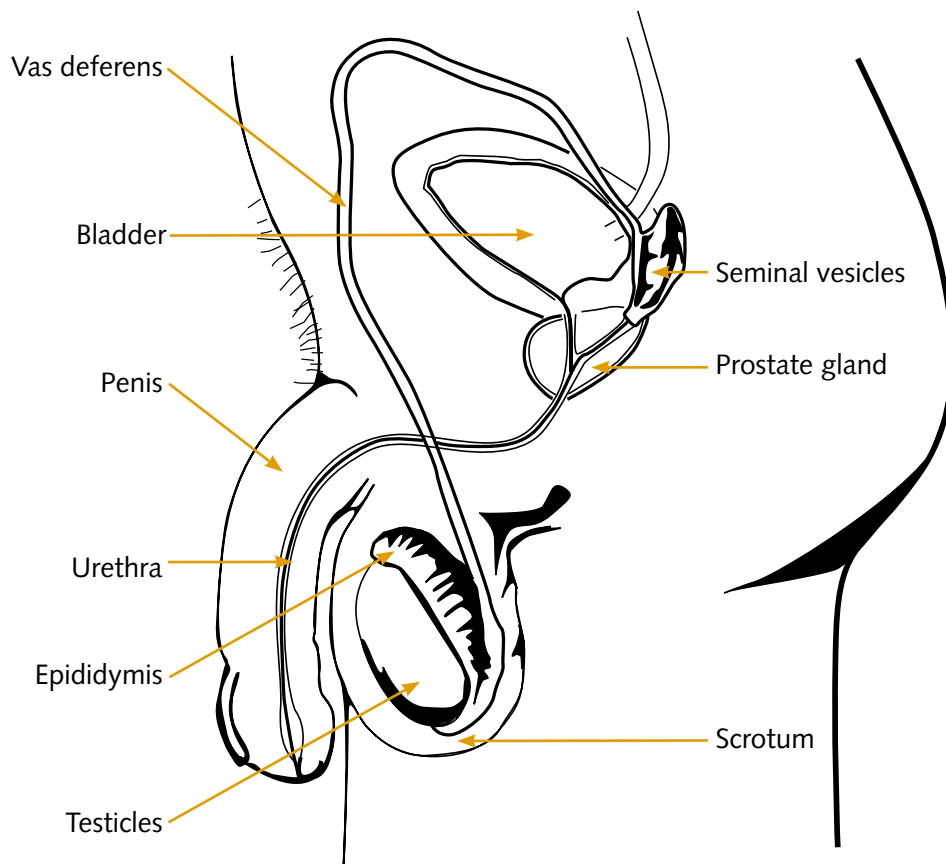
1. Display labeled pictures of the male and female reproductive systems at the front of the room so that all participants can see them.
2. Hand out the unlabeled pictures of the male and female reproductive systems and tell the participants to label them as you identify the parts together. Use Handout 14 as a guide to describe the function and purpose of each part of the labeled anatomy on the male and female reproductive system charts that are displayed. Encourage as many questions as possible by reassuring participants that everyone has questions about reproductive anatomy and physiology and that they should not be afraid to ask them. If it seems people are shy, tell them to submit their questions in writing.
3. After reviewing all the parts of the anatomy, ask the participants if someone can explain the process of pregnancy. After they have described it, provide a brief overview of the process, making sure to include the points below. As you mention the various parts of the male and female reproductive systems, point to them in the pictures displayed.

- When a man's sperm enters a woman's vagina, the sperm swim up through the cervix, past the uterus, and into the fallopian tubes, where if they find an ovum they will attempt to fertilize it. When the egg and sperm meet it is called conception.
- Once the egg is fertilized, it goes into the uterus and implants itself in the uterine lining, a wall that the body has built up to support a pregnancy. This lining provides nourishment to the fetus while it is growing.
- During pregnancy, the fetus is housed in the amniotic sac. This sac, which is connected to the mother, delivers food to the fetus and carries waste away. It is important to have at least four pre-natal visits with a doctor, midwife, or professional to make sure that the woman and fetus are both doing well.
- After roughly nine months of growth, the child is born either through the birth canal (the vagina) or, if there are complications, via a C-section. During a C-section, the abdomen is cut and the baby is removed. Complications during birth are rare, but it is always important to make preparations to deliver with a skilled birth attendant and arrange for blood donations and transportation to a hospital, if necessary.

# Trainer's Resource Sheet 5:

## The Male Reproductive System and Genitalia

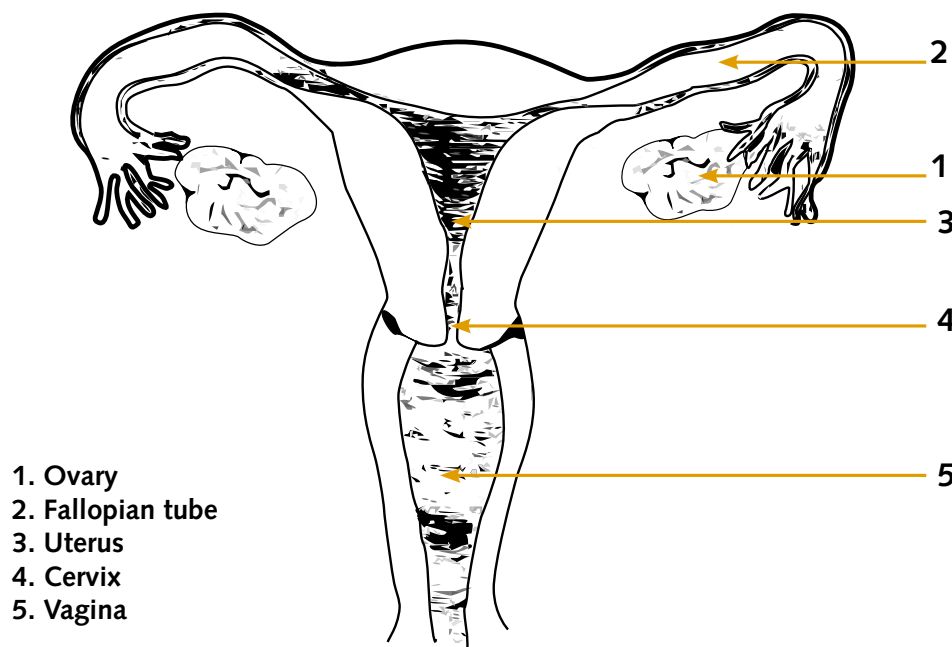
### The Male Reproductive System and Genitalia



# Trainer's Resource Sheet 6:

## The Female Reproductive System and Internal Genitalia<sup>12</sup>

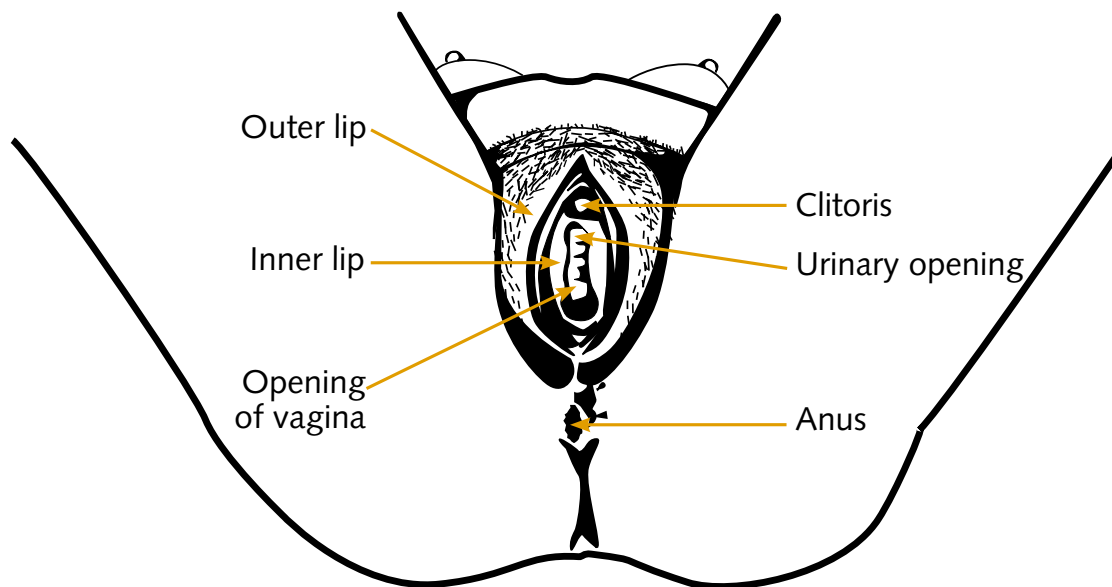
### The Female Reproductive System and Internal Genitalia



<sup>12</sup> Knebel, E. 2003. My changing body: Fertility awareness for young people. Washington, DC: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

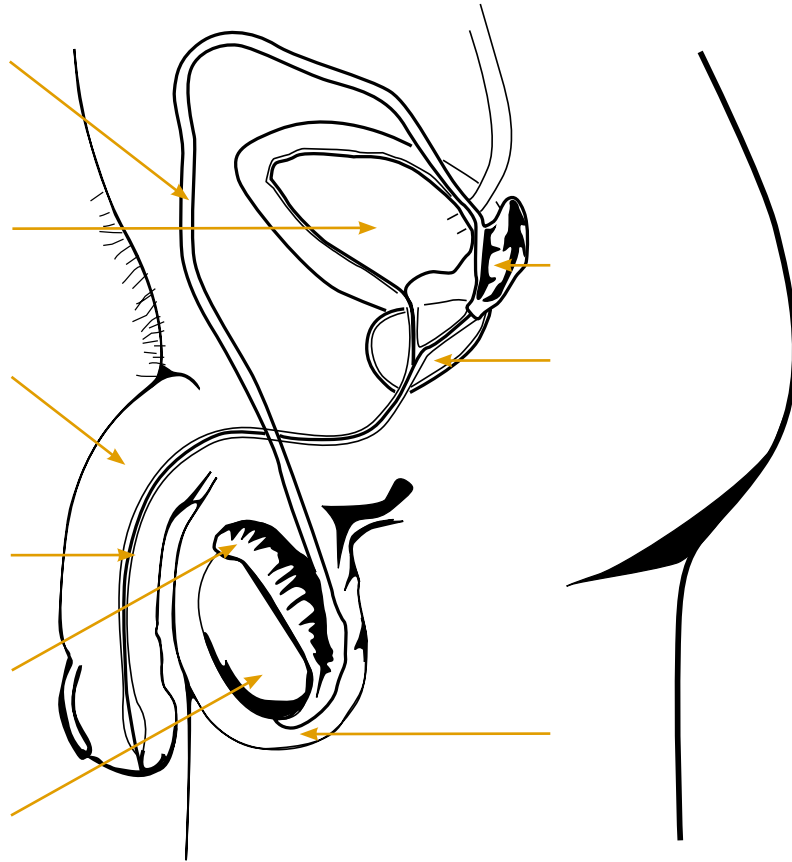
# Trainer's Resource Sheet 7: The Female Reproductive System and External Genitalia<sup>13</sup>

## The Female Reproductive System and External Genitalia

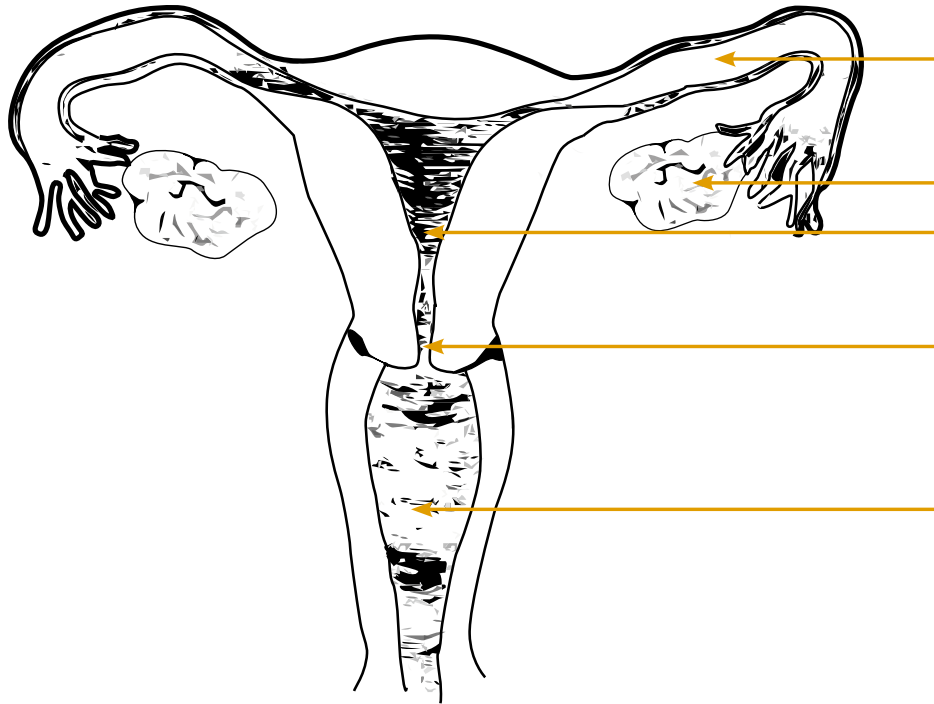


<sup>13</sup> Knebel, E. 2003. My changing body: Fertility awareness for young people. Washington, D.C: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

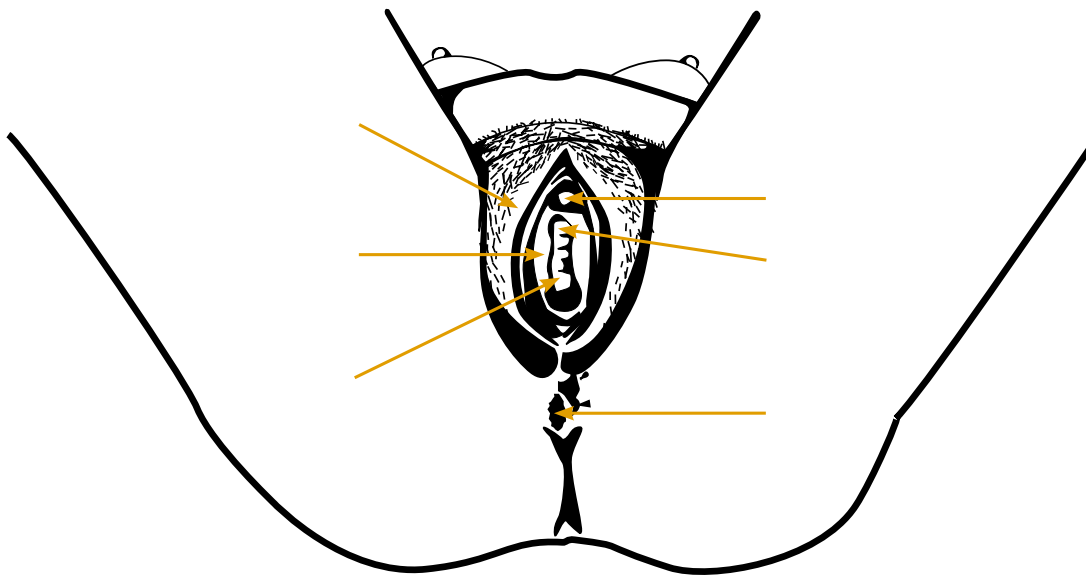
## Handout 11: Male Reproductive System and Genitalia



## Handout 12: Female Reproductive System



## Handout 13: Female External Genitalia





# Handout 14:

## Definitions of the Male Reproductive System and the Female Reproductive System and Genitalia

### MALE REPRODUCTIVE SYSTEM

#### Penis

- The penis is used for urination and for sexual stimulation.
- When a man is sexually excited, blood fills the spaces in the penis, causing the penis to get hard, which is called an erection.
- A piece of skin called the foreskin covers the tip of the penis. When the foreskin is left intact, the penis is uncircumcised. When the foreskin is removed, the penis is circumcised.
- When the foreskin is present, it is important to clean underneath it daily.
- Penis size is often a concern for men. Non-erect penises vary in size, but when they are erect, differences are much less noticeable.

#### Testes/Testicles

- These ball-shaped organs below the penis are held in the scrotum, which is a sac-like structure. They are responsible for producing sperm and the hormone testosterone (men have more of it than women).
- The testes are positioned outside the body because sperm can be produced only at a temperature lower than the body's normal temperature.
- Doing a testicular self-examination once a month is an important health safeguard to catch any early signs of testicular cancer. Simply roll the testes between the fingers. Any lumps, swelling, or pain should be examined immediately by a doctor.

#### The Path of Sperm

- Sperm are the male reproductive cells. This means that when a sperm meets with a woman's reproductive cells, an egg, pregnancy may begin.
- Sperm travel from the testes to the epididymis, an area surrounding the testicles, where sperm remain to mature and are stored.
- From here, sperm travel into the vas deferens, a tube which carries the sperm toward the urethra, the tube that carries both semen and urine out of the body.
- Along the way to the urethra, the seminal vesicles produce a nourishing fluid that gives the sperm energy and protection. The prostate gland also produces a fluid that helps the sperm swim. This combination of sperm and fluids is called semen.
- During sexual arousal, the Cowper's gland secretes a clear fluid into the urethra. This fluid, known as pre-ejaculate or "pre-cum" (which can often drip out of the penis before ejaculation), acts as a lubricant for the sperm and coats the urethra. This pre-cum can often contain sperm cells and therefore may cause pregnancy.
- During sexual excitement, an ejaculation of semen may occur. The small amount of semen that is ejaculated (one or two teaspoons) can contain up to 400 million sperm.

## FEMALE REPRODUCTIVE SYSTEM

### INTERNAL ANATOMY:

#### Ovaries

- These two round organs begin to produce hormones and release an ovum (an egg cell) once a month once a woman reaches puberty. Even though there are two ovaries, only one releases an egg each month (i.e., the left ovary may release an ovum in January which means that the right ovary would release the ovum in February).

#### Fallopian Tubes

- These two tubes provide a passage between the ovaries and the uterus.
- An ovum passes through the fallopian tubes once a month. If sperm are present in the fallopian tubes, the ovum might become fertilized.

#### Uterus

- The uterus is also known as the womb. It is a small organ about the size of a woman's fist.
- The lining in the uterus thickens each month as it prepares for a potential pregnancy. If an egg is fertilized, it will be implanted in the lining of the uterus. If there is no pregnancy, the lining—which is made up of blood to help a fetus grow—comes out of the body as menstrual blood.

#### Cervix

- The cervix is like the neck of the uterus and connects the uterus and the vagina.
- The cervix is a potential site for cancer. Therefore, it is important for women to first be tested for cervical cancer at a health clinic approximately three years after first sex or at the age of 21, whichever comes first. Women typically return for check-ups yearly after their first visit.

#### Vagina

- The vagina is a muscular tube about 7 to 10 cm long.
- The vagina is often referred to as the birth canal because it is the passageway for a baby during an average delivery.
- The vagina is also where the penis enters during sexual intercourse.
- If a woman is not pregnant, the menstrual blood will pass out of the vagina once a month. This menstrual blood consists of cells, mucous, and blood.

## **EXTERNAL ANATOMY:**

### **Vulva**

- This is the term for the external genitalia between a woman's legs.

### **Labia Majora/Outer Lip**

- These large thick folds of skin protect the vulva.

### **Labia Minora/Inner Lip**

- These smaller, thin skin folds of skin lie within the labia majora and are also meant for protection.

### **Clitoris**

- This small, erectile organ is found above the opening to the urethra, where the folds of the labia majora meet and surround it. The sole purpose of the clitoris is for sexual pleasure and stimulation.

### **Urethra (externally may be called urinary opening)**

- This small opening, which is located below the clitoris, is a passage for urine.
- The urethra leads from the bladder to the outside of the body.



## 5.2 Family Planning for Married Youth

### Objective

1. To review different kinds of family planning methods

### Time

60 minutes

### Materials and Advance Preparation

- Collect samples of different family planning methods available in your country. If possible, provide each participant with their own demonstration kit of family planning methods
- Display the anatomical visuals (reproductive system pictures from Activity 4.1) so that you can refer back to parts of the body that are associated with these methods
- Sufficient copies of Handout 15: Family Planning Methods for all participants

### Facilitator's Notes

Be sure to clearly display the female and male anatomy charts at the front of the room.

### Steps

1. Ask the group to brainstorm all the family planning methods they can think of. Record these on a piece of flipchart paper.
2. After the brainstorm session, add any methods that are missing and clear up any myths or false methods (e.g., washing out vagina with water after sex). Be sure to explain why the method does not work.
3. Provide a general overview of all the methods on the list (using Handout 15 as a reference) passing around any samples, whenever available, for participants to see and handle. Encourage participants to ask questions during the presentation.

# Handout 15:

## Family Planning Methods

### Male Condom

#### What is it?

A thin sheath made of latex that a man places over his erect penis.

#### How is it used?

The condom holds the semen so that it does not pass into the woman's vagina. The man puts the condom on his erect penis before sexual intercourse. After sex, the man carefully takes off the condom. Each condom can only be used once.

#### How effective is it?

Condoms are highly effective in preventing pregnancy and many sexually transmitted diseases when used correctly every time a couple has sexual intercourse.

#### What are some advantages to using it?

- Protection from pregnancy, HIV, and other sexually transmitted infections
- Easily available without a prescription
- An excellent option for someone who does not need ongoing contraception
- No hormonal side effects
- May prevent premature ejaculation in men
- Some people report that condoms increase pleasure when there is a drop of lubricant inside the tip of the condom

#### What are some disadvantages to using it?

- Condoms sometimes break
- Putting on a condom may interrupt sexual activity
- May cause decreased sensitivity during sexual intercourse

#### What are the possible side effects?

- Rarely causes an allergic reaction (either to latex or a spermicidal lubricant)

## Female Condom

### What is it?

A polyurethane pouch that a woman places inside her vagina.

### How does it work?

The condom holds the semen so that it does not pass into the woman's vagina. The woman inserts the female condom into her vagina before sexual intercourse. There is a small plastic ring in the back of the female condom that hooks onto the woman's cervix to keep it in place. Once inserted, the man puts his erect penis inside the female condom, which acts like a lining to the vaginal canal. After sex, the woman removes the condom, careful not to let any of the fluid leak out.

### How effective is it?

Female condoms are highly effective in preventing pregnancy and many sexually transmitted diseases when used correctly every time a couple has sexual intercourse. However, the female condom is not as effective in preventing pregnancy as some other methods.

### What are the advantages to using it?

- Protection from pregnancy, HIV, and other sexually transmitted infections
- Provides women with a method they can use themselves to prevent pregnancy and sexually transmitted infections
- Available without a prescription
- An excellent option for someone who does not need ongoing contraception
- No hormonal side effects
- May prevent premature ejaculation in men

### What are the disadvantages to using it?

- Putting on a condom may interrupt sexual activity
- May cause decreased sensitivity during sexual intercourse
- Some complain that it makes noise
- The female condom is difficult to find in some areas
- The female condom is more expensive than the male condom
- A girl must feel comfortable touching her vagina to be able to insert the condom

### What are the possible side effects?

- None

## Oral Contraceptive Pill

### What is it?

A pill that a woman takes daily by mouth.

### How does it work?

The pills stop the egg from leaving the ovary every month. It also makes it difficult for sperm to enter the uterus. The pill does this by thickening the mucus at the entrance of the uterus. The woman must take one pill every day according to instructions.

### How effective is it?

The pill is very effective when used correctly.

### What are the advantages to using it?

- Usually makes menstrual periods more regular, with less bleeding
- May reduce premenstrual syndrome, endometriosis, and acne
- Does not disrupt sexual intercourse
- Can be discontinued by a woman on her own
- Allows women to control when they get pregnant

### What are the disadvantages to using it?

- The woman must remember to take a pill every day
- Does not provide protection from sexually transmitted infections

### What are the possible side effects?

- Nausea
- Weight gain
- Spotting between periods
- Mood swings
- Decreased libido



## Injectable

### What is it?

The woman gets an injection in her arm or buttock.

### How does it work?

The injectable stops the egg from leaving the ovary every month. It also makes it difficult for sperm to enter the uterus. The injectable does this by thickening the mucus at the entrance of the uterus. The woman must get an injection of Depo-Provera every three months (every two months for Noristerat).

### How effective is it?

The injectable is one of the most effective methods.

### What are the advantages to using it?

- Does not disrupt sexual intercourse
- Can be used without the knowledge of others
- The woman does not have to remember to do something every day

### What are the disadvantages to using it?

- It may take a while to get pregnant (6 to 12 months) after stopping injections
- Causes changes in menstrual cycle, such as spotting or bleeding between periods, longer periods, or no periods at all
- Return visits required every three months (every two months for Noristerat)
- Does not provide protection from sexually transmitted infections

### What are the possible side effects?

- Headache
- Weight gain
- Changes in menstrual periods

## Implants

### What are they?

Implants consist of matchstick-sized plastic capsules (the number varies depending on the type of implant). A trained doctor or nurse places implants under the skin of a woman's upper arm by making a very small cut. The capsules can stay in the arm for several years (again, depending on the type), but they can be taken out before if the woman wishes.

### How do they work?

Implants stop the egg from leaving the ovary. They also make it difficult for sperm to enter the uterus. They do this by thickening the mucus at the entrance of the uterus.

### How effective are they?

Implants are one of the most effective methods.

### What are the advantages to using them?

- Implants are a long acting method.
- They do not disrupt sexual intercourse
- The woman does not have to remember to do something every day

### What are the disadvantages to using them?

- Causes changes in the menstrual cycle, such as spotting or bleeding between periods, longer periods, or no periods at all
- Requires a small cut in the arm that may leave a tiny scar
- Does not provide protection from sexually transmitted infections

### What are the possible side effects?

- Headache
- Weight gain
- Changes in menstrual periods

## **IUD (Intrauterine Device)**

### **What is it?**

An IUD is a small, t-shaped device that is made of either plastic or of plastic and copper (some also release hormones). A doctor or trained health worker places the IUD in the woman's uterus. The most commonly used copper IUD can be left in place for up to 10 years.

### **How does it work?**

The IUD stops the man's sperm from meeting the woman's egg.

### **How effective is it?**

The IUD is very effective.

### **What are the advantages to using it?**

- Prevents pregnancy for a long time
- Does not disrupt sexual intercourse
- A woman does not need to remember to do something every day

### **What are the disadvantages to using it?**

- Does not protect against sexually transmitted infections
- There is a higher risk for pelvic inflammatory disease when using the IUD, so youth at risk for STIs should consider other methods, in addition to condoms.

### **What are the possible side effects?**

- May cause spotting, heavy bleeding, or more menstrual cramping

## Sterilization

### What is it?

A surgical procedure that can be performed on either a man or a woman. For a man the procedure is called a vasectomy. For a woman, it is called a tubal ligation.

### How does it work?

- For men, a doctor makes a small incision on either side of the scrotal area. The vas deferens is clamped and cut so that no sperm can pass from the testicles to the urethra. The man still produces sperm, his testes remain intact, and he still has ejaculations. There is just no sperm present in the ejaculation due to the procedure. The recovery period for this procedure tends to be quite short.
- For women, a doctor makes a small incision near the hips, below the waistline. The woman is given pain medicine, and in some cases, she becomes unconscious. The fallopian tube is clamped and cut so that the egg cannot pass and meet with any sperm. This is a more serious surgery than the one for men and recovery may take a few days or longer.

### How effective is it?

Sterilization is highly effective.

### What are the advantages to using it?

- Users do not need to concern themselves with family planning again.
- It is a relatively simple procedure, especially vasectomy.

### What are the disadvantages to using it?

- It is permanent, so a person must be sure that they do not want any more children.
- Does not provide protection from sexually transmitted infections

### What are the possible side effects?

- Some men complain of slight pain shortly after the procedure (this subsides after a few days.)
- Women need a few days to recover.

## Emergency Contraception

### What is it?

If a woman has unprotected sex, or a condom breaks, she can take a regimen of pills within 72 hours of sexual intercourse that will prevent pregnancy. The sooner the pills are taken, the better.

### How does it work?

Emergency contraception pills do not end a pregnancy that has already begun; it will only prevent a fertilized egg from being implanted in the uterus. The pills are a set of artificial hormones that make the uterus an unfriendly environment for the fertilized egg. The egg will not be able to implant and develop and a pregnancy will not occur.

### How effective is it?

Studies have found that emergency contraception pill treatment reduces the risk of pregnancy by about 75%.

### What are the advantages to using it?

It is the only readily option available to reduce pregnancy risk in cases of rape, mechanical failure of a contraceptive device, or after sex without the use of any pregnancy-prevention method.

### What are the disadvantages to using it?

- No protection from sexually transmitted infections
- The side effects may be unpleasant.

### What are the possible side effects?

- Nausea
- Vomiting
- Headache
- Dizziness
- Abdominal pain

## Withdrawal

### What is it?

A man removes his penis from the vagina during sexual intercourse before ejaculation occurs.

### How does it work?

Removing the penis from the vagina before ejaculation reduces the chances that semen is released into the vagina.

### How effective is it?

Withdrawal is not a very effective method. Sometimes men fail to withdraw the penis from the vagina before ejaculation. Other times, a small amount of sperm is passed into the vagina before ejaculation from a man's pre-ejaculatory fluid.

### What are the advantages to using it?

- Men and women do not need to access service from a health facility.
- This may be the only option for someone who does not have access to FP services.

### What are the disadvantages to using it?

- Does not protect against sexually transmitted infections
- It is not very effective.

## Lactational amenorrhea method (LAM)

### What is it?

By only feeding a new baby breast milk, a new mother can prevent pregnancy for up to six months as long as her period has not returned.

### How does it work?

LAM prevents the ovaries from releasing eggs. For LAM to work, the baby must be exclusively breastfed on demand. The baby does not need any foods other than breast milk until he or she is six months old, as long as (1) the baby is growing well and gaining weight, and (2) the mother is eating a balanced diet and resting in order to have a good milk supply.

### How effective is it?

For as long as the baby breastfeeds on demand (day and night), is less than six months old, and a woman's period has not returned, LAM is very effective when it is used correctly. LAM is less effective after the baby is six months old, after the baby begins taking other foods and drinks, or after the woman's period has returned—whichever comes first.

### What are the advantages to using it?

- Men and women do not need to access a service from a health facility.
- This may be the only option for someone who does not have access to FP services.
- There are no side effects associated with it.

### What are the disadvantages to using it?

- Does not protect against sexually transmitted infections
- Needs to be used correctly in order for it to be effective

## Dual Protection

### What is it?

Dual protection is not a method of family planning, but an approach used to prevent both pregnancy and disease.

### How does it work?

Dual protection can be used in two ways:

1. Use of condoms in conjunction with another family planning method.
2. The use of condoms alone to prevent pregnancy and disease.

### How effective is it?

As long as the methods are used correctly and consistently, the dual protection approach is very effective.

### What are the advantages to using it?

- Protects against both pregnancy and sexually transmitted infections
- Women may be able to more easily convince their partners to use condoms from a pregnancy-prevention perspective than from a disease-protection perspective.

### What are the disadvantages to using it?

- Needs to be used correctly in order for it to be effective



## 5.3 Maternal Health and Safe Motherhood

### Objectives

1. To review the dangers that may face a woman during pregnancy, labor & delivery, and postpartum period
2. To emphasize what needs to be done to ensure safe motherhood
3. To understand the roles that family and community members can play to ensure safe pregnancy, labor and delivery, and improved health in the postpartum period, including links to family planning

### Time

60 minutes

### Materials and Advance Preparation

- Flipchart
- Markers
- Trainer's Resource Sheet 8: Maternal Mortality
- Sufficient copies of Handout 16: Essential Actions During Pregnancy, Labor/Delivery, and the Postpartum Period to Ensure a Health Pregnancy and Birth for all participants
- Review the Trainer's Resource Sheet 8: Maternal Mortality

### Facilitator's Notes:

It is important for participants to know the scope of the maternal mortality in their country and/or community. For statistics, contact the country's Ministry of Health or visit the World Health Organization's website [[www.who.int/reproductive-health](http://www.who.int/reproductive-health)].

### Steps

1. Explain that many women are still injured or die during pregnancy, labor, and delivery (PLD). When a woman dies during pregnancy, labor, or delivery, we call that a maternal mortality; when she is injured as a result of PLD, we call that maternal morbidity.
2. Tell participants that this activity will give them a background on issues of safe motherhood. Ask participants for a definition of safe motherhood. Write answers on a flipchart. Explain that safe motherhood means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth.
3. Ask for 1-2 volunteers to share their experiences working on safe motherhood with young married couples, especially the challenges. Give the maternal mortality statistics for the country and regionally, if available.
4. Explain that many of the reasons women die or are injured during PLD are completely preventable. There are four main factors—or delays—contributing to maternal mortality and morbidity:

- a. Delay in recognizing there is a problem (person or persons assisting during the PLD are unaware of an issue requiring the help of a trained provider)
  - b. Delay in seeking care after recognizing the problem (person or persons assisting during PLD recognize that there is an emergency, but delay in seeking care)
  - c. Delay in arranging transportation to a medical facility when necessary (person or persons assisting during PLD recognize that there is an emergency, but cannot find and/or do not have the funds for appropriate transport)
  - d. Delay in obtaining care after reaching the medical facility (upon arrival at the medical facility, there is a delay in being seen and treated by medical professionals)
5. After outlining the four delays, ask participants what factors contribute to each delay. Note their responses on flipchart paper. Point out that the first three delays can be addressed and planned for by individuals and their family members. Be sure to emphasize that quality health care during the critical period of PLD is the single most important intervention for preventing maternal and newborn mortality and morbidity. This includes arranging for a health worker with midwifery skills to be present at every birth; taking steps to prevent and treat complications during pregnancy, delivery, and after birth; and following up with postpartum family planning and basic neonatal care.
  6. Explain that traditional religious and cultural practices may be a challenge in some communities. Ask participants if there are any local beliefs and practices that may challenge safe motherhood practices. Remind them to think about the social environment around young married couples that may influence their decisions or behaviors. Encourage them to look for ways to observe tradition and keep women healthy during labor and delivery. List the practices and suggestions on the flipchart.
  7. Divide the participants into 3 groups. Tell them that each group will brainstorm what healthy actions a woman and her family may take during one of the phases of pregnancy, labor and delivery or the postpartum period. Remind them to think about challenging local traditional practices and beliefs to support safe motherhood. Assign each group to one phase: 1) pregnancy, 2) labor and delivery, and 3) the postpartum period. Give them 20 minutes to complete this exercise.
  8. Bring the groups back together and ask one person from each group to share the responses. Correct any misconceptions and answer any questions. Give participants the handout.
  9. Encourage a group discussion using the following questions:
    - ▶ Are there traditional cultural or religious practices that must be observed during pregnancy? How do they support or hinder a health pregnancy and delivery?
    - ▶ Are there other people (i.e. family) who are involved in the care of the young married couple? How can providers involve them during the pregnancy process?
    - ▶ How can providers best support married youth through each pregnancy stages?

# Trainer's Resource Sheet 8:

## Maternal Mortality

### Worldwide Statistics

Every minute, a woman dies in childbirth. In 2005, it is estimated that 536,000 maternal deaths occurred worldwide. Of these deaths, more than half of deaths were found in sub-Saharan Africa. 86% of global maternal deaths were focused in South American and sub-Saharan Africa. South Asia has rates as high as 490 maternal deaths for every 100,000 live births.<sup>14</sup> This ratio reflects a woman's risk of dying each time she becomes pregnant. In developing countries the risk is high usually for two reasons: women's poor health during pregnancy, and the poor quality of obstetric care.<sup>15</sup>

### Why Women Are Dying

Good quality health care during the critical period of labor and delivery is the single most important intervention for preventing maternal and newborn mortality and morbidity. This includes ensuring that a health worker with midwifery skills is present at every birth; prevention and treatment of complications during pregnancy, delivery and after birth; and postpartum family planning and basic neonatal care.<sup>16</sup>

Four main factors contribute to the preventable causes of maternal mortality and morbidity:

1. Delay in recognizing a problem
2. Delay in seeking care after recognizing the problem
3. Delay in arranging transportation to a medical facility when necessary
4. Delay in obtaining care after reaching the medical facility

The first three delays are delays that can be addressed by individuals and family members.<sup>17</sup>

<sup>14</sup> Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2007.

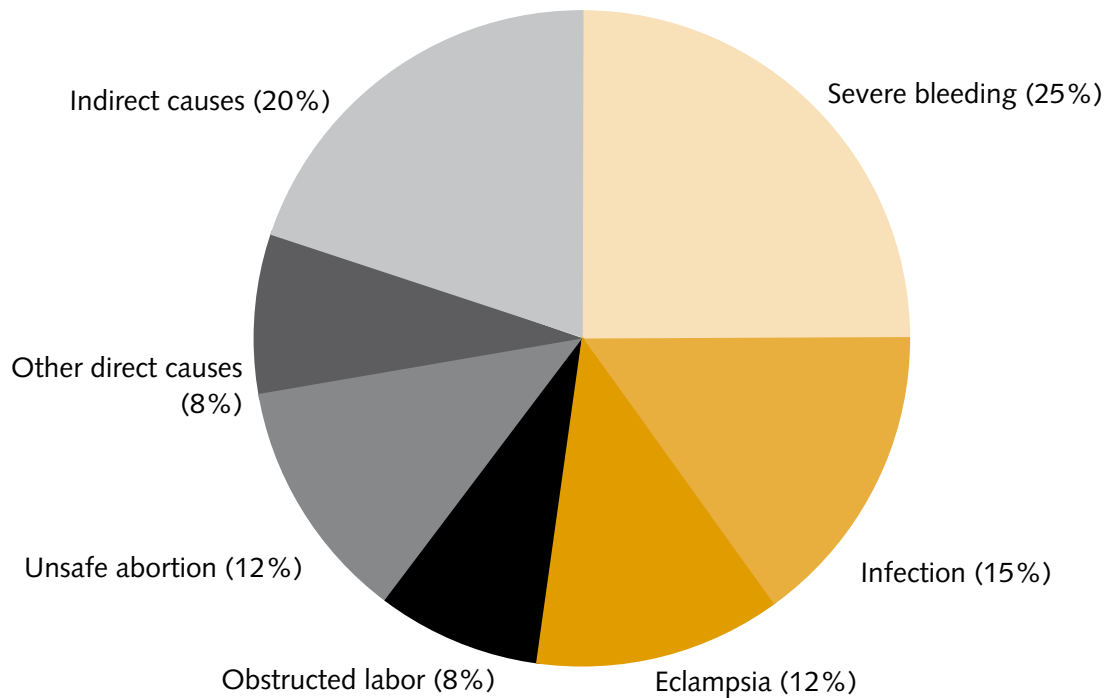
<sup>15</sup> Maternal Mortality Fact Sheet, Family Care International, 1998.

<sup>16</sup> Ibid.

<sup>17</sup> Coverage of Maternal Care: A Listing of Available Information, Fourth Edition. World Health Organization, Geneva, 1997.

## Trainer's Resource Sheet 8: **Maternal Mortality**

### Causes of Maternal Death



# Handout 16:

## Essential Actions During Pregnancy, Labor/Delivery, and the Postpartum Period to Ensure a Health Pregnancy and Birth

### During Pregnancy

- Ensure that the pregnant woman get good nutrition, which includes plenty of fruits and vegetables and plenty of rest
- Attend at least four antenatal care visits
  - ♦ as soon as she is pregnant,
  - ♦ between the 5th to 7th months,
  - ♦ during the 9th month,
  - ♦ last month or during the week of delivery
- Know the danger signs of pregnancy
  - ♦ severe headache,
  - ♦ clouding of vision,
  - ♦ swelling of hands and face,
  - ♦ lower abdominal pain,
  - ♦ fits or convulsions or loss of consciousness,
  - ♦ any amount of bleeding
- Arrange for a skilled health provider (someone who can manage obstetrical emergencies) and necessary supplies to be available for the delivery
- Make plans to delivery at a hospital in case of emergency
  - ♦ Arrange the quickest means of transportation to the hospital
  - ♦ Find the closest hospital where blood transfusion and emergency obstetric services are available
  - ♦ Find three people, before delivery, who can donate blood
  - ♦ Gather enough money, before delivery, for treatment

## **During Labor and Delivery**

- Support should be given to the mother by having her husband, family member or friend with her during delivery
- Obtain a clean home delivery kit or prepare one by assembling a new blade, string, coin, plastic sheets, soap and water
- Provide water, soup, or a similar drink should be provided to the mother during labor
- Request the assistance of a skilled healthcare provider (someone who can manage obstetrical emergencies)
- Know the danger signs during delivery – if any of these occur, the mother must be rushed to a hospital that can manage emergencies
  - ♦ Long labor (lasting more than 8 to 12 hours) without any progress
  - ♦ Appearance of the baby's hand first
  - ♦ Appearance of the baby's leg first
  - ♦ Appearance of the baby's umbilical cord first
  - ♦ Excessive bleeding before and after delivery

## **During the Postpartum Period**

### **Immediate Postnatal Care**

- Baby should be cleaned and wrapped in a blanket or cloth.
  - ♦ Breast-feeding should be started within an hour of delivery, after cleaning the breast of the mother.
  - ♦ Family and friends should provide nutritious food, emotional support, and affection to the mother
  - ♦ The new mother should be given plenty of time to rest.
- The mother and the baby should receive at least three postnatal check-ups from a skilled healthcare provide:
  - ♦ In the first 24 hours
  - ♦ After 7 days
  - ♦ On the 42nd day after delivery
- Those attending to the mother should know the danger signs during the postpartum period – if any of these occur, the mother must be rushed IMMEDIATELY to a hospital that can manage emergencies:
  - ♦ High fever
  - ♦ Smelly discharge and lower abdominal pain
  - ♦ Heavy bleeding
  - ♦ Severe headache, convulsions and fits, or loss of consciousness

- The mother and those attending to her and the baby should know the danger signs of the NEWBORN – if any of these occur, the baby must be rushed IMMEDIATELY to a hospital that can manage emergencies:
  - ◆ High fever or cold and clammy hands and feet
  - ◆ Unable to suckle
  - ◆ Rapid breathing
  - ◆ Infection around the umbilical cord area
  - ◆ Yellowish discoloration of the conjunctiva of the eye





## 5.4 The Importance of Delaying First Birth and Using Family Planning

### Objective

1. To review the importance of delaying first birth.

### Time

75 to 90 minutes

### Materials and Advance Preparation

None

### Steps

1. Begin by asking participants to raise their hands if they know a young woman who has had one or more children before the age of 18. Explain that many people think young women should delay pregnancy for a variety of reasons, while others think women should have children early. In this activity, you will be discussing both of these perspectives.
2. Divide all but a few participants into two groups. Those not in the groups will serve as judges (there should not be more than five). Explain that you will hold a debate and one group will argue the pros of women bearing children at a young age, while the other will argue the cons. Each will get five minutes to make a case and another five to rebut the other side.
3. Allow the groups 10 minutes to formulate their arguments and to assign one or two people to present them. Instruct the judges to carefully listen to each side's arguments and rebuttals, because they will have to choose a winning side based on the quality of those arguments. To the extent possible, the judges need to put aside their own personal values and attitudes in order to remain unbiased.
4. To start the debate, have the first group present its case while the second group listens carefully, since they will have to rebut the first group. Then have the second group present its argument, while the first group listens. After both sides have presented, allow five minutes for them to prepare rebuttals or follow-up arguments.
5. Have the second group present its rebuttal to the first group, then the first group present its rebuttal to the second. The judges will then discuss among themselves for five minutes and decide who has "won" the argument and why. Remind the judges that their decision needs to be based on the quality of the arguments, not on the delivery of the presenters. The judges should share their thoughts on what arguments were the most convincing.

6. Once the winning side has been declared, debrief the participants with the following questions:
  - ▶ Was it hard to debate this issue? Why or why not?
  - ▶ Was it hard to debate an issue with which you don't agree, even if it has valid points?
  - ▶ Was it hard for those who acted as judges to put aside their personal values and attitudes and make a ruling based on the arguments?
  - ▶ Who in your community might argue the "pro" side and who might argue the "con" side? Did this exercise make you better understand both sides?
7. Explain that although both sides of the debate have merit, there are genuine health reasons why a young woman, 18 or younger, should delay pregnancy. They are:

If pregnancy occurs before adolescents are fully developed—especially in countries where anemia and malnutrition are common and where access to health care is poor—they can be exposed to particularly severe health risks, including damage to the reproductive health tract, delayed or obstructed labor, ruptures in the birth canal, and elevated risks of maternal death and injury.

Spacing pregnancies at least three years apart helps women have healthier children and improves the odds of infants' survival by about 50%. Babies born to adolescents may experience more birth injuries, low birth weight, and stillbirth (where the baby is born dead); infant mortality is highest in those countries with the largest proportions of adolescent births.

For many women, controlling their own childbearing can open the door to education, employment, and community involvement. Also, couples with fewer children are more likely to send their daughters, and sons, to school.
8. If there is enough time, break the participants into groups of three. Ask a third of the groups to create a role-play illustrating negative consequences of an early first birth. Ask another third to create a role-play about communicating the benefits of delayed childbearing to young married couples and/or community members. Ask the third to create a role-play about how young married couples can delay childbearing. Allow 10 minutes for them to do so. Then ask each of the groups to act out their role-plays.
9. Use the last few minutes of the activity for discussion about the barriers that young, married couples face if they want to delay childbearing and brainstorm some of the ways these barriers can be addressed. Summarize the activity by reviewing the reasons why it is important to delay first birth and use family planning.

## 5.5 Levels of HIV Risk

### Objective

1. To identify the level of HIV risk of various behaviors and sexually-pleasurable behaviors

### Time

60 minutes

### Materials and Advance Preparation

- “Levels of Risk” cards (“Higher Risk,” “Medium Risk,” “Lower Risk,” and “No Risk”)
- “Sexual Behavior” cards (16)
- Sufficient copies of Handout 17: Levels of Risk for HIV Infection for all participants
- Trainer’s Resource Sheet 9: Levels of Risk
- In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Higher Risk,” “Medium Risk,” “Lower Risk,” and “No Risk.”
- In large letters, print each of the following sexual behaviors (or other behaviors that are relevant to your area or client population) on cards (or pieces of paper). Write one behavior per card.
  - ♦ Abstinence
  - ♦ Masturbation
  - ♦ Vaginal sex without a condom
  - ♦ Vaginal sex with a condom
  - ♦ Hugging a person who has AIDS
  - ♦ Fantasizing
  - ♦ Kissing
  - ♦ Dry sex without a condom
  - ♦ Massage
  - ♦ Anal sex with a condom
  - ♦ Performing oral sex on a man without a condom
  - ♦ Performing oral sex on a man with a condom
  - ♦ Performing oral sex on a woman without protection
  - ♦ Performing oral sex on a woman with protection
  - ♦ Infant breastfeeding from an HIV-infected mother
  - ♦ Anal sex without a condom

### Steps

1. Explain to participants that they are going to do an activity about behaviors that carry a risk for HIV infection. Lay out the four “Levels of Risk” cards in a line on the floor. Start with “No Risk,” then “Lower Risk,” then “Medium Risk,” and finally “Higher Risk.”

2. Give out the “Sexual Behavior” cards to participants. Ask one of the participants to read his/her card and to place it on the floor under the correct category (“Higher Risk,” “Medium Risk,” “Lower Risk,” or “No Risk”) for HIV transmission. Ask the participant to explain why he/she has placed it there.
3. Repeat step 2 until all of the cards have been placed on the floor. Once all of the cards are down, ask the participants to review where the cards have been placed. Then ask whether they:
  - Disagree with the placement of any of the cards
  - Do not understand the placement of any of the cards
  - Had difficulty placing any of the cards
4. Discuss the placement of cards that are not clear-cut in terms of risk. Also discuss cards that are clearly in the wrong place. Use the information in the closing and the handout to guide you on the correct placement.
5. Ask the participants to look at the behaviors in the “Lower Risk” and “No Risk” categories. Ask the group to identify other behaviors that could fit in these categories. Emphasize the idea that some pleasurable sexual behaviors involve low or no risk.
6. Finish the activity by emphasizing that risk depends on the context of the behavior, and review the handout.

# Trainer's Resource Sheet 9:

## Levels of Risk

Different sexual behaviors carry different levels of risk for HIV transmission. If an individual is not sure whether or not his or her partner is HIV-infected, the following sexual behaviors carry the following levels of risk.

**Note to the Facilitator** Risk levels vary based on the context and different expert opinions. The following examples are provided simply as a framework of relative risk.

### Categories of Behaviors

#### No Risk

Abstinence  
Fantasizing  
Hugging a person who has AIDS  
Kissing  
Masturbation  
Massage

#### Low Risk

Performing oral sex on a man with a condom  
Performing oral sex on a woman with a barrier  
Vaginal sex with a condom

#### Medium Risk

Anal sex with a condom  
Infant breastfeeding from an HIV-infected mother  
Performing oral sex on a man without a condom  
Performing oral sex on a woman without a barrier

#### High Risk

Anal sex without a condom  
Vaginal sex without a condom

# Handout 17:

## Levels of Risk for HIV Infection

Level Behavior	
<p><b>No Risk =</b> No contact with infected body fluids. HIV is transmitted in body fluids. If there is no contact with such fluids, there is no risk for HIV being passed from an infected person to an uninfected person.</p>	<ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Masturbation</li> <li>• Hugging a person who has AIDS</li> <li>• Kissing</li> <li>• Fantasizing</li> <li>• Massage</li> </ul>
<p><b>Lower Risk =</b> The possibility of contact with HIV because of the failure of protection. Using a condom still carries some risk because no protective method is 100% effective.</p>	<ul style="list-style-type: none"> <li>• Vaginal sex with a condom</li> <li>• Anal sex with a condom (the chances of breakage are higher than for vaginal sex, so could be placed in next category.)</li> <li>• Performing oral sex on a man with a condom</li> <li>• Performing oral sex on a woman with protection</li> </ul>
<p><b>Medium Risk =</b> Medium possibility of HIV transmission. This can be due to a lack of protection in situations where there is some chance of HIV-infected fluids entering another person's body (oral sex without a condom). Or it can be because protection is used, but there is a very strong chance that HIV-infected fluids will enter another person's body (anal sex with condom).</p>	<ul style="list-style-type: none"> <li>• Performing oral sex on a man without a condom</li> <li>• Performing oral sex on a woman without protection</li> <li>• Infant breastfeeding from an HIV-infected mother</li> </ul>
<p><b>Higher Risk =</b> High probability of HIV transmission. This is because no protection is used and there is a very strong chance that HIV infected fluids will enter another person's body.</p>	<ul style="list-style-type: none"> <li>• Vaginal sex without a condom</li> <li>• Anal sex without a condom</li> <li>• Dry sex without a condom</li> </ul>

**Many factors affect these levels of risk.** The level of risk for many of these behaviors will vary, based on a range of factors. These include:

- How much HIV the infected person has in his or her body
- Whether or not the person is the “giver” or “receiver” of the sexual behavior
- How weak are the immune systems of the people involved
- The presence of cuts or openings on the skin where contact with HIV is likely (for example, as a result of STIs)
- The presence of sores or bloody gums during oral sex
- How well condoms and other protections are used





## 5.6 Who Is at Highest Risk for an STI?

### Objective

1. To explore how service providers may form opinions about young clients' risk for sexually transmitted infections (STIs) based on limited information

### Time

45 minutes

### Materials and Advance Preparation

- 8 x 10" cards (or paper)
- Tape
- Magazine
- Scissors
- Trainer's Resource Sheet 10: Descriptions of Young Clients
- Review the eight clients listed in Trainer's Resource Sheet 10: Descriptions of Young Clients. From magazines, cut out four pictures of young men and four pictures of young women who most closely fit the descriptions of the clients. Add the description to each photo, folding back the text so participants cannot read it
- In large letters, write each of the following terms on cards (or sheets of paper), one term per card: "Highest Risk" and "Lowest Risk."
- Tape the two cards on the wall, leaving a large space between them. Place the "Highest Risk" card on one side of the wall and the "Lowest Risk" one on the other side.

### Steps

1. Ask the participants if they have formed opinions about people without knowing them well.
2. Tell the participants that this activity is about the judgments we make about other people when we have limited information.
3. Give participants the 8 magazine pictures. Tell them that they will decide the level of risk for STIs of the people in the pictures. The decision should be based on the information given for each picture. After the level of risk has been chosen, have participants place the picture on the wall nearest to the sign that represents their choice "Highest Risk" or "Lowest Risk." Give them 10 minutes to place the pictures.
4. After all the pictures are placed, unfold the detailed descriptions of each client and read aloud the descriptions to the group.
5. Give the group 10 minutes to move the pictures again, based on the new information.

6. Bring the group back together and encourage a discussion using the following questions:
  - ▶ How did you decide where to place each picture?
  - ▶ What was your reaction when more information was given for each person?
  - ▶ Was it difficult to change your opinions about each person? Did it matter if they were married, engaged or unmarried? Why?
  - ▶ What did you learn from this activity?
  - ▶ How will it change the way you work with young married clients?

# Trainer's Resource Sheet 10:

## Descriptions of Young Clients

### 1. Solomon is 22 years old. He drives a truck all over the country.

He has been married 2 years and has 1 child.

On occasion, he has been unfaithful to his wife.

He has received a lot of education on STIs and condom use.

*Medium Risk*

### 2. Fanta is 19 years old. She is married and has two children.

Her husband lives outside the country for work.

She has a sexual relationship with the owner of a bar.

She suspects that the bar owner has many other partners.

She has never used condoms.

*High Risk*

### 3. Arturo is 17 years old and newly married. He is studying business at school.

He started to use drugs at age 14.

He has paid girls for sex on several occasions, but never tells his wife.

He says he always uses a condom when he pays for sex.

*Low/Medium Risk*

### 4. Moustapha is 25 years old. He has been married for four years and has two children.

He is an alcoholic.

He often wakes up with women he does not know and cannot remember what happened the night before.

*High Risk*

### 5. Radha is 12 years old. She is shy and rarely speaks.

She has been sexually abused by her uncle for many years.

Her uncle is married, but has other sexual relationships.

She is engaged to be married in the next year.

*High Risk*

**6. Sunita is 19 years old. She is a commercial sex worker.**

She uses a condom every time she has sex.

She runs a peer-education program that teaches other commercial sex workers how to prevent STIs.

She is married, but her husband leaves town for work 6 months each year.

*Low Risk*

**7. Chini is 18 years old and comes from well-respected family.**

He is engaged to be married.

He has had only two sexual partners since becoming sexually active.

He has never used condoms.

*Medium/High Risk*

**8. Maria is 15 years old. She has always been faithful to her husband.**

She engages in unprotected sex with her husband..

She is unaware that her husband has two other sexual partners.

*Medium/High Risk*

## 5.7 STI Myths and Facts

### Objective

1. To review the myths and facts about sexually transmitted infections (STIs) and correct any misinformation

### Time

45 minutes

### Materials and Advance Preparation

- Flipchart paper
- Markers
- Pens or pencils
- Sufficient copies of Handout 18: STI Myths and Facts Worksheet for all participants
- Trainer's Resource Sheet 11: STI Myths and Facts Answer Sheet
- In large letters, write the correct answers—just “Myth” or “Fact,” not the full explanation—for the handout STI Myths and Facts Worksheet on a flipchart.
- Make copies of the handouts for all the participants.

### Steps

1. Tell the participants that this activity will review myths and facts about STIs. They will work in small groups to complete the “STI Myths and Facts Worksheet,” which is a quiz on the myths and facts surrounding STIs.
2. Divide the participants into small groups, no more than four people. Give them the “STI Myths and Facts Worksheet” and pens/pencils. Ask each participant to complete the quiz by writing M (for “myth”) or F (for “fact”) in the space provided. Tell the participants not to spend a lot of time on each statement; if they are unsure of the answer, they should guess or move on to the next statement. Give the groups 10 minutes to fill in the worksheet.
3. Ask the participants to discuss their answers in their small groups. Explain that you want them to discuss the questions and agree on the correct answers.
4. After 20 minutes, bring the groups back together. Show the flipchart with the correct answers. Read aloud each sentence and answer. Give an explanation for any answers that cause confusion or disagreement.
5. Make sure that the participants have the correct answers. Give the group enough time to ask any remaining questions. Ask participants to share any other myths that are common in the local community, if they have not been discussed yet.
6. Encourage a group discussion using the following questions:
  - ▶ How and where do married youth usually learn about STIs?
  - ▶ How can you use this activity with clients to help clear any STI myths?

## Handout 18:

# STI Myths and Facts Worksheet

1. \_\_\_\_ A man cannot transmit a sexually transmitted infection (STI) if he withdraws before ejaculation.
2. \_\_\_\_ It is possible to get an STI from having oral sex.
3. \_\_\_\_ A monogamous person cannot contract an STI.
4. \_\_\_\_ If you have an STI once, you become immune to it and cannot get it again.
5. \_\_\_\_ You can become infected with more than one STI at a time.
6. \_\_\_\_ You cannot contract AIDS by living in the same house as someone who has the disease.
7. \_\_\_\_ You can always tell if someone has an STI by his or her appearance.
8. \_\_\_\_ Condoms reduce the risk of contracting STIs, including HIV.
9. \_\_\_\_ A person infected with an STI has a higher risk of contracting HIV.
10. \_\_\_\_ STIs are a new medical problem.
11. \_\_\_\_ Herbal treatments are effective in curing STIs.
12. \_\_\_\_ People usually know that they have an STI within two to five days of being infected.
13. \_\_\_\_ Abstinence is the only 100% effective safeguard against the spread of STIs.
14. \_\_\_\_ It is possible to get some STIs from kissing.
15. \_\_\_\_ Youth are particularly vulnerable to STIs.
16. \_\_\_\_ Anal sex is the riskiest form of sexual contact.
17. \_\_\_\_ Special medicines can cure HIV infection.
18. \_\_\_\_ HIV is a disease that affects only sex workers and homosexuals.
19. \_\_\_\_ HIV can be transmitted from one person to another when sharing needles for drugs.
20. \_\_\_\_ A man can be cured of HIV by having sex with a girl who is a virgin.

# Trainer's Resource Sheet 11:

## STI Myths and Facts

### Answer Sheet

Clients and health care workers may believe or want more information about the following statements about sexually transmitted infections (STIs). Some of the statements are true, and some are false. Each statement is followed by the term MYTH or FACT, depending on whether it is false or true, and by a brief explanation.

**1. A man cannot transmit an STI if he withdraws before ejaculation.—MYTH**

Withdrawal does not eliminate the risk of STIs. Pre-ejaculatory fluid from the penis can contain infectious organisms, and organisms on the skin of a man's genitals can be transmitted to another person.

**2. It is possible to get an STI from having oral sex.—FACT**

The person performing and the person receiving oral sex are at different levels of risk. The person receiving oral sex is at risk only if his or her partner has an open sore or ulcer in the mouth or on the face. The person performing oral sex is at high risk if he or she has an open sore or ulcer on the lips or face or if he or she has ejaculate or vaginal fluids in the mouth. To protect against STIs, an individual should always use a latex or a plastic barrier, such as a male condom, female condom, or dental dam, when having oral sex.

**3. A monogamous person cannot contract an STI.—MYTH**

Individuals who are faithful to their partner may still be at risk for STIs if their partner engages in sexual activity with other people. In addition, individuals who are currently monogamous with their partner may have contracted an STI from someone else in the past; therefore, they may have an STI without knowing it and/or without telling their current partner.

**4. If you have an STI once, you become immune to it and cannot get it again.—MYTH**

Contracting an STI does not make a person immune to future infections. If a person is treated and cured but his or her partner(s) is not treated, the cured person can get the infection again. The cured person can also get the infection from another partner. Repeat infections can put people at risk for damage to the genital tract (e.g., scarred fallopian tubes) or chronic infection (e.g., chronic pelvic inflammatory disease [PID]).

**5. You can become infected with more than one STI at a time.—FACT**

A person can have more than one STI at the same time. For example, more people are now contracting chlamydia and gonorrhea together.

**6. You cannot contract AIDS by living in the same house as someone who has the disease.—FACT**

HIV, the infection that causes AIDS, is transmitted through exposure to infected blood

## *STI Myths and Facts Answer Sheet (continued)*

and other infected body secretions. Living in the same house with someone who is HIV-infected does not put those in contact with him or her at risk unless they share items that have been exposed to the infected person's blood or genital secretions (e.g., through the use of shared toothbrushes, razors, or douching equipment).

### **7. You can always tell if someone has an STI by his or her appearance.—MYTH**

Sometimes, STIs produce no symptoms or no visible symptoms. In fact, many people have STIs for long periods of time without knowing that they are infected. In addition, no type of person is immune from STIs. All people of different races, sexes, religions, socioeconomic classes, and sexual orientations may contract STIs.

### **8. Condoms reduce the risk of contracting STIs, including HIV.—FACT**

After abstinence, latex condoms are the most effective way to prevent STIs, including HIV infection. However, latex condoms are not 100% effective. Some groups have reported inaccurate research suggesting that HIV can pass through latex condoms, but this is not true. In fact, laboratory tests show that no STI, including HIV, can penetrate latex condoms.<sup>18</sup>

### **9. A person infected with an STI has a higher risk of contracting HIV.—FACT**

Both ulcerative STIs (those that cause sores) and nonulcerative STIs increase the risk for transmitting and contracting HIV. Ulcerative STIs increase the risk for HIV infection because the ulcers provide easy entry into the body via the HIV virus. Nonulcerative STIs may enhance HIV transmission for two reasons: They increase the number of white blood cells in the genital tract, and genital inflammation may cause microscopic cuts that can allow the HIV virus to enter the body.

### **10. STIs are a new medical problem.—MYTH**

STIs have existed since the beginning of recorded history. Evidence of medical damage caused by STIs appears in ancient writings, art, and skeletal remains.

### **11. Herbal treatments are effective in curing STIs.—MYTH**

Antibiotics are the only proven effective treatment for bacterial STIs, which include chlamydia, gonorrhea, and syphilis. Currently, no cure exists for viral STIs, which include genital warts, hepatitis, herpes, and HIV. Often, clients who receive STI care from nonmedical personnel believe that their STI has been treated, but this is not so. This misconception prevents them from getting adequate treatment, which puts their health and the health of their partner(s) at great risk. Encourage those clients who use traditional medicine to think about using antibiotics to help with STI treatment.

### **12. People usually know that they have an STI within two to five days of being infected.—MYTH**

Many people never have symptoms, and others may not have symptoms for weeks or years after being infected.

<sup>18</sup> Closing the condom gap. 1999. Baltimore: Johns Hopkins University Population Reports, series H, no. 9, April.



*STI Myths and Facts Answer Sheet (continued)***13. Abstinence is the only 100% effective safeguard against the spread of STIs. —FACT**

Abstinence from sex is the best way to prevent the spread of STIs. However, latex condoms are the next best option. When used consistently and correctly, these condoms prevent the transmission of STIs very effectively.

**14. It is possible to get some STIs from kissing.—FACT**

It is rare but possible to get syphilis through kissing if the infected person has chancres (small sores) in or around the mouth. Kissing can also spread the herpes virus.

**15. Youth are particularly vulnerable to STIs.—FACT**

STIs are disproportionately higher among young people than adults for both biological and behavioral reasons. The highest reported cases of STIs are among young people (ages 15 to 24). In developed countries, two-thirds of all reported cases of STIs occur among those under age 25.<sup>19</sup>

**16. Anal sex is the riskiest form of sexual contact.—FACT**

Anal intercourse carries a higher risk of HIV transmission than other types of sexual contact. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus with an entry point into the bloodstream.

**17. Special medicines can cure HIV infection.—MYTH**

Currently, there is no cure or vaccine for HIV infection. Some drugs can slow down the production of the virus in an infected person, but these drugs are expensive and difficult to access.

**18. HIV is a disease that affects only sex workers and homosexuals.—MYTH**

Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is, but rather to the behavior he or she engages in.

**19. HIV can be transmitted from one person to another when sharing needles for drugs.—FACT**

Sharing needles during injectable drug use carries a very high risk of HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.

**20. A man can be cured of HIV by having sex with a girl who is a virgin.—MYTH**

Some people believe this myth, but it is not true. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.

<sup>19</sup> Bond, K., 2001. Trends in Youth Sexual and Reproductive Health. Paper read at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Health Programming, August 26; PHN Center FOCUS on Young Adults project, 2000.



## 5.8 Common STIs

### Objective

1. To review basic information on sexually transmitted infections (STIs).

### Time

45 Minutes

### Materials and Advance Preparation

- Tape
- Markers
- Flipchart
- Sufficient copies of Handout 19: Common STIs for all participants
- Draw a sample table on the flipchart using the Common STIs handout. Make three columns. In the first column, title the column STIs and write the names of the different STIs in the space below. Write “Symptoms” above the second column and “Curable/ Incurable” above the third column. Leave the spaces underneath columns 2 and 3 blank for participants to fill in.
- Prepare nine sheets of paper, titling each page with the name of one STI.

### Steps

1. Tell the participants that in this activity, they will review factual information pertaining to nine common STIs. Show the flipchart that has the listing of the STIs.
2. Say that they will work in small groups to fill in a chart with the following information for one of the STIs. Show the flipchart as a sample chart with headings/columns.
3. Divide the participants into nine smaller groups. Give each group a flipchart labeled with an STI and a marker. Tell them that they will create a chart with the headings and columns like the sample. They will have 10 minutes to fill in as much information as possible on their assigned STI.
4. After 10 minutes, give them tape and tell the groups to post their charts to the wall for all to see. Tell them to walk around the room and read the information on all the charts.
5. After reviewing the charts, bring the group back together. Give them the handout Common STIs. Review the correct answers and ask if there is any misinformation on the charts created that needs to be corrected. Correct any items with a red marker.

6. Encourage a discussion using the following questions:

- ▶ Are there STIs that are more common in your community?
- ▶ Are there traditional medicine practices in your community to prevent and/or cure STIs? What do you think about these practices?
- ▶ How can you work with traditional healers to prevent STIs?

7. In closing, encourage providers to think about how traditional medicine and practices affect young married adolescents. Explain that bacterial infections can be cured and that viral infections are only treatable. Symptoms from a viral infection can be reduced, but the disease cannot be cured. Stress that there is a lot of information on STIs, however the most important things youth need to know is that STIs can be transmitted by oral, vaginal and anal sex. Often people with STIs may not have any symptoms. STIs can only be prevented by not having sex, using protection every time they have sex, and/or remaining faithful to a mutually monogamous uninfected partner. People need to get tested if they have had unprotected sex and are at risk.

## Handout 19: Common STIs

STI	Signs and Symptoms	Curable/Incurable
Chlamydia	<p>In men:</p> <ul style="list-style-type: none"> <li>• Pain with urination</li> <li>• Clear, watery discharge from the penis</li> <li>• Swollen, tender testes</li> <li>• Some men have no symptoms.</li> </ul> <p>In women:</p> <ul style="list-style-type: none"> <li>• Unusual vaginal discharge</li> <li>• Bleeding after intercourse or between menstrual periods</li> <li>• Often, women have no symptoms.</li> </ul>	Curable
Genital warts (human papilloma virus, or HPV)	<ul style="list-style-type: none"> <li>• Warts in the genital area, possibly accompanied by itching (pruritus)</li> <li>• In about half of all cases, clients have no perceivable warts.</li> </ul>	Incurable
Gonorrhea	<p>In men:</p> <ul style="list-style-type: none"> <li>• Pain with urination</li> <li>• Pus from the tip of the penis</li> <li>• Swollen, tender testes</li> </ul> <p>In women:</p> <ul style="list-style-type: none"> <li>• Unusual vaginal discharge</li> <li>• Bleeding after intercourse or between menstrual periods</li> <li>• Often, women have no symptoms.</li> </ul>	Curable
Herpes (herpes simplex)	<p>Initial infection:</p> <ul style="list-style-type: none"> <li>• Flu-like symptoms (fever, chills, fatigue, headaches, muscle aches, and swollen glands)</li> <li>• Blisters and ulcers on and around the genital area or on the lips, mouth, throat, tongue, and gums</li> </ul> <p>Recurrent infection:</p> <ul style="list-style-type: none"> <li>• Blisters and ulcers on and around the genital area or on the lips</li> </ul>	Incurable

STI	Signs and Symptoms	Curable/Incurable
HIV infection/AIDS	<ul style="list-style-type: none"> <li>• Many people have no symptoms.</li> <li>• It can take 10 or more years between infection before the disease develops.</li> <li>• The signs and symptoms of the infection/disease are often nonspecific and common to other illnesses; only a laboratory test can confirm the presence of the infection.</li> <li>• Some of the symptoms may include weight loss, diarrhea, fatigue, enlarged or sore lymph nodes, persistent fever and/or night sweats</li> </ul>	Incurable
Nongonococcal urethritis (NGU)  (This term is used to describe urethritis in men that is not caused by gonorrhea.)	Symptoms include: <ul style="list-style-type: none"> <li>• Clear, watery discharge from the penis</li> <li>• Pain with urination</li> </ul>	Curable
Pubic lice	<ul style="list-style-type: none"> <li>• Itching in the pubic area, thighs, eyelashes, or eyebrows</li> </ul>	Curable
Scabies	<ul style="list-style-type: none"> <li>• Itching skin lesions, especially between the fingers and toes, and on the elbows, armpits, penis, and scrotum (and sometimes on the back, face, and scalp)</li> </ul>	Curable
Syphilis	<ul style="list-style-type: none"> <li>• Round, open sores--especially in the genital area, anus, or mouth--that do not hurt very much and heal slowly</li> </ul>	Curable
Viral hepatitis (hepatitis A, B, or C virus)	<ul style="list-style-type: none"> <li>• Fatigue, malaise</li> <li>• Loss of appetite</li> <li>• Upper abdominal pain</li> <li>• Jaundice</li> <li>• Dark urine</li> </ul>	Incurable

## 5.9 Steps to Using a Condom Correctly

### Objectives

1. To examine the correct steps for using a condom
2. To identify places where people make mistakes using condoms

### Time

30 minutes

### Materials and Advance Preparation

- Trainer's Resource Sheet 12: Steps for Using a Condom Correctly
- Cards (or pieces of paper) with steps for condom use written on them (see below)
- Use Trainer's Resource Sheet 12 to print 16 steps for proper condom use on the cards, one step per card. Be sure they are in the correct order.

### Steps

1. Randomly hand out the cards you prepared earlier to the participants. (If there are more than 16 people, hand out one card each until they run out; if there are fewer than 16 people, give two cards to some people.)
2. Ask the participants to arrange themselves in the correct order of the steps. If the group consists of more than 16 participants and some do not have a card or piece of paper, they can help the others arrange themselves in the correct order. If the group consists of fewer than 16 participants, ask them to place the cards on the floor in order (from first step to last).
3. Process the activity with the following questions:
  - ▶ What was challenging about this activity?
  - ▶ Were you unsure of the order of any steps? Why? Could some of the steps have gone in more than one place?
  - ▶ Do you think most people who use condoms follow these steps? Why or why not?
  - ▶ What are some of the most important steps to remember when using condoms?
  - ▶ In what ways, if any, is condom use important to young married couples?

# Trainer's Resource Sheet 12:

## Steps for Using a Condom Correctly

### Condoms: Steps for Use

- Talk about condom use with partner.
- Buy or get condoms.
- Store the condoms in a cool, dry place.
- Check the date made or expiration date.
- Establish consent and readiness for sex and wait until the man has an erection.
- Open the condom package.
- Unroll the condom slightly to make sure it faces the correct direction over the penis.
- Place the condom on the tip of the penis. If the condom is placed on the penis backwards, do not turn the condom around; throw it away and start with a new one.
- Squeeze the air out of the tip of the condom while leaving two fingertips of space at the top to hold the semen.
- Roll the condom down to the base of the penis as you hold the tip of the condom.
- The man inserts his penis for intercourse.
- The man ejaculates.
- After ejaculation, hold the condom at the base of the penis while still erect.
- The man removes his penis from his partner.
- Take the condom off and tie it to prevent spills.
- Throw the condom away in the trash (do not flush it, it will float back up!).



# 6. Communication with Married Youth

## 6.1 Strategies for Working with Married Youth

### Objectives

1. To identify the range of strategies used to serve married youth
2. To develop a clear understanding of reproductive health services for married youth

### Time

45 minutes

### Materials and Advance Preparation

- Tape
- Paper
- Markers
- Sufficient copies of Handout 20: The Ecological Model for all participants
- Sufficient copies of Handout 21: Strategies for Working with Married Youth for all participants
- Trainer's Resource Sheet 13: Identifying Strategies for Working with Married Youth
- Make one sign for each category: "Motivation", "Education", "Counseling", and "Reproductive Health Services." Tape the four signs across a blank wall and make sure there is enough space between each sign.
- Write down each activity listed on the trainer's resource sheet on a separate piece of paper.
- Prepare tape for posting the activities on the wall.

### Training Options

- Consider handing out the activities that only fall under one category first. After they have been placed, ask the group to place the combination strategy activities. This may make the session easier to manage.
- If time allows, include a discussion about the Ecological Model while reviewing the different approaches.

### Steps

1. Explain to participants that to improve the reproductive health of married youth, many different strategies are needed. Ask participants to refer to the case studies that they looked at earlier to think about the different types of activities or strategies that might

be needed to improve the reproductive health of married youth - write these down on flipchart paper.

2. Introduce the Handout 19: The Ecological Model. Explain to participants that this model stresses that to improve the reproductive health lives of married youth, multiple strategies are needed. These include not only ways to reach out to married youth themselves, but also to their peers, their parents, community members and service providers. It is also important to ensure that policies are implemented that promote young married couples' access to RH information and services. Explain that one of the strategies under this model is working with service providers to create youth-friendly services for married youth. Although this training will focus on that, service providers need to keep in mind the broader context of young married couples' lives because it will influence the ways in which they may be able to interact with married couples.

3. Review handout 20. Ask participants to define each approach. Write the response on the flipchart. Stress the differences between these four approaches.

Review Table 1 in the handout with participants. Tell participants that sometimes activities may combine different approaches. For example, an STI brochure encouraging married youth to get screened and providing information on condom use combines motivation and community education approaches. Conducting a radio show in which callers receive one-to-one information uses education and counseling techniques. Counseling and services strategies overlap when a peer educators talks to a client about his STI risk and then gives him a condom for protection.

4. Give each participant a couple of the prepared activity sheets. Participants must place each sheet underneath the strategy (motivation, education, counseling and reproductive health services) that is most like the described activity.
5. Tell the group walk up to the wall, get a piece of tape and place the sheet of paper where he/she thinks it belongs.
6. Once all sheets are placed on the wall, the group will review the sheets together. Encourage them to move any activity that they feel should be under a different category. If a sheet is moved, ask them for the reasons why the activity was moved.
7. Encourage a discussion using the following questions:
  - ▶ Currently, are you involved in any motivation, education, counseling, or reproductive health service activities for married youth? If yes, what types of activities?
  - ▶ Did this session give you any new ideas about married youth activities? If so, which ones?
  - ▶ What activities could you implement with little or no cost?
  - ▶ Which activities or strategies would be most helpful in your work?

# Handout 20:

## The Ecological Model

### Introduction to the Ecological Model

The Ecological Model provides a conceptual framework for a more comprehensive approach to working with men. The model emphasizes that to change individual behavior, programs need to not only work with individuals, but to also address the systems and groups—peers, families, communities, media, policies—that influence individuals. This model encourages men and mixed-gender groups to think about the:

- Changes that are needed across all sectors of society
- Range of different strategies across different levels of action that will be required to bring about these changes
- Roles of different social actors during such changes

The Ecological Model underlines the different levels of action that are required to make changes in sexual and reproductive health, gender equality, and violence.

### The Levels of the Ecological Model<sup>20</sup>

#### 1. Strengthening Individual Knowledge and Skills

Helping men to understand how gender and social norms can put them, their partners, and families at risk and how to promote alternate, healthier behaviors.

#### 2. Creating Supportive Peer and Family Structures

Educating peers and family members about health risks and ways they can support individuals to take actions that promote health and safety.

#### 3. Educating Health Service Providers

Educating providers about male engagement so they can transmit skills and knowledge to others. Teaching providers to encourage and support men to seek healthcare and support their partners' access to health information and services.

#### 4. Mobilizing Community Members

Educating community members and groups about health risks and ways they can support individuals to take actions that promote health and safety. Mobilizing groups and individuals to develop coherent strategies for promoting constructive male involvement.

#### 5. Changing Organizational Practices

Adopting policies, procedures, and organizational practices that support efforts to increase men's involvement.

#### 6. Influencing Policy Legislation at the Societal Level

Developing strategies to change laws and policies to influence outcomes.

### Working across levels

When using the Ecological Model, it is important to pay attention to the links between the different levels. In other words, no level should be seen as independent of another. In this

<sup>20</sup> These have been adapted for work related to engaging men in sexual and reproductive health, HIV prevention, care and support, and violence prevention.

way, it becomes clear that policy work affects, and is affected by, community education. This, in turn, affects and impacts the ways individuals in a given community regard a particular issue.

## Information to be recorded

For each level, the model can help participants to identify:

- WHAT actions to take
- WHO should take this action
- HOW the success of this action should be assessed. This final column is used to keep a record of group suggestions for indicators of success. These indicators answer the question: How will we know if actions are successful?

If you want to use the Ecological Model in action planning, create the following flipchart (see **example** below) or create a handout of the Model and pass it out to participants. Remember that you will probably need more than one sheet or handout during a workshop. If a particular training activity helps participants think about ways that they can engage men more in the work they do, ask them to use the Ecological Model to jot down those ideas. They can write them down in the chart according to the different levels of the Ecological Model. This will be useful for them as they develop their action plans after the training.

## Example: The Ecological Model

	WHAT Action	WHO Person or organization
1. Strengthening Individual Knowledge and Skills		
2. Creating Supportive Peer and Family Structures		
3. Educating Health Service Providers		
4. Mobilizing Community Members		
5. Changing Organizational Practices		
6. Influencing Policy Legislation at the Societal Level		

# Trainer's Resource Sheet 13:

## Identifying Strategies for Working with Married Youth

### Directions:

- Write each of the following activities out on a card or piece of paper. The answers to each statement are written in parentheses.

### Legend:

M = Motivation

E = Education

C = Counseling

S = Services

### Activities:

- A married young woman is concerned about the pill. A health worker explains to her that she will still be able to have children whenever she stops taking the pill. (C)
- Married peer educators tell other married youth to get health services offered at the local clinic. (M)
- A sign post, encouraging youth to delay early pregnancy. (M)
- A young married man is screened for STIs and given medicine for symptoms of gonorrhea. (S)
- A radio spot, encouraging married youth to go for antenatal care services. (M)
- One evening during the week, a clinic remains open late in an attempt to reach young married men after work. (C/S)
- A theater group acts out situations about what can happen if married couples are unprepared during labor and delivery. (E)
- A program where peer educators give talks to mothers' groups about preventing HIV. (E)
- A young married woman is provided emergency contraceptive pills after a condom she used broke. (S)
- A radio call-in show that answers young people's questions about maternal health. (E/C)
- A male peer educator helps his married friend assess his risk for HIV. (C)
- A female peer educator makes home visits to discuss HIV prevention with young married women in her community. (E/C)
- A peer educator distributes condoms to his married friends at a bar. (S)
- A community fair is organized to provide information to community members about delaying first birth. (E)

- A billboard shows a photograph of a young couple entering a family planning clinic. (M)
- A brochure discusses how family planning can improve people's lives. (M)
- A pharmacist helps a young woman understand how to use birth control pills correctly (C).
- A 15-year married girl comes in to a clinic for a pregnancy test. (S)
- A doctor conducts a testicular exam on a young married man. (S)
- A couple talks with a nurse about what family planning method would be best for them. (C)
- A newsletter explaining the signs and symptoms of STIs. (E)
- A young, pregnant woman arrives at a clinic complaining of pain and tenderness in her lower abdomen. (S)

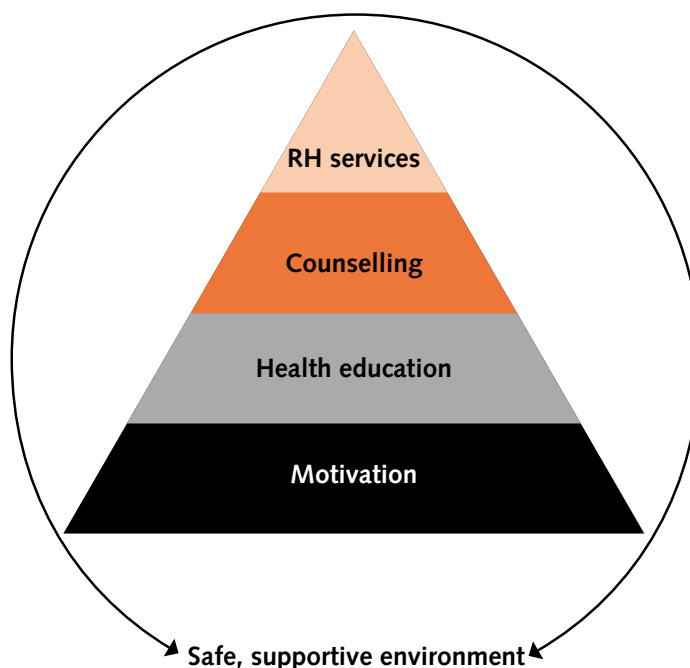
## Handout 21:

# Strategies for Working with Married Youth

There are many approaches that reproductive health programs use to directly reach married youth. Most of these strategies can be classified under one of four categories: 1) Motivation; 2) Education/Information-giving; 3) Counseling; or 4) Reproductive Health Services.

Meanwhile, a safe and supportive environment is also needed to improve adolescent health outcomes. This can be created through policies, institutions, communities and family support. Figure 1-1 shows the relationship between these strategies.

**Figure 1-1 Relationships among Reproductive Health Approaches**



A pyramid is used to represent the number of clients that actually benefit from a particular approach. Motivation can reach more clients than actual clinical services, so it has a larger section of the pyramid. The pyramid also represents the common process of a client seeking services.

Motivation may create interest so the client then may seek out information. Once the client has information he/she may seek out counseling. If the client has counseling he/she may decide that a clinical service is necessary.

The definitions for these approaches are as follows:

- **Motivation** – Encouraging behavior change in an individual by marketing a product, service, or action.
- **Education** – Giving information in order to help clients understand the importance of reproductive health issues.
- **Counseling** – Exchanging information in order to raise awareness and help clients make voluntary and informed decisions about their reproductive health.
- **Reproductive Health Services** – Services provided within or outside of a clinical setting. This includes STI screening and treatment, family planning, pregnancy care, fertility evaluation, cancer evaluation, sexual dysfunction and other disorders of the reproductive system.

The differences between motivation, education, counseling and reproductive health services can be illustrated by the table below:

**TABLE 1**

Approach	Goal	Content	Direction	Bias	Location
<b>Motivation</b>	Influence behavior in a particular direction	Persuasion – focus on benefits	One-way	Biased	Anywhere
<b>Education / Information Giving</b>	Give facts & raise awareness	Facts	One-way or two-way	Biased or objective	Anywhere
<b>Counseling</b>	Support the client's free & informed choice	Facts; Client's feelings, needs, concerns	Two-way	Objective	Private Atmosphere
<b>RH Services</b>	Service to the client for better health outcomes	Medical treatment, provision of medicine, or commodities	One-way	Objective	Private Atmosphere



## 6.2 Effective Communication and Counseling Skills

### Objective

1. To identify effective communication skills including non-verbal communication, verbal encouragement, simple language, and clarification

### Time

60 Minutes

### Materials and Advance Preparation

- Flipchart
- Newsprint
- Markers
- Sufficient copies of Handout 22: Communication and Counseling Skills for all participants
- Using flipchart paper, draw 2 columns. Title one column “Positive Non-Verbal Cues” and the other “Negative Non-Verbal Cues.” Leave columns empty for participants to fill out.
- Using flipchart paper, copy this chart:

Closed-Ended Question	Open-Ended Question
Do you want counseling with your partner?	
Do you have questions about sex during marriage?	
Are you scared to talk with me without your in-laws or spouse?	
Do you have problems at home?	
Were you upset when your family made fun of you for not wanting to have children immediately?	
Do you want to have a lot of children?	

- Using flipchart paper, write these sentences:

*“I hate condoms because they don’t feel right. It’s not the real thing”.*

*“I don’t use condoms because I heard they don’t work”.*

*“I don’t like coming to this clinic”.*

*“Whenever I tell somebody what I really think, they get mad at me”.*

## Steps

1. Tell participants that this activity will discuss and review some key ideas of interpersonal communication that are the basis for effective counseling.
2. Ask for 1-2 volunteers to share a challenging experience they experienced as a provider or counselor working with young people. It does not have to be a personal story, but it could be one that happened at the clinic or to a colleague. Ask them how they dealt with the situation.
3. Ask the participants to identify what went well and did not go well in the experiences described. Write their responses on the flip chart.
4. Say that there are 5 steps to good, effective communication. Write these on a flipchart.
  - Nonverbal cues
  - Verbal encouragement
  - Open-ended questions
  - Simple language
  - Paraphrasing
5. Say that a major part of communication does not involve any words at all. This is called nonverbal communication. Ask the participants to give examples of both positive and negative nonverbal communication. Write them on the sample chart. Examples may include:
  - **Positive Nonverbal Cues**
    - ♦ Leaning towards a client
    - ♦ Smiling
    - ♦ Avoiding nervous mannerisms
    - ♦ Presenting interested facial expressions
    - ♦ Maintaining eye contact
    - ♦ Making encouraging gestures such as nodding ones head
  - **Negative Nonverbal Cues**
    - ♦ Reading from a chart
    - ♦ Glancing at ones watch
    - ♦ Yawning
    - ♦ Looking out the window
    - ♦ Fidgeting
    - ♦ Frowning
    - ♦ Not maintaining eye contact
6. Ask the group to describe how positive/negative non-verbal language affects establishing and maintaining a good relationship with a client.

7. Say that the second effective communication skill is verbal encouragement. This lets the client know that the provider is interested and paying attention. Ask participants to give examples of verbal encouragement that providers can use to encourage a client to feel comfortable sharing personal information. Examples may include:
  - Yes
  - I see
  - Right
  - OK
  - Really, tell me more about that
  - That's interesting
8. Part of encouragement involves asking open-ended questions. These make a person answering the question reply with a full answer, rather than a simple "yes" or "no." Questions that only get a "yes" or "no" response are called closed-ended questions.
9. Ask the group to change the following are closed-ended questions into open-ended questions. Use the prepared sample chart and fill in their responses:

Closed-Ended Question	Open-Ended Question
Do you and your partner want counseling?	Please tell me why you are here today? What can I help you with?
Do you have questions about sex during marriage?	What sort of questions do you have about sex?
Are you scared to talk with me without your in-laws or spouse?	Is there something that keeps you from sharing your thoughts or questions?
Do you have problems at home?	Tell me about your homelife?
Were you upset when your family made fun of you for not wanting to have children immediately?	How did you feel when your family made fun of you?
Do you want to have a lot of children?	If you are comfortable enough, please tell me about your plans for a family?

10. Tell the participants that when speaking with youth, it is important to use simple language that married young people can understand. Ask participants to give examples of all reproductive health terms that a married young person may not understand. What words could be used instead?
11. Say that responses from the provider influence the client/provider relationship. Paraphrasing is a way to make sure that the provider has understood what the client is communicating. It lets the client know that you are interested in what they are saying.

Give this example of paraphrasing:

*Client: "I want to use pills but my sister says that they will make me sick and weak"*

*Response: "So, you have some concerns about the side effects of pills"*

12. Show the prepared flipchart and read the four sentences aloud. Have the participants turn to the person next to them and paraphrase the following statements:

*"I hate condoms because they don't feel right. It's not the real thing."*

*"I don't use condoms because I heard they don't work."*

*"I don't like coming to this clinic."*

*"Whenever I tell somebody what I really think, they get mad at me."*

13. After 5 minutes, bring the group back together. Have one to two volunteers give you their paraphrase of the statements.

14. Tell them that it is important to focus on how communication skills can improve counseling. Ask participants to imagine that they are family planning clients. Give them the handout.

15. Show the sample list (what went well/did not go well) created from the example at the beginning of the session. Ask the group to review the example again and think of better ways to deal with the situation. Ask them to identify as many skills as possible including, positive nonverbal cues, verbal encouragement, simple language and paraphrasing.

16. Encourage a discussion with the following questions:

- ▶ What are the most important skills to use during a counseling session with youth?
- ▶ What is the easiest skill for you?
- ▶ What skill do you want to improve?

# Handout 22:

## Communication and Counseling Skills

### Five Steps to Effective Communication:

- Nonverbal cues
- Verbal encouragement
- Open-ended questions
- Simple language
- Paraphrasing

### Effective Counselor – Characteristics

- Genuine: A reliable, factual source of information
- Creates an atmosphere of privacy, respect and trust
- Good communicator: Engages in a dialogue or open discussion
- Non-judgmental: Offers choices and does not judge the person's decisions.
- Empathy
- Comfortable with talking about sexuality
- Makes client comfortable and gives them full attention
- Speaks at a moderate pace and appropriate volume
- Presents a message in clear and simple language (language clients can understand)
- Asks questions of the listener to make sure that they understand
- Shows patience when client has difficulty expressing or understanding
- Identifies obstacles and removes them
- Always places the client's needs first
- Respects the client regardless of race, ethnicity, social economic status, marital status, age, gender, education level, religion or language.

### Ineffective Counselor - Characteristics

- Allows Interruption in conversations (meeting other people, telephone )
- Provides counseling in presence of other people (without consent)
- Makes decisions for clients
- Breaks confidentiality
- Poor non-verbal communication (looks away, frowns, etc)
- Lacks knowledge of reproductive health issues
- Uncomfortable talking about sexuality
- Difficult to understand
- Doesn't ask questions, only tells the person what to do
- Impatient
- Rude



## 6.3 Role-Plays with Young Married Clients

### Objectives

1. To identify and practice effective communication and counseling skills with married youth.

### Time

60 minutes

### Materials and Advance Preparation

- Flipchart
- Markers
- Sufficient copies of Handout 23: Provider Role Plays for all participants
- Make enough copies of each role-play to give each player.
- Cut the copies so that each player receives only the information for his or her role.
- Make sure that the players do not share information about their roles.

Note to trainer: Consider inviting local youth to join this activity. Think about school theater groups that could help the small groups act out sessions.

### Steps

1. Tell the participants that in this activity they will practice effective communication and counseling skills.
2. Remind them of the 5 steps to effective communication learned in the last activity "Effective Communication and Counseling Skills." Divide the participants into small groups of up to four participants each.
3. Ask for two volunteers from each group. Each will be assigned a character for a role-play. One person will play the "client" and the other will play the "provider." Give them pieces of paper with information about their roles, but tell them not to share the description with others in their group.
4. Ask the rest of the participants in the group to try to understand the client's perspective. Tell them to identify which of the provider's behaviors work well and do not work well in dealing with the client.
5. Give the participants five to 10 minutes to perform the role-plays in their small groups. If there is time, have two different people re-enact the same role-play.
6. After the role-play, ask groups to discuss what went well during the role-play and what they felt could have gone better. If you observed the role-play, comment on what you observed and suggest other techniques that may have been useful in dealing with the visitor/caller.

7. Bring the group back together. Have a person from each small group read their scenario. Tell them to report on the effective strategies that the provider used and the client's reactions. List the strategies on flipchart paper.
8. Encourage a discussion using the following questions:
  - ▶ What did all the role-plays have in common?
  - ▶ What strategies, if any, worked well in all the scenarios?
  - ▶ What strategies were unique to each role-play?
  - ▶ What are the most important things to keep in mind when working with married youth?
9. Conclude by explaining the importance of effectively communicating with married youth. Often young married people are anxious and embarrassed about asking for help or for information about reproductive health issues. They may have trouble trusting adults. Married youth are very sensitive to judgments, from adults. Remind participants that it is important for providers to communicate non-judgmentally and empathically to ensure that married youth are open about their sexual experience and reproductive health needs.



# Handout 23:

## Provider Role Plays

### Scenario 1: Reluctant Male Client

- You think you have an STI because you have penile discharge and a burning pain when you urinate.
- You want information and treatment, but you are embarrassed to say what you want.
- You work in another town for several months during the year and have had sex with other women. You are worried that your wife may find out that you have been unfaithful.
- You demand to speak with a doctor.

### Scenario 1: Provider in STI clinic

- Your client is a married 20-year-old boy, who works a few months per year, in a nearby town.
  - You think he may be having sex with other women when he works in another town.
  - You are not a doctor, but you feel you can assist this client with some information and a referral if he is interested in services.
  - Try to learn as much about his condition as possible, so you can help him.
- 

### Scenario 2: Married Girl Client

- You are 18 years old, married, and have one child.
- You want to wait three years before having another child and are asking the health care worker for information.
- You have never used family planning and know nothing about contraception.

### Scenario 2: Health Worker at the Family Planning Clinic

- You are a family planning provider.
  - The client interested in learning about family planning.
  - Try to help her identify and choose a method of birth control.
- 

### Scenario 3: Married Girl Client and Her Husband

- You are a 19-year-old married girl who is currently pregnant.
- You have come with your husband to get information about pregnancy and labor and delivery.
- You would like to deliver in a hospital, but your husband and mother-in-law are against it because of local customs.

### **Scenario 3: Young Female Worker at the Health Clinic**

- You want to provide any help you can to this couple.
- The girl is 19 years old and is currently pregnant.
- She has come with her husband to the clinic.
- You feel that she should deliver at a hospital.

## 6.4 Answering Difficult Questions from Married Youth

### Objectives

1. To discuss challenging questions asked by married youth related to sexual and reproductive health
2. To identify the ways to answer the challenging questions from married youth

### Time

45 minutes

### Materials and Advance Preparation

- Paper
- A set of difficult questions, cut into separate questions (see below)
- A large envelope (or box)
- Pens or pencils
- Sufficient copies of Handout 24: Difficult Questions for all participants
- Write the questions from the handout Difficult Questions on sheets of paper, leaving room between the questions. Cut the paper so that each strip contains only one question. Put the strips in the large envelope/box.

### Training Option

Another option is to ask the participants to write questions on a sheet of paper and turn them in. Another possibility is to add participant questions to the list on the handout “Difficult Questions.” Do not forget to include any questions that address traditional cultural or religious practices that may be a conflict for young married people.

### Steps

1. Tell the participants that during this activity they will practice responding to the challenging questions asked by married youth.
2. Remind the participants that part of the role of service providers is to give accurate information on sexual and reproductive health. Sometimes this means answering questions that may make providers feel uncomfortable.
3. Tell them that the large envelope contains sheets of paper. There are questions written on each piece of paper. Pass the envelope around the room and ask the participants to take one sheet of paper. Tell them to read the question carefully and prepare a response. Give them two to three minutes to complete the activity. Tell them not to discuss the questions with each other.
4. Ask one participant to read aloud the question and describe the suggested response.
5. After the question is read aloud, ask the group to identify any misinformation that was shared. Ask the group to share any additional important points not included.

6. Ask the participant to share how he or she felt while answering the question. What were the most challenging things about developing a response?
7. Continue this process with each participant, until all the questions are completed or time runs out.

## Handout 24:

# Difficult Questions

1. My husband wants me to have a child, but I want to finish school first. Can I use birth control and not tell anyone?
2. I have a problem with premature ejaculation. How can this problem be solved? Is there medication for this?
3. How can I tell if my husband/wife has an orgasm (sexual climax)?
4. Do I still need to use condoms if I am married?
5. Should I be worried about preventing sexually transmitted infections (STIs) if I am married?
6. How do you know if a woman is pregnant?
7. Are there any risks if I have sex with someone of the same sex and I am married?
8. Is sex with a sex worker considered being unfaithful to my spouse?
9. Do I need to use condoms if I have two to three monogamous partners, including my wife/husband?
10. If my wife is a virgin, am I still at risk for HIV or STIs?
11. How can you tell if a woman is a virgin?
12. What is oral sex? How do you do it?
13. I have 2 children and want to wait before having my third. How do I tell my husband and family?
14. What will happen to my breasts after I give birth and start breastfeeding?
15. Sometimes, I do not want to have sex with my husband. Is it okay to say no?



## 6.5 Married Youth Panel

### Objective

1. To help the participants understand the health-related interests, concerns, and issues of local married youth

### Time

45-60 minutes

### Materials and Advance Preparation

- A large facility, equipped with a table for a panel discussion, enough chairs for all attendees, and a microphone, if the room is big.
- Sample discussion questions (see below)
- Invite a group of local youth for this session. Consider inviting a married youth group that is active in the community or perhaps work with a local school or religious group.
- If possible, also invite peer educators who are comfortable talking to a group and know about young marriage and reproductive health issues.
- To help the married youth prepare for the panel, provide them with the following sample questions in advance. This will give them a chance to think about their answers beforehand.
  - ▶ What do you enjoy doing in your spare time?
  - ▶ What health issues are most important to people your age?
  - ▶ What are the biggest health concerns for young married couples?
  - ▶ Where do you go to get reproductive health services and information?
  - ▶ If you could create a friendly reproductive health clinic, what would it look like?
  - ▶ What is your biggest fear about going to a health clinic?
  - ▶ How would you get more married youth to come to a health clinic?
  - ▶ Have you heard of any bad experiences at clinics from your friends? If so, what happened?
  - ▶ What advice would you give health care workers when talking to young married people?
- Set up enough chairs and microphones before the panel discussion. If the room is very large, you may need microphones. If there is a smaller group, consider arranging the chairs in a circle to create an informal group feeling. This may make it easier for married youth to answer questions.

## Steps

1. Tell the participants that you have invited some local married youth to the training for a panel discussion. The goal is to hear from the young married people about their interests, concerns, and issues when they seek reproductive health services. Ask the participants to introduce themselves.
2. Describe the process of the panel discussion. First, each panelist will introduce him- or herself. Next, you will ask a series of questions. Then the participants will have an opportunity to ask questions.
3. Ask the panel to introduce themselves and to tell their age, school/work, and reason for participating in the panel.
4. Begin the panel discussion by asking the married youth a set of questions. Make sure that all the panelists respond and that they talk for about the same amount of time.
5. After 20-30 minutes, give the audience a chance to ask questions. If the participants focus the questions on one panelist, make sure to ask the other married youth if they would like to answer the same question.
6. When 10 minutes are left, tell the group that you have time for two more questions. When the time is up, thank the panelists with a round of applause.
7. If there is time, take a short break before continuing the training. This will give the participants and panelists another opportunity to talk to each other.
8. After the panelists leave, encourage a discussion by using the following questions:
  - ▶ Were you surprised by any of the panelists' responses?
  - ▶ Do you think the panelists are representative of married youth seeking reproductive health services? Why or why not?
  - ▶ What was the most useful information you heard from the panelists?
  - ▶ How will you use this information in your job?



# 7. Creating Youth-Friendly Services for Married Youth

(for use at the clinic level only)

## 7.1 Provider Case Studies

### Objective

1. To identify effective ways to address the challenges of providing reproductive health services to married adolescents

### Time

45 minutes

### Materials and Advance Preparation

- Flipchart paper
- Markers
- Sufficient copies of Handout 25: Provider Case Studies for all participants
  - ▶ Write the following questions on a flipchart:
  - ▶ What are the challenges facing the program?
  - ▶ What are the possible solutions?
  - ▶ Which is the best solution? Why?
  - ▶ How do you think adolescents would feel about the solution?
  - ▶ How do you think administrators would react to the solution?

### Training Option

- If time is limited, read aloud the case studies, and ask for volunteers to respond to the questions.
- If there is a large class and you have more than three small groups, ask more than one group to work on the same case study. Tell each group to read the case study and then respond to the questions written on the flipcharts.

### Steps

1. Tell the participants that during this activity they will review three case studies. These studies will focus on the many issues and challenges that married adolescents face when they seek and access family planning services.

2. Tell them that they will be divided into small groups, each of which will be given one case study. They'll be asked to identify the main challenges the clients in their case study face when seeking reproductive health services, and to make recommendations for overcoming those challenges.
3. Divide the participants into small groups. Assign each group one case study. Tell the participants they will have 20 minutes to complete the activity. Show them the questions on the prepared flipchart. Ask them to reflect and answer those questions based on the case study. Encourage them to use the Ecological Model to help them develop suggested actions and responses to the case study.
4. Bring the group back together. Ask for a volunteer from each group to read aloud the case study and provide the best solution. If more than one group reports on the same case study, ask the volunteers to report on the new solutions not yet discussed.
5. As each group reports, write the solutions on the flipchart. During the discussion, you can compare how different groups addressed the same issues. Ask the participants to identify the common elements that define the success and failure of the reproductive health services provided to married youth.
6. Encourage a discussion using the following questions:
  - ▶ Was it difficult to come up with a list of solutions?
  - ▶ Was it difficult to choose the best solution?
  - ▶ How did the group come to consensus on the best solution?
  - ▶ What was the most important thing you learned from this activity?
7. In closing, remind the participants that youth face many challenges when seeking reproductive health services. It is important to discuss often if services are available to married adolescents or if there are barriers that keep them from coming into the clinic. Tell the participants that there are many ways to deal with these challenges. Each facility needs to make a decision about which way works for them. Finally, remind the participants that they need to ask local married youth about challenges to getting services and to listen to the possible solutions offered.

# Handout 25:

## Provider Case Studies

### Case Study 1: Confidentiality

---

In a small town of 500 people, there is an outbreak of syphilis, a sexually transmitted infection. Married young women have become increasingly susceptible, but they are not coming into the health clinic or pharmacy for treatment. The women say they fear that the service providers will tell others about their unfaithful husbands and their marital problems. In small towns, confidentiality always seems to be a problem because all the families know one another. How should the health clinic address this growing health concern?

Actions undertaken:

### Case Study 2: Demand for New Services

---

A pregnant young woman walks into the clinic with her mother-in-law. It is obvious from the bruises on her arms and legs that the young woman has been physically abused. Her mother-in-law keeps speaking for her, insisting that malaria has made her very weak. The young woman remains quiet only saying that her husband left for seasonal work one week ago. What steps can the health clinic take to assist this young woman?

Actions undertaken:

### Case Study 3: Community Resistance

---

Some adults in the community are unhappy that your agency has been encouraging married youth to delay their first birth and use family planning. These individuals feel that the agency is going against community tradition in which all young married couples begin to have many children immediately after marriage. How should the health clinic address this community concern?

Actions undertaken:



## 7.2 Using the COPE® Self-Assessment Guides

### Objective

1. To identify problems in providing a quality service to adolescents by completing a self-assessment guide

### Time

90 minutes (Note: This activity must be combined with the Action Planning for Youth-Friendly Services “ exercise which takes one additional hour)

### Materials and Advance Preparation

- Flipchart
- Markers
- Sufficient copies of Handout 26: COPE® Self-Assessment Guides for Married Youth Reproductive Health Services for all participants
- Make enough copies of the Youth-Friendly Self-Assessment Guides for all participants.
- Using the flipchart, write “Seven Rights of Clients” at the top of the paper. Write the following underneath the title:
  - ♦ The Right to Information
  - ♦ The Right to Services
  - ♦ The Right to Informed Choice
  - ♦ The Right to Safety
  - ♦ The Right to Privacy and Confidentiality
  - ♦ The Right to Dignity, Opinion, and Comfort
  - ♦ The Right to Continuity of Care

### Note to Trainer

This activity uses a set of COPE® Self-Assessment Guides. The guides ask a set of questions for each client right and provider need. The trainer should assess the service delivery setting and the reading ability of the participants before moving forward with this activity.

Based on the setting, the trainer may want to shorten the length of the activity. The Self-Assessment Guides can be shortened and adapted to a particular service-delivery setting. This may simplify the process for staff who are not comfortable reading a lot of material

### Steps

1. Explain that self-assessment is key to identifying and solving problems. Ask participants how self-assessment might help them in their delivery of health services. Point out that using self-assessment guides helps staff answer the question: “What are the challenges that keep married youth from receiving quality health services from this clinic?”

2. Tell them that before beginning this activity, it is important to define the term “quality.” Write the term Quality on a flipchart and ask participants to give definitions and examples of quality. If participants are having a hard time, ask the following questions:
  - ▶ What do you think clients have a right to expect?
  - ▶ If you were coming to this clinic for services, what would you want your experience to be like?”
3. Throughout the discussion on quality, stress the following points:
  - Quality service is the type of service staff members would want to receive.
  - Quality is about meeting clients’ needs and helping staff to work more efficiently.
  - Quality improvement needs constant attention and is not achieved by one training session or a one-time meeting. It should become a part of staff’s responsibility.
4. Say that to improve the quality of services for married youth, we need to consider the rights of clients and the need of the provider. Write “Married Youth Rights for Health Services” on a flipchart. Ask the participants to brainstorm a list of Client Rights to keep in mind when providing services to married youth.
5. After the list is complete, show them the prepared flipchart. Review the seven rights of clients, which include:
  - The Right to Information
  - The Right to Services
  - The Right to Informed Choice
  - The Right to Safety
  - The Right to Privacy and Confidentiality
  - The Right to Dignity, Opinion, and Comfort
  - The Right to Continuity of Care
6. Say that a definition of each right is provided in the COPE Self-Assessment Guides. Review the definitions for all seven rights. After reading each right, ask participants to give examples of how a clinic could support these rights.
7. Ask the group to think of the practical things staff need in order to provide quality services to adolescents. Write responses on the flipchart. After the group creates a list, review the three “Needs of the Provider” which include:
  - The Need for Facilitative Supervision and Management
  - The Need for Information, Training, and Development
  - The Need for Supplies, Equipment and Infrastructure

8. Give a copy of the Youth-Friendly Services Self-Assessment Guide to each participant. While introducing the guide, stress the following points:
  - This is not a test
  - Participants are not expected to respond to every question
  - Questions should be used to help identify problems with current services.
  - Participants should be honest about problems at the site
  - When identifying problems, participants should be as detailed as possible
9. Divide the participants into small groups and give each two or three “Client Rights” and “Provider Needs” to review.
10. Say that each group member will have 20 minutes to individually complete their sections of the self-assessment guide. Tell them to answer as many questions as possible. If they cannot answer a question, they can move on to the next item.
11. After completing the self-assessment, tell them to discuss the problems identified in their self-assessments. Give each group a piece of flipchart paper and markers. Tell them to choose one person to write down all of the challenges identified and one person to share their responses with the larger group. Give them 15 minutes to complete this activity.
12. Bring everyone back together. Give 15 minutes for all the small groups to share their responses. Encourage a discussion using the following questions:
  - ▶ Was it easy/challenging to complete the self-assessment?
  - ▶ Which category had the most issues that needed to be addressed?

# Handout 26:

## COPE® Self-Assessment Guides for Married Youth Reproductive Health Services

### 1. Clients' Right to Information

Married Youth have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality. Materials designed for married young people need to be available in all parts of the health care facility.

This guide was developed for staff that provide reproductive health services to married young people. Recognizing that married young people need access to a range of primary health care, as well as services reflecting their particular psycho-social needs, this guide is limited to what may be done within the site with an emphasis on reproductive health. Even if a site provides limited services, effective referral and an “adolescent friendly” approach are critical issues.

The team for this guide should include staff who usually provide client education as well as staff who may give married young people information on reproductive health and the services available at your site. Staff that provide presentations to married young people in community settings should be included in this team. At least one clinical staff person should be a member of the team.

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: “PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN.” If you are aware of a problem that is not addressed on this guide, please include it.

1. Does all staff, including support staff, inform married young people about the following?
  - ▶ The reproductive health services available at your facility?
  - ▶ Where services are available?
  - ▶ What times services are available, including special hours for married young people if possible?
  - ▶ How much services cost and which services are free?
  - ▶ Which services are available by referral and where they are available
  - ▶ What contraceptive methods are available?
  - ▶ Where outreach activities for married young people occur in the community?
  - ▶ That all services at the facility are confidential and do not require parental/family permission?



2. Are signs showing the following information about reproductive health services displayed in key locations throughout your facility:
  - ▶ Place?
  - ▶ Days?
  - ▶ Times?
  - ▶ Costs?
3. Do you discuss sexual and reproductive health issues that are of concern to married youth:
  - ▶ Pre-mature ejaculation?
  - ▶ Menstrual cycle concerns?
  - ▶ Genital hygiene?
  - ▶ Sexual pleasure?
  - ▶ Body image?
  - ▶ Family planning ?
  - ▶ Sexually transmitted infections?
  - ▶ HIV/AIDS?
  - ▶ Pregnancy?
  - ▶ Relationships (spouse, family, friends)?
  - ▶ Gender Issues (Male and female roles in society)?
  - ▶ Violence (physical, sexual, emotional/verbal)?
  - ▶ Drug and alcohol use?
  - ▶ Self-esteem?
  - ▶ Sexual decision-making?
4. Do you provide one on one counseling to married youth?  
If so, do you:
  - ▶ Feel comfortable discussing sexual and RH issues with married youth?
  - ▶ Feel comfortable discussing sexual and RH issues with unmarried youth?
  - ▶ Adapt information to meet youth's needs?
  - ▶ Use simple, non-technical language that youth can understand?
  - ▶ Create a safe space for youth to ask questions without judging their behaviors?
  - ▶ Refer youth for services that your clinic does not offer?
  - ▶ Tell youth about available contraceptive methods?
  - ▶ Use educational aids, such as pamphlets, posters, and anatomical models, available?
5. Do pregnant youth receive information on the following topics:
  - ▶ Prenatal nutrition, exercise, and rest?
  - ▶ Where, when, and why to return for follow-up care, including warning signs?
  - ▶ The importance of seeking medical attention if problems arise?

- ▶ Safe labor and delivery?
- ▶ Infant care, including immunization schedules and child nutrition?
- ▶ Breastfeeding and breast care?
- ▶ Family planning for the postpartum period and beyond?
- ▶ Sex during pregnancy?

OTHER ISSUES YOU THINK ARE IMPORTANT:

## 2. Clients' Right to Access to Services

This right refers to issues such as affordability of services, availability of services at times and places convenient to clients, physical barriers to the health care facility, inappropriate eligibility requirements for services, and social barriers, including discrimination based on gender, age, marital status, fertility, nationality or ethnicity, social class, caste, religion, or sexual orientation. Issues of access are also covered in the guides on safe services, informed choice, and continuity of care.

This guide was developed for staff that provide reproductive health services to married young people. Recognizing that adolescents need access to a range of primary health care, as well as services reflecting their particular psycho-social needs, this guide is limited to what may be done within the site with an emphasis on reproductive health. Even if a site provides limited services, effective referral and an “adolescent friendly” approach are critical issues.

The team for this guide should include at least one person who provides reproductive health information, counseling, or services. It may also be useful to include a member of management on this team.

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: “PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN.” If you are aware of a problem that is not addressed on this guide, please include it.

1. Is there a referral system in place for married adolescents detailing the health services that are not offered at the site?
2. Does staff try to minimize the number of visits a married adolescent has to make for each service?

3. Are the times that reproductive health services are offered convenient for married adolescents, such as on weekends or in the evenings?
4. Do married adolescents require spousal or family consent before accessing the facility's services?
5. In what ways and where do married adolescents receive information about your center:
  - ▶ In the community (offices, recreational facilities, community groups, places of worship)?
  - ▶ In areas/places frequented by married adolescents (clubs, local shops)?
  - ▶ By word of mouth?
6. Do both female and male married adolescents clients have access to reproductive health information, counseling, and services?
7. Do all male and female married adolescent clients have access to free or affordable condoms at the site? Can male and female married adolescent clients get free or affordable condoms outside the facility?
8. Does staff ask all married adolescent clients about their possible need for contraception when they come to the facility for other services?

OTHER ISSUES YOU THINK ARE IMPORTANT:

## 3. Clients' Right to Informed Choice

Informed choice refers to the process by which an individual arrives at a decision about health care. It is based upon access to, and full understanding of, all necessary information from the client's perspective. The process should result in a free and informed decision by the individual.

This guide was developed for staff that provide reproductive health services to married adolescents. Recognizing that married adolescents need access to a range of primary health care, as well as services reflecting their particular psycho-social needs, this guide is limited to what may be done within the site with an emphasis on reproductive health. Even if a site provides limited services, effective referral and an "adolescent friendly" approach are critical issues.

The team for this guide should include medical personnel and other staff who provide reproductive health information, counseling, or services.

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: "PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN." If you are aware of a problem that is not addressed on this guide, please include it.

1. Does health care staff do each of the following:
  - ▶ Actively encourage the married adolescents to talk and ask questions?
  - ▶ Provide a non-judgmental atmosphere to talk and ask questions?
  - ▶ Listen attentively to the married adolescents and respond to her or his questions?
  - ▶ Discuss the married adolescent's reproductive goals, needs, and service options?
  - ▶ Assist the married adolescent to make an informed choice?
2. Do providers avoid influencing married adolescents' contraceptive decisions by telling them which methods are "best" for married adolescents?
3. Are the health decisions made by married adolescents respected and honored by staff?
4. Are married adolescents given the right to receive reproductive health services without spousal permission or permission from another family member?
5. When appropriate, does staff promote healthy behaviors and choices by involving partners and family members in decision making by adolescents?
6. If a married adolescent wants to discontinue using a contraceptive method, does staff do the following:
  - ▶ Discuss the reasons for wanting to discontinue?
  - ▶ Offer appropriate alternatives?
  - ▶ Help adolescent explore the health and social implications of pregnancy?
  - ▶ Treat the married adolescent's wishes with respect?

OTHER ISSUES YOU THINK ARE IMPORTANT:

## 4. Clients' Right to Safe Services

Safe services require skilled providers, attention to infection prevention, and appropriate medical practices. This right also refers to compliance with up-to-date service delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and management of complications related to medical and surgical procedures. Some of these issues are treated in other self-assessment guides while this guide focuses on the behavior of staff in ensuring client safety.

Recognizing that married adolescents need access to a range of primary health care, as well as services reflecting their particular psycho-social needs, this guide is limited to what is likely be done within the site with an emphasis on reproductive health. Even if a site provides limited services, effective referral and an “adolescent friendly” approach are critical issues. This guide conforms very closely to the safety guide developed for adults in order for the site to be able to assess safety overall. In many parts of the world early marriage and/or early childbearing are still a fact of life. For this reason, we have included the section on maternity services. However, the emphasis of health care personnel should be to delay early marriage as well as early childbearing – both within and outside marriage.

Depending on the services available at the site, the team working on this guide should include a cross-section of staff from different departments.

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: “PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN.” If you are aware of a problem that is not addressed on this guide, please include it.

1. Do clients receive written and oral instructions about the following:
  - ▶ The risks associated with the treatment, procedure, or contraceptive method they are receiving?
  - ▶ Warning signs?
  - ▶ Where to go for emergency and follow-up care?
2. Are all clients with symptoms of RTIs/STIs/HIV or with disorders of the reproductive tract treated or referred?

*Infection prevention practices:*

3. Is the facility always clean?
4. Does staff wash their hands with soap and running water after each of the following situations:
  - ▶ Before and after each clinical procedure?
  - ▶ After handling waste?
  - ▶ After using the toilet?

5. Are disposable needles and syringes used whenever possible and discarded after single use? Or are reusable needles and syringes properly processed for reuse?
6. Are needles and other sharp objects disposed of in puncture-resistant containers immediately after use?

*For contraceptive services:*

7. Are married adolescents screened for according to eligibility criteria before they receive their chosen method?

*For maternity services:*

8. Women under age 18 are high-risk pregnancies. Is the site equipped to deal with these risks (both for the adolescent mother and the baby) or to know where to refer?

*Prenatal care:*

9. Are women monitored for early signs of the four most serious pregnancy-related complications:
  - ▶ Toxemia?
  - ▶ Potential infection?
  - ▶ Premature labor?
  - ▶ Obstructed labor?
10. Are pregnant adolescents offered dietary supplements as needed (for example, iron, folic acid, iodine)?

## 5. Clients' Right to Privacy and Confidentiality

Clients have a right to privacy and confidentiality during counseling, physical examinations, delivery of services, and handling of their medical records and other personal information.

This guide was developed for staff that provide reproductive health services to married adolescents. Recognizing that married adolescents need access to a range of primary health care, as well as services reflecting their particular psycho-social needs, this guide is limited to what may be done within the site with an emphasis on reproductive health. Even if a site provides limited services, effective referral and an "adolescent friendly" approach are critical issues.

The team for this guide should include staff who give clients reproductive health information, who deliver services, or who are responsible for record keeping (including receptionists, gatekeepers, and guards).

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: "PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN." If you are aware of a problem that is not addressed on this guide, please include it.

1. Do staff, including peer educators, understand the importance of not discussing married adolescent clients outside the facility?
2. Do staff explain to the married adolescents that the services are confidential?
3. Do staff respect the client's wishes about whether or not to provide information to family members, including spouses?
4. When providers must discuss a married adolescent's care with other staff members, do they respect confidentiality by speaking in a private space so that the conversation cannot be overheard?
5. Does the site make sure that married adolescent clients do not have to verbally announce what services they have come for in public areas, such as the waiting room and corridor?
6. Does the facility have private space so that counseling sessions with married adolescents cannot be observed or overheard by others?
7. Do staff take measures to ensure that counseling sessions and examinations with married adolescents are not interrupted?
8. When a third party is present during counseling, an examination, or a procedure, do staff explain the person's presence and ask the married adolescent's permission?
9. Are all services offered in a manner that is respectful, confidential, and private?
10. In presentations with groups of married adolescents, does the facilitator request that the information shared within the group be kept confidential?

OTHER ISSUES YOU THINK ARE IMPORTANT:

## 6. Clients' Right to Dignity, Comfort, and Expression of Opinion

This guide combines the three closely related rights of dignity, comfort, and expression of opinion. All clients have the right to be treated with respect and consideration.

This guide was developed for staff that provide reproductive health services to married adolescents. Recognizing that married adolescents need access to a range of primary health care, as well as services reflecting their particular psycho-social needs, this guide is limited to what may be done within the site with an emphasis on reproductive health. Even if a site provides limited services, effective referral and an "adolescent friendly" approach are critical issues.

Team members for this guide should include a range of staff involved in reproductive health care: providers, counselors, receptionists, etc.

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: "PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN." If you are aware of a problem that is not addressed on this guide, please include it.

1. Are all married adolescents who come to your facility treated with respect and the way you would want to be treated?
2. Do staff ask married adolescents if they need other services?
3. Do staff ask married youth about traditional medicine and religious/cultural practices that may affect their health care?
4. Do staff respect married adolescents' opinions, even if they are not the same as theirs?
5. Do staff encourage married adolescents clients to express their concerns?
6. Do staff respect the married adolescent client's ability to make decisions?
7. If married adolescents do NOT want family members to participate in discussions about their care, does staff make every effort to facilitate this?
8. If married adolescents want family members to participate in discussions about their care, do staff make efforts to facilitate this?
9. Do staff perform physical examinations and other procedures with the married adolescent's dignity, modesty, and comfort in mind?
10. Do the facility have private space so that physical examinations and other procedures cannot be observed or overheard by others?
11. Are family planning services offered in an atmosphere that is inviting for married male youth?

OTHER ISSUES YOU THINK ARE IMPORTANT:



## 7. Client's Right to Continuity of Care

All clients have a right to continuity of services and supplies, follow-up, and referral.

This guide was developed for staff that provide reproductive health services to married adolescents. Recognizing that married adolescents need access to a range of primary health care, as well as services reflecting their particular psycho-social needs, this guide is limited to what may be done within the site with an emphasis on reproductive health. Even if a site provides limited services, effective referral and an “adolescent friendly” approach are critical issues.

The team working on this guide should include reproductive health service providers, administrators, staff who are responsible for supplies, and field/community workers.

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: “PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN.” If you are aware of a problem that is not addressed on this guide, please include it.

1. For all services provided, are all married adolescents told the following:
  - ▶ If and when to return for routine follow-up?
  - ▶ That they can return any time if they have questions?
2. For all services provided, are all married adolescents told what to do if they experience problems, side effects, and warning signs?
3. Do staff work to make sure that married adolescents receive the service for which they are referred (for example, staff explain to clients where to go, escort them whenever they can, help arrange transport for them)?
4. Can family planning clients get refills without a long wait or other barriers to access?
5. If a married adolescent discloses a problem (sexual violence, drug/alcohol use, health problems) during or after an educational presentation, does staff try to refer the married adolescent to a service in the community for help?
6. Do staff have a list of referral resources for the following issues that married adolescents are prone to need assistance with?
  - ▶ Primary health care?
  - ▶ Stress and family management?
  - ▶ Child care?
  - ▶ Maternal health care?
  - ▶ Drug and alcohol abuse?
  - ▶ Mental health?
  - ▶ Rape/sexual assault?
  - ▶ Physical and sexual abuse?
  - ▶ Employment?
  - ▶ Tutoring?

- ▶ Family counseling?
- ▶ Eating disorders/nutrition?
- ▶ Sports/Recreational activities?

OTHER ISSUES YOU THINK ARE IMPORTANT:

## 8. Staff Need for Facilitative Supervision and Management

Health workers function much better in a supportive working environment with facilitative management and supervision that motivate staff and enable them to perform their tasks well.

The team working on this guide should include representatives of management, as well as service providers and other staff.

This guide was developed for staff that provide reproductive health services to married adolescents. Recognizing that adolescents need access to a range of primary health including reproductive health services, as well as mental health and social services, this guide is limited to what may be done within the site. Even if a site provides limited services, effective referral and an “adolescent friendly” approach are critical issues .

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: “PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN.” If you are aware of a problem that is not addressed on this guide, please include it.

1. Do staff feel that the facility's management emphasizes quality services for married adolescents and is committed to providing them?
2. Is management supportive, encouraging, and respectful of all staff?
3. Do staff feel that their on-site supervisor(s) help them do their work better?
4. Do staff feel that the area, regional, or headquarters supervisor helps them do their work better?
5. Is staff busy and well utilized during the entire time they are working? Are work schedules posted and well organized?
6. Is there a formal way to encourage communication and to improve collaboration between community health workers/outreach workers for married adolescents, peer educators, and staff at the facility?

7. Are good referral structures in place when the site is unable to deal with a health problem?

OTHER ISSUES YOU THINK ARE IMPORTANT:

## 9. Staff Need for Information, Training, and Development

For a facility to provide quality reproductive health services for adolescents, staff must possess and continuously acquire the knowledge, skills, and attitudes needed to provide the best services possible.

The team working on this guide should include a cross section of staff representing all departments within the facility.

This guide was developed for staff that provide reproductive health services to married adolescents. Recognizing that married adolescents need access to a range of primary health care including reproductive health services, as well as mental health and social services, this guide is limited to what may be done within the site. Even if a site provides limited services, effective referral and an “adolescent friendly” approach are critical issues. If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: “PROBLEM, CAUSES, RECOMMENDATION, BY WHOM, BY WHEN.” If you are aware of a problem that is not addressed in this guide, please include it.

1. Do staff feel they have the knowledge and skills they need to provide quality services for married adolescents?
2. Do staff have adequate knowledge and skills to counsel and provide services (or refer) in the following:
  - ▶ Sexuality?
  - ▶ The reproductive system and how it works?
  - ▶ Pregnancy prevention, family planning methods and their use, including emergency contraception?
  - ▶ How to use a condom?
  - ▶ Prevention, diagnosis and treatment of STIs/HIV?
  - ▶ Care during the pregnancy, labor and delivery and postpartum period?
  - ▶ Ensuring a safe delivery?
  - ▶ Outreach programs and services for married adolescents available in the community?

- ▶ Other preventive health topics, such as nutrition, immunization, smoking, alcohol and drug use, violence including sexual abuse and incest?
  - ▶ Post-abortion care?
3. Do staff have access to current reference books, charts, posters and other materials related to adolescent and general care, for example:
- ▶ Married Adolescent health and social issues?
  - ▶ Reproductive health?
  - ▶ Infection prevention?
4. Do staff understand the different needs of different groups of married adolescents:
- ▶ Female?
  - ▶ Male?
  - ▶ Engaged, married, or promised, but living with parents?
  - ▶ Recently married?
  - ▶ Currently pregnant?
  - ▶ Currently postpartum?
  - ▶ Married, but not living with spouse (who may be away for work/school a few months at a time)?
  - ▶ Victims of sexual or domestic violence, and perpetrators of violence?
  - ▶ Different social and ethnic married adolescent groups?
  - ▶ Adolescents with mental health problems (suicidal clients, clients with eating disorder), family problems, or in need of work?
5. Does staff feel prepared to address the health consequences of harmful practices that their married adolescents clients may face (for example, sex for money due to poverty; pressure to prove fertility immediately after marriage)?

OTHER ISSUES YOU THINK ARE IMPORTANT:

## 10. Staff Need for Supplies, Equipment, and Infrastructure

In order for health workers to provide good services, staff need reliable and sufficient supplies, functional equipment, and adequate infrastructure.

The team for this guide should include a cross-section of staff from different departments including staff members who work in supplies and purchasing, and a staff member who has budgeting authority to change the items and quantities ordered.

This guide was developed for staff that provide reproductive health services to married adolescents. Recognizing that married adolescents need access to a range of primary health care including reproductive health services, as well as mental health and social services, this guide is limited to what may be done within the site. Even if a site provides limited services, effective referral and an “adolescent friendly” approach are critical issues.

If one of the questions below is a problem at your facility, or if you think the question needs to be discussed further, write your comments on the flipchart paper in the following format: “PROBLEM, CAUSES, RECOMMENDATIONS, BY WHOM, BY WHEN.” If you are aware of a problem that is not addressed on this guide, please include it.

1. In the last 6 months, have shortages or stock-outs of supplies disrupted the provision of any of the services offered at the facility?
2. In the last 6 months, has unavailability of equipment or nonfunctioning equipment disrupted the provision of any of the services offered at the facility?
3. Are reproductive health education materials (pamphlets, posters, videos, etc.) for married adolescents available and used?
4. Are there appropriate handwashing facilities available (sink, soap, towel)? Are handwashing facilities available in examination and procedure examination rooms?
5. Does staff have the supplies and facilities needed to properly dispose of sharps and other medical waste (for example, containers for sharps, a functioning incinerator or a covered pit)?

OTHER ISSUES YOU THINK ARE IMPORTANT:



## 7.3 Action Planning on Youth-Friendly Services for Married Youth

### Objective

1. To develop an action plan that will address specific problems to increase the quality of services provided to married adolescents

### Time

60 minutes

### Materials

- Flipchart
- Markers
- Sufficient copies of Handout 27: Youth-Friendly Services for Married Youth Action Plan for all participants

### Steps

1. Begin this session after each small group has completed the Youth-Friendly Services Self-Assessment Guides and identified a list of challenges at their site.
2. Ask each group to post their list along the back wall of the room. If there is no space to hang these lists, have them come up to the front of the room, one at a time to share their responses. Each group will present the problems that they identified from the self-assessment guide. Give each group 5 minutes.

Once all problems have been listed, have the group take a close look at all the lists hanging on the back wall.

3. Ask the participants to divide into smaller groups. If a group has come from the same facility, then they should work together on action planning. Instruct them to take a look at the list of challenges. Tell them to choose five problems they think are the most important to address at their site.
4. When they have selected the top five challenges, refer them to the Action Plan worksheet. Tell them that they will take each problem and answer the following: 1) What is the recommendation to address the problem, 2) What steps are necessary for the recommendation, 3) Who is responsible for implementing the recommendation, 4) What is the timeline for implementation, five) What is the date to assess the status of the implementation?. Write these five questions on the flipchart for the participants. Give them 30 minutes to complete this activity.
5. Bring the group back together and have one to two volunteers report on a problem their group will address. They should include: who is responsible, what the timeline is and a date when they will assess their progress.

6. Encourage a discussion using the following questions:
  - ▶ Are there any similarities among the problems addressed by different groups?
  - ▶ Are there any problems that do not seem to have a solution?
  - ▶ What can groups do to make sure they are successful in addressing the problems at their sites?
7. In closing, explain to participants that they have identified five problems at their site, as well as an action plan to address those problems. Remind them that it usually requires more than one person to solve these problems, and that key decision makers, including family and top administrators, must be involved. Stress that addressing these issues will improve the quality of care for married youth. Also stress that change takes time and that they must be patient when working on these issues



## Handout 27:

# Youth-Friendly Services for Married Youth Action Plan

Problem/ Cause(s)	Recommendation	Step(s) to Action	By Whom/ By When	Status/ Comments



# 8. Closing Activities

## 8.1 Reflection

### Objective

1. To reflect on ideas and information that were shared during the training day or over the course of the training

### Time

10-15 minutes

### Materials

- Paper
- Pens or pencils

### Training Option

Depending on how much time is left, you may want to ask the participants to share their responses to one or more of the statements.

### Steps

1. If this is the first time the participants do this exercise, tell them that the final 5-10 minutes of each day will be devoted to the process of reflection. Ask "What is reflection?" and discuss the responses. If necessary, say that reflection is the process of thinking carefully about activities and events that have happened in our lives.
2. Ask the participants to complete the following statements either verbally or in writing. If asking for written answers, give each participant a sheet of paper and a pen or pencil.
  - This day has taught me that...
  - I was surprised to find...
  - When it comes to my values, I...
  - I want to think more about...



## 8.2 The Rainstorm

### Objective

1. To participate in an activity that inspires teamwork and brings the training to a close.

### Time

10 minutes

### Materials and Advance Preparation

- Arrange the chairs in a circle.

### Steps

1. Tell the participants to stand in front of chairs set in a circle.
2. Tell the participants to repeat your actions when you look at them.
3. Explain to the participants that they are going to create a rainstorm. Begin this process by rubbing your hands together. Then look at the person to your left. This participant should also rub his or her hands together. Look at all the participants in the circle until all of them are rubbing their hands together.
4. As the participants continue to rub their hands, begin to snap your fingers. Look at each participant until they all change from rubbing their hands to snapping their fingers.
5. Once all the participants are snapping their fingers, slap your hands on your thighs. Again, the participants should do the same as you look at them.
6. Once all the participants are slapping their thighs, slap the floor or the chair in front of you (whichever makes the louder sound on the ground).
7. Once everyone is slapping the floor or the chair, lead the participants through the same process backward until only one person is rubbing his or her hands together. When he or she stops, the rainstorm is over.



## 8.3 Post-training Questionnaire

### Objective

1. To complete a questionnaire to compare their range of knowledge and attitudes at the beginning of the training (as demonstrated in Handout 3 Pre-training Questionnaire with the participants knowledge and attitudes at the end of the training

### Time

30 minutes

### Materials and Advance Preparation

- Pens or pencils
- Sufficient copies of Handout 29: Training Evaluation and Handout 28: Post-training Questionnaire for all participants
- Trainer's Resource Sheet 12: Group Performance Matrix

### Training Options

- If most of the participants are low-literate/illiterate, read aloud the questions and ask the participants to answer by raising their hands. Record the responses of the group as a whole on the Group Performance Matrix. The matrix will be used for comparison with the Pre-training Questionnaire results.
- If some of the participants are low-literate/illiterate, give each person a partner (one literate/ one low-literate) so that everyone is able to complete the test.

### Steps

1. Tell the participants that measuring changes in their knowledge and attitudes is important information to help improve the training and program. Say that they will be asked to complete the same questionnaire that they were given at the beginning of the training. Stress to the participants that the survey is not a test, and assure them that all answers and information will be anonymous and confidential.
2. Give participants the Handout 28: Post-training Questionnaire and the pens or pencils. Ask them to fill it out and tell the participants they will have 30 minutes to complete the survey.
3. After 30 minutes, collect the surveys. If there is extra time, share the results of the Pre-training Questionnaire and discuss some of the questions that had low scores. After the participants have completed the Post-training questionnaire, pass out Handout 29 to all participants and ask them to fill it out before they leave.
4. At the end of the day, grade the surveys and record them on one copy of the Trainer's Resource Sheet 12: Group Performance Matrix.

## Handout 28:

# Post-training Questionnaire

Decide whether you agree (A) or disagree (D) with each of the following statements. Write your response (A or D) to each statement in the space provided.

- 1 \_\_\_\_\_ All adolescents should be able to receive reproductive health services, regardless of their marital status.
- 2 \_\_\_\_\_ In order for an adolescent reproductive health program to be successful, staff must have the same values about sex and sexuality as the adolescents they serve.
- 3 \_\_\_\_\_ All married adolescents want to have children and must begin their families immediately after getting married.
- 4 \_\_\_\_\_ Young married adolescents' voices and needs must be considered when programs for youth are designed.
- 5 \_\_\_\_\_ Service providers should give contraceptives to a married girl if she requests them, even without her partner or family's consent.
- 6 \_\_\_\_\_ Adults should make RH decisions for married adolescents because married youth do not have a lot of experience.
- 7 \_\_\_\_\_ Married youth have many questions about sex that require honest and factual responses.
- 8 \_\_\_\_\_ Masturbation is an unhealthy expression of a young person's sexuality, especially during marriage.
- 9 \_\_\_\_\_ Service providers should not bother discussing sexually transmitted infections (STIs) and HIV testing with married youth since they are not at high-risk.
- 10 \_\_\_\_\_ Married youth are always monogamous with their partners.
- 11 \_\_\_\_\_ Depo-Provera may be a better method than the pill for young married women because they may forget to take the pills.
- 12 \_\_\_\_\_ Before having children, young married couples should never use hormonal methods of contraception (Depo-Provera, pills).
- 13 \_\_\_\_\_ After marriage, young couples often believe that there is no value in using condoms since condom use may indicate a lack of trust in the partner.
- 14 \_\_\_\_\_ Young, married girls who complain of pain during labor and delivery are usually overreacting.



**Post-training Questionnaire (continued)**

- 15 \_\_\_\_\_ Premature ejaculation is a common concern among young married couples.
- 16 \_\_\_\_\_ Although pre-ejaculatory fluid does not contain sperm, the fluid may transmit HIV and other STIs to a man's sexual partner.
- 17 \_\_\_\_\_ The human sexual-response cycle begins to function only when an individual enters marriage, not beforehand.
- 18 \_\_\_\_\_ Young couples that want to practice proper birth spacing have only one option to delay pregnancy—condoms.
- 19 \_\_\_\_\_ Childhood mortality is higher among children born to young mothers.
- 20 \_\_\_\_\_ STIs that are caused by viruses, including herpes and genital warts, can be cured with medications.
- 21 \_\_\_\_\_ Up to 60% of new HIV infections in developing countries occur among those 15 to 24 year olds.
- 22 \_\_\_\_\_ Regardless of marital status, the highest reported cases of STIs are among adolescents (ages 15 to 24).
- 23 \_\_\_\_\_ Research shows that married youth often have less knowledge of reproductive health issues than unmarried youth.
- 24 \_\_\_\_\_ Delaying pregnancies among married youth may have a long-term demographic impact.
- 25 \_\_\_\_\_ Women who become pregnant during at a young age are two to five times more likely to die in childbirth than their older age counterparts.

# Trainer's Resource Sheet 12:

## Group Performance Matrix

Course Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Question #	Participants													
	Correct Answers	1	2	3	4	5	6	7	8	9	10	11	12	Total
1	A													
2	D													
3	D													
4	A													
5	A													
6	D													
7	A													
8	D													
9	D													
10	D													
11	D													
12	D													
13	A													
14	D													
<b>Attitudinal Subtotal (Question #s 1 to 15)</b>														
15	D													
16	A													
17	D													
18	A													
19	A													
20	D													
21	A													
22	A													
23	A													
24	D													
25	A													
<b>Knowledge Subtotal (Question #s 16 to 25)</b>														
<b>Total # of Correct Answers</b>														

# Handout 29:

## Training Evaluation

Please complete all sections of this evaluation form, using the reverse side for comments if needed. Your responses will help the training organizers in make this training effective.

### A. Overall Training

Circle the choice that best reflects your overall evaluation of this training:

\_\_\_\_\_ Very good \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Very poor

### B. Specific Training Components

1. Respond to each of the following elements of the training (circle the number of your response for each):

2. The length of the training was: \_\_\_\_\_ Too long \_\_\_\_\_ Just right \_\_\_\_\_ Too short

3. The most important thing I learned in this training was:

Element	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
<b>Content</b>					
• Information was just enough					
• Information was well organized					
<b>Materials and Visual Aids</b>					
• Were of high quality					
• Were useful					
<b>Trainer Presentation</b>					
• Trainer was knowledgeable on this subject					
• Trainer had a good presentation style					
• Trainer was responsive to the participants' questions and needs					

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- Were useful
- Had enough time to discuss problems and solutions

### C. General Comments

Please share with us the sessions you enjoyed the most (include reasons why):

Please share with us the sessions that you liked the least (include reasons why):

Please share any suggestions on how to improve the training or a particular session:

### D. Other Comments



