World Health Organization

DEPARTMENT OF CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT

Orientation Programme
on Adolescent Health for Health-care Providers

Facilitator Guide
NEW MODULES

Part I

Planning and preparing

Background and objectives of the orientation programme

Many individuals and institutions have important contributions to make to promoting healthy development in adolescents and in preventing and responding to health problems in them, if and when they arise. Health-care providers (HCP) have important contributions to make in both these areas. However, situation analyses and needs assessment exercises carried out in different parts of the world point to shortcomings in their professional capabilities and in their "human qualities" as a result of which they are unable and sometimes unwilling to deal with adolescents in an effective and sensitive manner.

To address this need, the Department of Child and Adolescent Health and Development (CAH) of the World Health Organization (WHO) has worked with the Commonwealth Medical Association, UNICEF and UNFPA to develop the Orientation Programme (OP) on adolescent health for health-care providers.

Overall aim

The overall aim is to orient health-care providers to the special characteristics of adolescents and to appropriate approaches to addressing some of their health needs and problems. This will strengthen the abilities of health-care providers to respond to adolescents more effectively and with greater sensitivity. It is expected that the OP will significantly contribute to building national and regional capacity on adolescent health and development.

Intended beneficiaries

The OP is intended for health-care providers (e.g. nurses, clinical officers and doctors) who provide preventive and curative health services to adolescents and to other segments of the population. Other professionals (such as psychologists, social workers, teachers, youth workers and others) should be invited as well so that they may share their experiences and insights on specific areas. It is also expected that adolescents themselves will participate in the OP to provide an "adolescent perspective" to the discussions.

It is worth noting that the OP was conceived and developed with the active participation of its intended beneficiaries. This has been done through the organization of participatory development workshops in several countries around the world.

Expected outcomes

It is expected that health-care providers who participate in the OP will:

- Become more knowledgeable about the characteristics of adolescence and of different aspects of adolescent health and development;
- Become more sensitive to the needs of adolescents;
- Be better equipped with facts and figures to argue for increased investment in adolescent health and development;
- Be better able to provide health services to adolescents that respond to their needs and are sensitive to their preferences;
- Have prepared a personal plan indicating the changes they will make in their work.

However, the OP is not intended to equip participants with specific clinical or counselling skills in adolescent health care.

In practical terms, the OP will provide participants with ideas and practical tips to two key questions:

- What do I, as a health-care provider, need to know and do differently if the person who walks into my clinic is aged 16 years, rather than six or 36?
- How could I help other influential people in my community to understand and respond better to the needs and problems of adolescents?

Aim and components of the Facilitator Guide

The OP is designed to be implemented mainly in a workshop context. It is intended to be a dynamic and interactive programme in which facilitators actively engage the participants in the teaching/learning process. A range of teaching and learning methods has been carefully selected to enable this to happen in an effective manner. This *Facilitator Guide* provides essential information to the organizers and facilitators to plan and implement the OP.

The aims of the Facilitator Guide

- To provide information on planning and preparing for the Programme
- To provide an overview of the teaching and learning methods used in the Programme
- To give detailed instructions for conducting individual modules.

The guide consists of two parts:

- Part I. Planning and preparing
- Part II. Guidelines for conducting individual modules.

Part I is organized in seven sections as follows:

Section I. Introduction to the Orientation Programme

Provides an overview on the content of the Programme.

Section II. Designing the structure and content of the Orientation Programme workshop

Contains suggestions for:

- Establishing the structure and content of a three-day OP workshop
- Selecting appropriate health issues/topics to include in an OP workshop.

Section III. Gathering information about adolescent health and development

Provides suggestions on facts and figures on adolescent health which would be useful to have in advance of the workshop, and on how to structure this information.

Section IV. Key teaching/learning methods

Discusses the facilitation of the OP, and the teaching/learning methods used in it:

- Criteria for selecting facilitators
- Role of the facilitators
- Ground rules for participatory training
- Planning and running the modules on health issues.

Section V. Inviting participants and other contributors

Provides suggestions on inviting the participants and other contributors to the OP, with specific suggestions on:

- Drawing on the expertise of specialists
- Planning a formal opening ceremony
- Involving adolescents.

Section VI. Planning for the Orientation Programme workshop

Contains a checklist for workshop planning and preparing for the OP.

Section VII. Evaluation methods for an Orientation Programme workshop

Providing an overview of workshop evaluation methods:

- To measure the participants' reactions
- To measure changes in the participants' knowledge
- To measure changes in the participants' practice
- Follow-up questionnaire.

Part II has two sections and provides all the information and materials needed to run a given module[1]. It includes the module schedule and the "step-by-step instructions" to run each of the sessions. It also includes all the support materials needed to run the module, such as slides with accompanying talking points, flipcharts and their contents, and case-study materials with notes on issues that they raise. Finally, it includes *Tips for you* to help you respond to questions that may be raised by participants, identifies matters that may be sensitive and about how to deal with them.

Section I. Core modules

Module A	Introduction
Module B	Meaning of adolescence and its implications for public health
Module C	Adolescent sexual and reproductive health
Module D	Adolescent-friendly health services
Module E	Adolescent development[2]
Module F	Concluding

[1] Slides on global data and issues are also part of each module. You may want to prepare background materials on local data for each of the modules.

[2] Under development.

Section II. Optional modules

Module G	Sexually transmitted infections in adolescents
Module H	Care of adolescent pregnancy and childbirth
Module I	Unsafe abortion in adolescents
Module J	Pregnancy prevention in adolescents
Module K	Substance use in adolescents
Module L	Mental health of adolescents
Module M	Nutrition in adolescents
Module N	HIV/AIDS in adolescents[1]
Module O	Chronic diseases in adolescents[1]
Module P	Endemic diseases in adolescents[1]
Module Q	Injuries and violence in adolescents[1]

[1] Under development.

Section I
Introduction to the Orientation Programme

Content of the Orientation Programme

The OP consists of core and optional modules. Figure 1 shows the core and optional modules which have been developed or are currently under development. It is necessary for all participants in the OP to go through the core modules: *Introduction, Meaning of adolescence and its implications for public health, Adolescent sexual and reproductive health, Adolescent-friendly health services, Adolescent development*[1], and the *Concluding* module. This is because they cover the essential topics that will equip the participants with the knowledge and understanding they need to achieve the overall aims of the Programme.

Considering your local needs and resources, and the time available, you and your colleagues will need to decide which of the optional modules will be appropriate for inclusion in your workshop. It is important to note that time constraints should not limit the inclusion of as many modules as you need. This will be further clarified when we discuss the options of running the workshop.

Running each module takes about 3 hours (or half a day), except for the *Introduction* module which requires about 1 ½ hours, and the *Meaning of adolescence and its implications for public health* module which requires 4 hours. Running all the currently available core modules would take about 2 ½ days. This can be conducted on consecutive days, or with interruptions over several days, depending on participants' availability. Local workshop organizers and facilitators will need to decide which optional modules to include, based on local priorities in adolescent health.

FIGURE 1

Modules of the Orientation Programme

Core modules	Optional modules
A. Introduction	G. Sexually transmitted infections in adolescents
B. Meaning of adolescence and its implications for public health	H. Care of adolescent pregnancy and childbirth
C. Adolescent sexual and reproductive health	I. Unsafe abortion in adolescents
D. Adolescent-friendly health services	J. Pregnancy prevention in adolescents
E. Adolescent development[1]	K. Substance use in adolescents
F. Concluding	L. Mental health of adolescents
	M. Nutrition in adolescents
	N. HIV/AIDS in adolescents[1]
	O. Chronic diseases in adolescents[1]
	P. Endemic diseases in adolescents[1]
	Q. Injuries and violence in adolescents[1]

This *Facilitator Guide* has been prepared to assist you with planning, implementing and evaluating the OP.

[1] Under development.

Support materials used to run the Orientation Programme modules

Each module consists of support materials. You will need to read carefully and understand them, to help you run the module effectively. Figure 2 provides a list of the different support materials with a brief description of each.

FIGURE 2

Support materials for the Orientation Programme modules

Support materials	Brief description and purpose
Handout for modules[1]	This document provides you and the participants with technical information on the specific areas covered in each module.
Spot checks	These are a set of 5-6 questions on each module (except for the *Introduction* and the *Concluding* modules). The purpose of the spot checks is to help participants to assess their gain in knowledge as a result of participating in the module.
Orientation Programme Personal Diary (OPPD)	This is a notebook in which each participant will record the key messages that they are taking with them at the end of each module (with the exception of the *Introduction* and *Concluding* modules). Participants will be asked to put down three key lessons that they learned from their participation in the module and three actions that they plan to take in their work for and with adolescents. The purpose of this exercise is to provide information for participants to develop their personal plans during the *Concluding* module.
Session support materials: Letters Scenarios Case studies Activity sheet	Letters to Agony Aunts, scenarios and case studies are materials developed for use in the different modules. The activity sheet for the *Concluding* module provides a framework for each participant to develop the personal plan to improve his/her work for and with adolescents.

[1] Handouts containing global data are part of each module. Organizers/facilitators may want to prepare supplementary materials based on local data, social and cultural practices.

Section II
Designing the structure and content of the Orientation Programme workshop

This section contains the information you will need for developing the content and structure of the workshop. There is flexibility in the structure and duration of the programme, together with a choice of health issues/topics (optional modules) to include. Given this modular structure, it is possible to adapt the programme to any context. For example, it could be offered in the following contexts:

- Stand-alone as a complete three, four, five or six-day workshop
- As an "add on" to another programme
- Staggered over time, such as one or two modules per week.

In addition to the modules shown in Figure 1, there is need for an additional session to open formally the workshop and introduce participants to the overall goals of the workshop.

Developing the structure and content of a three-day workshop

As indicated above, one of the attractive features of the OP is that there are multiple options for designing a workshop to suit local needs and circumstances. If the "stand alone" workshop option is chosen, the duration will need to be decided upon. If for example, a five-day course is decided upon, it will be possible to include four optional health issues (Figure 3).

FIGURE 3

Example of a five-day "stand alone" workshop

Day	Morning session	Afternoon session
Day 1	Formal opening Core module A: *Introduction* Core module B (part 1): *Meaning of adolescence and its implications for public health*	Core module B (part 2): *Meaning of adolescence and its implications for public health*
Day 2	Core module C: *Adolescent sexual and reproductive health*	Optional module: Topic 1
Day 3	Optional module: Topic 2	Optional module: Topic 3
Day 4	Core module D: *Adolescent-friendly health services*	Optional module: Topic 4
Day 5	Core module D: *Adolescent-friendly health services*	Core module F: *Concluding*

Selecting appropriate optional health topics to be included in the Orientation Programme workshop

Depending on the time you have available for the workshop, you should be able to select the most relevant health issues and problems for your region or country. The findings from local studies on adolescent health issues and problems should help you in this process. If local or country data are not available, we suggest that you consider regional data as an alternative to help you make a decision on suitable optional modules.

Section III
Gathering information about adolescent health and development

In order for the OP to be locally relevant, it is essential to collect data on the status of adolescent health, both nationally and at the provincial or regional level, before the workshop begins. This information should be made available to the participants either beforehand (if possible) or alternatively, it should be provided during registration or during the opening ceremony. Such information would:

- Establish a profile on adolescents which includes demographic data, socioeconomic information, as well as the scale and nature of health problems and problem behaviours;
- Provide background information on existing laws and policies that affect adolescent health and development;
- Provide information on health facilities and the types of services that are provided to and can be used by adolescents locally;
- Indicate the government departments and nongovernmental organizations which are involved in the area of adolescent health and development.

It would be useful for the Ministry of Health to put together a keynote address, or background paper, in advance of the workshop on the key issues facing adolescents.

Given on the following page is Checklist 1 on the situation of adolescents and of ongoing actions to promote their health and development.

CHECKLIST 1

Information-gathering checklist on adolescent health and development

- ☐ What information do we have about adolescents in the country/region?
  - ❍ Demographic data, broken down by age group and sex?
  - ❍ Social and economic status (including opportunities for – and levels of – education, and opportunities for – and levels of – employment, family and social support and access to "basic necessities" such as clean water, food and shelter)?
  - ❍ Health status (including the leading causes of disease and death)?
  - ❍ Groups and sub-groups of adolescents who are especially vulnerable to health and social problems (for example those who live and work on the street)?
- ☐ What information do we have about the health services that are available to – and used by – adolescents?
- ☐ What information do we have about:
  - ❍ Existing laws and policies relating to the health and development of adolescents (e.g. the age of consent to sexual intercourse, access to contraception)?
  - ❍ Principles and practices of national institutions, such as national medical associations, which affect the availability and accessibility of health information and services for adolescents (such as confidentiality in the context of sexual and reproductive health)?
- ☐ What information do we have about ongoing actions to promote and safeguard the health of adolescents, and to help them develop into well-adjusted adults?
  - ❍ Which government departments carry out – or support – programmes in this field at the national level?
  - ❍ What are the responsibilities of provincial or district-level government departments in this field, and what mechanisms are in place?
  - ❍ Which nongovernmental organizations carry out or support activities in the field, at national and/or provincial and district levels?
- ☐ What training opportunities are there to help health-care and other professionals serving adolescents to respond more effectively and sensitively to the needs of adolescents?

Section IV
Key teaching/learning methods

The role of facilitators

Facilitation is a helping or an enabling process, which is appropriate to working with adults who can bring a wealth of personal experience to any learning event. Indeed, facilitation is particularly relevant to this programme because many of the participants are likely to have extensive clinical or other experience of working with adolescents and on adolescent health issues.

A facilitative approach enables participants to draw on that experience and learn in an active way. It also enables a more equal relationship between participants and those who run the workshop than is possible in the more conventional trainer-learner or teacher-student styles. A facilitative approach draws on people's experiences and promotes active learning. Workshop organizers/ facilitators need to remember that many participants may have experience and expertise that equals, or even exceeds theirs.

When working with other facilitators, it is important that everyone is in agreement before the workshop starts about the facilitators' roles and responsibilities and who is responsible for which sessions. It is a good idea for facilitators to change their roles so that the participants can experience a change of style and voice.

It is sometimes the case that the participants demand a more authoritative or didactic approach, expecting the specialist or trainer to tell them what to know, think or do. At the start of the Programme it may be wise to acknowledge this expectation so that you do not lose credibility in the eyes of the participants. However, it is possible to counter this by referring to an old Chinese proverb:

"I hear and I forget! I see and I remember! I do and I understand!" *Confucius (551-479 B.C.)*

Right from the very outset, it would be useful to stress to the participants that they must decide what is useful and important to them and their work. This applies to decisions and actions they need to make as they return to their places of work after the workshop. In this process, it is important to remember that you, as facilitators, are simply the people who provide the context in which the learning and decision-making process takes place. You are not supposed to tell anyone what to do; you can only advise them and give each the support and the space to make up his or her own mind.

Workshop participants – even if they are all health-care providers from the same country – may have different backgrounds in age, religion, level of responsibility, etc. Such diversity is desirable given the interactive and participatory nature of the OP. However, diverse backgrounds can also mean differences in accustomed and preferred ways of working and communication, and also in approaches to things in general, which are bound to come up during the workshop. The challenge facing facilitators is to put their own attitudes and preferences aside, and encourage all participants to appreciate these differences and learn from one another.

The Programme requires you to use a range of methods and approaches, from direct input in the form of short mini lectures to conducting role plays, and stimulating problem-solving exercises in small groups. In the next few pages, we introduce the teaching/learning methods used throughout

the OP. First, here are some general points based on experiences gained during the field tests of the OP.

Ground rules for participatory learning

To help ensure tension- and friction- free interactions among the facilitators and the participants, it is very helpful to establish some ground rules at the outset of the Programme. These would include:

- Treating everyone with respect at all times, irrespective of cultural, age or sex differences.
- Ensuring and respecting confidentiality so that facilitators and participants are able to discuss sensitive issues (such as those relating to sexual and reproductive health, mental health and substance use) without fear of repercussions.
- Drawing on the expertise of others, both co-facilitators and participants, in difficult situations.
- Asking for critical feedback on what you do and treating that feedback with respect, so that others see the fairness of your behaviour.
- Establishing from the start when and how the facilitators and specialist contributors will work together, how to give feedback – both positive and negative – and how to keep each other on track.
- Agreeing that every time a facilitator or resource person makes a presentation or leads a session, another facilitator will be responsible for keeping an eye on the time and informing the speaker of this. Equally, some facilitators have set stopwatches or alarms at the start of sessions – an approach which causes some amusement, as long as the alarm call is not too strident!

These, together with all the basic skills of facilitation, will help to ensure an effective learning environment. Some facilitators like to draw up a "learning contract" at the outset of the Programme to ensure that facilitators and participants are agreed on the basic principles underlying adult learning.

Criteria for selecting the Orientation Programme facilitators

Based on the experience gained in different settings across all six WHO regions, we recommend the following two criteria for selecting the facilitators to run the OP effectively:

- **A medical/nursing background:** We have found that because the content of much of the OP modules is clinical in nature, and because the intended beneficiaries are health-care providers, it helps if the facilitator is a health-care provider. Interest and experience in working with adolescents would obviously be an added advantage.
- **Experience in facilitation:** We recommend that the individuals selected to facilitate the OP workshop should have had experience in facilitating workshops, especially those using participatory methods, notably the Visualization in Participatory Programmes (VIPP)[1] method.

We recommend having two or three facilitators for a workshop, which exposes the participants to different styles. The facilitators can also change roles between being the main facilitator and co-facilitation.

[1] VIPP is a people-centred approach to planning, training and other group events. It combines techniques of visualization with methods for interactive learning. Central to VIPP is the use of a large number of multi-coloured paper cards of different shapes and sizes, on which the participants express their main ideas in large letters or diagrams, to be seen by the whole group. Using this method, everyone takes part in the process of arriving at a consensus. Participants who are shy or hesitant to speak find a means of expression and those who might normally dominate are required to let others have a say. For further information, see *VIPP Visualization in Participatory Programmes: A manual for facilitators and trainers involved in participatory group events*. UNICEF, Bangladesh, 1993.

Content areas of the modules on health issues

Below you will find information on the teaching methods used in the modules. Each module (independently of a number of formal sessions) has four main components:

- Introductory
- Input
- Participatory
- Concluding.

Introductory component: Module introduction

This opening session sets the stage for the module. It allows you to share with the participants the overall aim and objectives of the module and any special remarks about it. Participants will also have an opportunity to complete the spot checks for that module.

Input component: Mini lecture(s) and module handout

A mini lecture provides an opportunity for efficiently providing participants with the basic information that they need. For each mini lecture, some of the following resources are available:

- Slides on global aspects of the health issue – you will need to make your own slides on regional- and country- specific information;
- Handouts (reading material containing information to complement what is provided during the module);
- Additional references are usually listed at the end of the handout of each module.

In every module, there are a few mini lectures distributed across the sessions, to provide inputs on different aspects of the health issue covered. The effectiveness of the mini lectures can be increased by ensuring the following:

- Clear presentation and structure
- Good visual aids
- Clear and comprehensible language
- Relevant and interesting content
- Relevant examples
- Room for comments from the participants.

It remains true that these sessions will be more effective if the participants have something to contribute other than to listen. Ideally, even direct input can include questions for participants to discuss and answer. For example, if the participants have brought information from their own regions about the health issue for adolescents, it would be useful to invite them to comment at an appropriate moment.

In the modules' input component, the following choices are available to the facilitators:

- Invite a subject specialist to talk to the group

  This can be very useful, particularly if the specialist has relevant local information on the health issue for adolescents. However, it is essential that the presentation made is brief and addresses the key issues about the health issue, with particular reference to the local situation.

- Present the mini lecture(s) on the health issue

  This may seem to be the easiest option for a facilitator, in that you have control over the information being transmitted. However, bear in mind that some of the participants themselves may have important knowledge and experience, so be willing to involve them and allow time for presentation of local data on the health issue.

  Remember that the presentation must cover the key aspects of the health issue. You can make use of the slides on global aspects contained in the module and supplement this with your own slides on local data. As already noted, it would be a good idea to allow adequate time for questions and discussion in plenary.

- Ask the participants to work through the handout before the session

  This is particularly useful if a previous module has run over time, because you can limit the input session of a module. It is also a good way to present the information for the whole of the module as it enables you to use the full time designated for the mini lecture for discussion – asking participants to review the handout and questions in small groups, and then discuss their findings in plenary.

- Distribute the handout at the start of the session

  The handouts have been designed to provide information on the main aspects of the health issue at a global level. Instead of talking through the issue, you could ask the participants to go through the handout. Allow adequate time for this and for plenary discussion of the questions in the handout – or for specific issues raised by the participants.

Given these four options, it becomes possible to present each module's input session differently. The first two options rely on specialist input of some sort, while options 3 and 4 give the participants more responsibility for developing their understanding of the issues.

Participatory component: Various participatory methods to explore the topic in more depth

A number of different teaching/learning methods have been proposed for use throughout the OP. Each of the methods discussed below has advantages and disadvantages. Therefore, the OP has been designed to include a balanced mix of methods in order to maximize the participants' interaction and benefit. An experienced facilitator will be familiar with these methods. However, it may still be helpful to go over the following points.

- Generally, it takes longer to set up small group discussions and feedback than to run a plenary session. Also, in plenary sessions the facilitator can keep control of the discussion, for example by "filtering" the points participants make as you write them up on a flipchart.
- Small group work ensures that every participant has an opportunity to contribute to the discussion and to work through the thought processes for him/herself. Some facilitators are concerned about their loss of control of these small group discussions but, given good case study material, it is possible to steer the discussion appropriately. Also, by spending time with each group (largely as an observer), each facilitator is able to trouble-shoot problems, re-focus the discussion, and respond to questions.
- It is our experience that varying the approach from one session to another provides stimulation and variety in learning.

Visualization in Participatory Programmes (VIPP)

VIPP is a participatory process which is organized through the use of cards of different sizes, colours and shapes to show linkages between ideas and areas of consensus and disagreement. For VIPP to be successful there are some rules for card-writing.

Rules for VIPP card-writing

- Write only one idea per card
- Write a maximum of three lines on each card
- Use key words
- Write large letters in both upper and lower case
- Write legibly
- Use different sizes, shapes and coloured cards to creatively structure the results of discussions
- Follow the colour code established by the facilitator for different categories of ideas.

VIPP cards can be used in plenary or small groups to get the participants to put down their responses to a question. It is important that the question asked be clear and unambiguous. The use of cards enables the responses to be organized in a logical way and to show areas of consensus and disagreement.

An advantage of this methodology is that it allows all participants the opportunity to express themselves, so that the quieter members in the group are able to make inputs.

The facilitator needs to analyse the cards and make an assessment of what they represent. It is helpful to guide the discussion on any areas of disagreement to determine the underlying causes. VIPP methods are also used to evaluate how participants feel the programme is progressing and more information is provided in the section on evaluation methods.

The availability and cost of training materials and tools vary a great deal in countries. Here are some suggestions to deal with problems that you might experience:

- Card paper may not be readily available in some countries. In this case, long sheets of plain wrapping paper can be obtained and prepared in advance. This would include cutting them in different sizes and shapes needed for VIPP exercises.
- Participants may be reluctant to apply some of the VIPP writing rules, such as limiting only three lines per card written in large letters. You can gently remind them of the importance of adhering to these rules because the aim is for their colleagues to be able to read the cards from a distance.
- If you do not have different coloured paper or cards, you could use different coloured crayons or marker pens.

Brainstorming/buzz groups

Brainstorming, or working in buzz groups, helps quickly generate ideas which can be used as a basis for later discussion. It also helps the group to cooperate on a task and to focus on an issue or problem.

This technique is often used at the beginning of a session. It involves posing a question and inviting participants to share any ideas that come up in their minds. During the brainstorming stage, neither the facilitator nor the other participants should comment on any of the ideas that have been raised. The responses are usually written on a flipchart or on VIPP cards, which – at a

later stage – can then be organized to show the themes that emerged from the exercise. Once this has been done, the ideas can be examined and discussed.

It is important to decide in advance why you want the participants to brainstorm and what you will go on to do. Make sure that your initial brainstorming question is clear and unambiguous. It is best to have the question written on a flipchart for participants to see as you introduce it. Do not let the session go on for too long – 10 to 15 minutes is about right – and make sure that everyone has the opportunity to contribute.

Role play

Role play can be an exceptionally valuable device for teaching/learning. It provides an opportunity for the expression of emotions which cannot be achieved through discussion alone. Given the limited time available for each role play – only 3-5 minutes, it can illustrate both the problems and the ways of dealing with them. For example:

- The facilitators and/or participants can use role play to demonstrate "bad practice" or "model good practice".
- For the participants, it can be:

    - A problem-identification tool, in which everyone in the role play is familiar with the scenario and role plays the difficulties it illustrates. Again, this would normally occur in plenary, although small groups could also use it as a means to develop their problem-identification skills.
    - A means to practise clinical or counselling skills, or problem-solving. In this latter form, only the "patient" should know the complete scenario or history – the health-care provider should have little detail. After an initial practice run in plenary, role play for skills practice is best undertaken in groups of three, comprising the health-care provider, the "patient" and an observer. Working in groups of three enables each person, in turn, to practise health-worker skills.

When used as a good practice tool, role play also provides an opportunity to show what a health-care provider can do very quickly to establish a good rapport and even to effect change for a troubled adolescent. It is important, however, to follow the rules of role play given below.

NOTE

Modules dealing with health issues include scenarios that can be used for role plays. Please feel free to alter or adapt them in order to make them appropriate to your cultural situation. This will probably include changing persons' names, the names of the location/site, or the circumstances of the event.

Better still, ask the participants to volunteer "real" situations relevant to them – but be sure that their issues are central to the adolescent health issue discussed in the module. Identify possible scenarios by discussion, or by asking participants to write a "difficult moment" on the card; the cards are then displayed on the wall or read aloud by the facilitator, maintaining anonymity.

Begin by asking the group to think about what they, as health-care providers (not the adolescent), would find most difficult when dealing with adolescents on the particular health issue. Ask them to focus on the interaction with an adolescent, or the adolescent and the family, rather than on abstract issues.

Typical examples might be an adolescent who is:

- Too anxious to speak
- Angry or ashamed, and so unwilling to be there
- Afraid of a clinical examination
- With parents who will not let him/her speak freely to the health-care provider.

Let the group select one or two such difficulties to illustrate typical problems faced in dealing with adolescents, and ways to overcome such difficulties.

To ensure maximum spontaneity, reduce initial discussion of the role play to a minimum. If in plenary, place two or more chairs in the front of the room – one for the health-care provider, one for the adolescent, and additional chairs for any others who are meant to be present, such as family members.

Ask for volunteers to play the roles in the chosen situation, explaining exactly what the health-care provider's task is: to illustrate bad practice as part of a problem-solving exercise or work on good practice. In any case, explain that they will be expected to demonstrate a "typical" reaction, not an ideal one. Ask the volunteers to choose a name, age and sex. Start the first role play with the arrival of the adolescent to see how he or she is greeted by the health-care provider.

Let the role play run for 3-5 minutes. The facilitator should observe, especially, what the health-care provider does or says that makes a difference in the way the adolescent reacts, what kind of "body language" is used by both health-care provider and adolescent, what attitude the health-care provider displays towards the adolescent and any family members, and any difficulties the health-care provider experiences.

Afterwards, ask the role players to stay where they are until the discussion is over. Be sure to thank and praise the role players, and then ask them to come out of their roles, i.e. say who they really are. Explain to the group that this is important to diminish the surprisingly powerful effect role plays can have on the players afterwards.

Next, ask that comments be focused on what happened in the role play, not on general issues that can be taken up later. Begin by asking each of the role players how they felt in the role (in addition to what they thought). When they have finished, ask the group for their reactions. If necessary, refer to any behaviour that was significant and ask people to comment on it. Demonstrate that you expect people to give helpful positive and negative feedback. When the group has finished commenting, go back to the role players to give them the "last word".

Running the first role play session

Although the participants should have the maximum opportunity for role playing, they may feel less inhibited if the facilitator begins by very briefly demonstrating bad practices in a role play which the group will find easy to criticize. Below are two possible examples of this, both illustrating a mental health issue; in each one, the second paragraph lists points that could be covered in the ensuing discussion.

EXAMPLE 1

Bad practices

The facilitator could play a health-care provider who sees a 13-year old boy brought by his mother to the doctor because he is "disobedient" at home and is not doing as well as expected at school. The boy is pushed into the room by his mother and comes in with his head down. The mother begins by complaining about him. The doctor doesn't look up or stand up when the two come in. He speaks only to the mother and ignores the boy. He takes sides with the mother at once. He then scolds the boy for behaving badly. He prescribes a tranquillizer for the boy and asks the mother to come back and see him in two weeks to see if there is any improvement in the boy's behaviour.

The group is asked what they think of the doctor's behaviour. The obvious faults are likely to be noticed, such as the doctor's failure to greet them properly, not giving the boy a chance to speak, and prescribing a tranquillizer without sufficient knowledge of the boy's difficulties. But it may also be useful to stimulate the group to think about what he might have missed by such behaviour. What was behind the difficulties? Was the boy overly anxious or becoming phobic? Were unreasonable demands being made of him at home? Were worries about his sexuality making concentration difficult? Has something in his life changed? How does he get on with his father? The boy may decide that no one can help someone like him, that no one cares, and he may become suicidal.

EXAMPLE 2

Bad practices

A 15-year old adolescent girl comes to see the doctor. She is very embarrassed, but manages to blurt out that something is happening at home that frightens her. The doctor asks her how old she is, what class she is in at school, what subjects she likes best, and how many sisters and brothers she has. The girl answers her and then says that she is afraid to be at home when her mother is not there. The doctor tells her not to worry and to find things to do to take her mind off her worries. She then asks her if the girl has any other complaints. The girl says no. The doctor says she doesn't think there is anything wrong with her and that she should stop worrying.

The group is asked to consider what is wrong with this scenario. The doctor is sympathetic and friendly, but she makes no reference to the girl's obvious anxiety in the room, and appears not to respond to the more important issue the girl is raising. She changes the subject twice and obtains information that may be irrelevant, yet she fails to ask what the girl fears – which might, for example, be sexual abuse or incest. The doctor may be a poor listener generally, or too frightened herself to deal with the subject.

Intervening if a role play becomes difficult

Occasionally, it may happen that someone involved in a role play becomes deeply emotional. Please do all you can to reassure the participants that they must go no further than they feel comfortable, and that they are free to stop and come out of the role at any time.

It is sometimes possible to reduce the risk of this happening by intervening. Through careful observation of the role play, the facilitator will notice if a participant playing the role of a "patient" or even a health-care provider is suddenly becoming unduly upset. The facilitator can then gently intervene to review what has caused the person to feel so strongly. If the cause is something that the health-care provider has done, it might help if the role players "replay" that part of the intervention, attempting to alter what happened. To be able to do this, the facilitator requires tact, empathy and acute observation.

Case studies

For some health issues, the module contains case studies, each with a set of questions. The purpose of these case studies is to illustrate good and/or bad practice in dealing with an adolescent who has a particular health problem. Within the time available, it is possible to lead the case studies in a number of ways, which we discuss below.

Always remember to allow the participants sufficient time for reading. Because some can read faster than others, it helps to keep the fast readers occupied while waiting for the others to finish. At the same time it is important to avoid putting pressure on those who are slow readers.
It is possible for facilitators to vary the method by:

- Using the case studies sometimes in plenary and at other times in small group sessions
- Modifying the task, for example, by getting the participants to:

    - answer questions, which are put directly to the participants, or provided to them in a "task sheet";
    - devise a list of "good" and "bad" health-care practices based on the case studies.

- Varying the method of feedback after the small group work. For example, facilitators could:

    - ask each group to write up their agreed points on a flipchart and report their findings in plenary;
    - ask each group in turn for one point of feedback and write this up on a flipchart; and to repeat the process until no one has anything more to add.

Guided discussion

The purpose of including this activity in a health issue module is to elicit changes that the participants would want and be able to make in order to modify applicable aspects of their clinical practice to provide more adolescent-friendly health services relating to the specific health issue. This will also be reinforced when the participants use the Orientation Programme Personal Diary (OPPD).

Following the group work, it is likely that most participants will have in mind a range of ideas for change when they return to their work situation.

Depending on the amount of small group work that the participants have already done, you might initially ask them to work alone, or in pairs or small groups, or even (if there is little time remaining) in plenary.

After working alone or in pairs, the participants might move on to a bigger group to pull together ideas before finally sharing them in plenary.

It is also possible to suggest separate tasks for each pair or small group. Doing so means that participants avoid listening to many different versions of the same lists; it also provides an opportunity for each group to challenge, alter or affirm the solutions of others.

Your role is to facilitate proper discussion by the whole group. This requires a careful balance between intervening and "taking a back seat". If the group works well, your main role is likely to be to guide the discussion if it wanders off course or dries up. You may sometimes need to intervene by picking up and noting on a flipchart or cards the main points as they occur, asking open-ended questions and directing the discussion.

Remember to draw out contributions from the shy or more silent participants and to restrain other members from dominating the group.

It is important, when discussing controversial issues, to create an environment in which everyone can state their views, experiences and worries honestly and without fear of disapproval.

At the end of the discussion, ask the group to summarize the main points that have arisen, or do this yourself.

Concluding component: Module review

It is important, at the end of each module, to summarize the key points brought out in the plenary discussion and group work. It is also necessary to go back to the module's objectives and ask the participants to say whether or not they feel that these have been fully met. This will provide you with feedback on areas you may need to strengthen in future programmes, or areas that you need to revisit, if time allows during this Programme. The section on evaluation methods gives some good examples of how you can obtain feedback.

Section V
Inviting participants and other contributors

Selection of participants

The OP is intended for health-care providers, such as doctors, clinical officers and nurses, who provide clinical services, both preventive and curative. It is expected that very few participants will offer services only to adolescents, but that adolescents would be among those they treat. Medical doctors who often care for adolescents include paediatricians, gynaecologists and obstetricians, internal medicine specialists and general practitioners.

It would be useful to invite health-care providers from different specialities. This would enhance the opportunity for information-sharing and networking during the workshop, and for post-workshop collaboration.

EXAMPLE 3

Invitation letter for health-care providers to participate in the Orientation Programme workshop on adolescent health

Dear (Name),

In the past, considerations of mortality rates alone have meant that adolescent populations have been viewed as healthy – and so accorded a low priority for health-related interventions. (The World Health Organization defines adolescents as persons in the 10-19-year age group.) However, there is growing recognition that, because of a combination of biological, psychological and social factors, today's adolescents face many different health problems. These problems include those resulting from unprotected sexual activity, substance use/abuse, and intentional or accidental violence.

The Ministry of Health is glad to invite you to participate in an Orientation Programme workshop on adolescent health and development. Drawing on the experience of participants such as yourself, the Orientation Programme workshop will examine the extent to which:

- Commonly occurring health problems affect adolescents differently from adults, including how and why;
- Health-care providers can tailor their clinical practice in order to meet the needs of adolescents more effectively and sensitively;
- The delivery of health services can be modified in affordable ways to make them more friendly to adolescents.

As part of your preparation for the OP workshop, we would like you to spend some time thinking through the questions given below. Please jot down some notes and bring them with you to the workshop.

- For what kinds of health problem do adolescents come to you (or are brought to you)?
- What challenges have you faced, if any, when dealing with adolescents and their families?
- What difficulties do you think adolescents might face in using health services?
- What else would you like to know about adolescent health?

We look forward to working with you at the Orientation Programme workshop.

Thank you.
Yours sincerely,

Signature

In addition, participants should represent different levels of responsibilities such as junior and senior doctors, senior nurses and hospital directors. This would help to highlight the different types of actions the range of participants can take to make services more responsive to adolescents.

See above (Example 3), a sample invitation letter to the OP candidates, which contains a sample questionnaire. Its purpose is to prepare participants for the OP, by asking them to reflect on their current work with adolescents. Potential candidates should be invited one to two weeks in advance of the workshop.

It is important that adolescents are actively involved in each of the Orientation Programme sessions and you will need to think carefully about how you select them and prepare them for the workshop.

Involving adolescents

Most adults retain clear memories of times in their own adolescence. However, the speed of change in many countries (including growing urbanization and globalization) means that adolescents today face challenges, some of which were not present even ten years ago. Therefore, our own experiences as adults may not be fully relevant to today's adolescents.

For these and other reasons many adults, including health-care providers, find it difficult to understand and empathize with adolescents of today. It is essential for those working with and serving adolescents not to have a biased or judgemental attitude towards them, irrespective of differences in perspective.

A useful way to deal with this in the context of the OP is to invite a small group of adolescents to participate throughout the workshop. We strongly suggest inviting an appropriate group of local adolescents, perhaps from a middle/secondary school or a community group of young people, to participate in the programme. It is important to have both male and female adolescents represented. Once they are selected, you need to meet with them before the workshop and to introduce them to their roles during the workshop. Some suggestions are given below.

Before the workshop

- Explain the themes and purpose of the OP and how they could contribute (examples include a brief drama and reading of letters published in a magazine aimed at young people);
- Reinforce their important contribution as equal participants in the workshop, regardless of their age, sex or background.

During the workshop

You and your colleagues should encourage them to participate in small group discussions and activities to provide an adolescent perspective on key issues.

Drawing on the expertise of specialists

Once the workshop structure has been decided and the health issues and problems selected, the facilitation team (2-3 individuals maximum) should decide which resource individuals, if any, they would like to invite.

We advise that you spend some time reading the rest of these preparation notes and the selected health issue modules so that you can be clear about the role that these specialists could play. For example, when discussing issues of mental health you may want a psychologist or a psychiatrist to be present, or in the module on nutrition you may require the services of a nutritionist.

Section VI
Planning for the Orientation Programme workshop

OP workshop organizers and facilitators will need to address the proposed items in the *Workshop preparation and planning checklist* (Checklist 2) in advance of the workshop. We recommend that a small group of 2-3 individuals form a planning group, review the proposed list below, and distribute responsibilities 6-8 weeks before the OP workshop.

CHECKLIST 2

Workshop preparation and planning checklist

8-10 weeks before the workshop

☐ Orientation Programme structure and agenda

- ❍ Develop the programme structure and content with the key organizations involved
- ❍ Make contact with other facilitators to agree on the programme and who will be responsible for each module/session

☐ Selection of participants

- ❍ Initiate this process in collaboration with the relevant organizations
- ❍ Decide on a deadline to complete the selection process and to notify the participants

☐ Accommodation, meals and coffee breaks

- ❍ Book accommodation
- ❍ Make arrangements for meals and coffee breaks
- ❍ If participants have travelled from other places for the workshop and are staying at a hotel, we recommend that you consider holding the workshop in the same hotel (to save time and expense on commuting)
- ❍ If the workshop is for local participants, then we recommend that you hold it in a place some way off from their places of work, to minimize interruptions

☐ Workshop facility

- ❍ Select the workshop facility/training room
- ❍ The room for the plenary should be large enough for the participants to spread out and work in small groups comfortably without disturbing each other
- ❍ At least one end of one plenary room should be able to be darkened for overhead projection or for showing PowerPoint slides
- ❍ If possible, in a hot climate it is helpful to have air-conditioning, electric fans, or at least lots of windows
- ❍ Ensure the availability of 2-3 small tables for the facilitators to use
- ❍ Ensure having the flexibility to rearrange the tables for breaks/small group sessions

☐ Photocopying and computers

- ❍ Ensure the availability of photocopying facilities on the premises or nearby
- ❍ Ensure the availability of a computer and printer

1 of 3

CHECKLIST 2

Workshop preparation and planning checklist

☐ Workshop equipment and tools

- ❍ Three or four flipchart stands
- ❍ Six to eight flipchart paper pads
- ❍ Coloured markers for flipcharts
- ❍ An overhead projector or a computer with PowerPoint projection equipment
- ❍ Blank transparencies and pens for the overhead projector
- ❍ A screen or free wall for slide projection
- ❍ VIPP cards or equivalent
- ❍ Masking tape or pins to put up charts on walls and boards
- ❍ A pair of scissors

☐ Participants' tools

- ❍ Note pads, one for each participant
- ❍ Pens, one for each participant
- ❍ Name tags for participants and facilitators

☐ Notify participants of the course objectives, dates and venue

☐ Start gathering local data on adolescent health and development that are relevant to the selected sessions

Two weeks before the course

☐ Make photocopies of the following documents

- ❍ Workshop agenda
- ❍ Local data on adolescent health and development
- ❍ Module schedules and support materials (handouts, case studies, scenarios, etc.)

If possible, it may be handy to make additional copies of the whole package in case you have unexpected visitors or extra participants. This will save you time and having to do it during the workshop.

☐ Make transparencies out of the slide files or just have them ready for PowerPoint projection

☐ Prepare the VIPP cards or alternatives (as discussed in Section IV)

☐ Check that the needed pieces of equipment are available

- ❍ Flipchart stands, sheets and pens
- ❍ Overhead projector, blank transparencies and pens, or a laptop and PowerPoint projection equipment
- ❍ Sufficient seating

One week in advance of the course

☐ Confirm that those invited to the formal opening ceremony can attend

☐ Confirm that the participants can all attend

☐ Confirm venue and accommodation arrangements

☐ Confirm catering arrangements

One day before the workshop

CHECKLIST 2

Workshop preparation and planning checklist

- ☐ Check the workshop meeting room / facility
  - ❍ Arrange the seating in a circular or U-shape – to ensure that the participants face each other and can also comfortably see the speaker and the projection screen
  - ❍ Confirm that all required pieces of equipment are in place and in working order
- ☐ Greet the participants who have arrived early

3 of 3

The workshop planning team should work with the organizations to be invited to the workshop to help them select appropriate candidates (Section V). It would be good to invite a cross-section of health-care providers representing different organizations and settings such as the Ministry of Health, universities or the private sector. This would enhance the opportunity of networking during the workshop, as well as post-workshop communication, collaboration and exchange of experiences in serving adolescents. If a follow-up workshop is to be held, the area of inter-organizational collaboration might be further discussed.

Planning a formal opening ceremony

Many stand-alone workshops and courses are preceded by a formal opening ceremony in which representatives from key government departments and organizations are invited to speak. The formal opening is an opportunity to reflect on the importance accorded to adolescent health issues at national or regional level and to reiterate the need/continuing need for this.

When planning a formal opening, invite the speakers some time ahead and provide them with a copy of your provisional programme and the time available for speeches. The speakers should provide factual information on adolescent health issues, resources available and ways of strengthening health-service delivery. You have to confirm with the speakers that they have this information. You may need to share your profile on adolescent health and development (described in Section III) to assist them in this task.

You should have a list of available back-up speakers for the opening ceremony in the event that key representatives are not available to attend at that time.

It is important to minimize the risk that speeches in the opening ceremony run into the time of the modules. One way to ensure this is to arrange for the opening to take place on the evening before the workshop. If this is not possible, stress the importance of keeping each speech to time and arrange for a coffee break immediately after the opening: this provides a target in terms of time, as well as an opportunity for guests and dignitaries to leave before the working sessions begin.

Section VII
Evaluation methods for an Orientation Programme workshop

People usually enjoy coming to workshops, particularly when they are active participants as in this OP. However, measuring what they have learned from the workshop can be difficult. In this programme we have included some evaluation methods that are very quick and easy to use and to obtain immediate feedback. Using them will give you the following:

- Evidence of how the workshop has affected the participants;
- Facilitators can see where the workshop has been less effective, which means you can try to address the reasons for that in the future;
- Future support for the OP will be easier because you can show that you can evaluate the results or, even better, because you can show the positive effect of a previous workshop.

People often use questionnaires for evaluations. However, it takes time to analyse them, and as facilitators are always busy during the workshop, the results are usually not available until some time later.

The methods we have included here are immediate! This means that you do not have to do time-consuming analysis. It also means that they act as a kind of needs assessment, because they can reveal which topics and issues require special attention during the modules.

Evaluation can be carried out at different levels to measure different things. In this OP we have included methods for measuring change at three levels:

- Participants' reactions to the workshop
- Changes in participants' attitude and knowledge
- Changes in participants' practice.

We shall now outline the methods for each of these levels, and how to use them. You will find the methods built into the modules when you come to use them.

Evaluation methods to measure participants' reactions to the workshop

We have included three ways of keeping in touch with how the participants experience the programme on a daily basis as it goes on. By getting their early reactions you will be able to make changes immediately, rather than receiving complaints at the end of the workshop when it is too late to respond to them.

The Mood Meter

As its name suggests, the *Mood Meter* allows you to get a sense of the group's mood as it changes during the workshop.

Put the *Mood Meter* in an accessible location but one that is not in a busy place like a corridor.

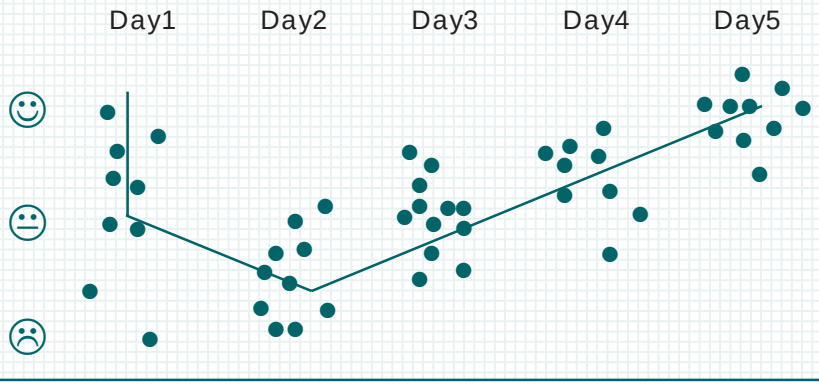
Explain that the three faces indicate the following in a descending order: satisfied, neutral or not satisfied.

At the end of each day or each session, ask each participant to mark a spot, according to how they feel, on the *Mood Meter*.

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

EXAMPLE 4

Mood Meter for a 5-day workshop



Use the *Mood Meter* as a means of tracking the group's feelings about how the workshop is proceeding, and as a starting point for discussion.

Discussion groups

If you are interested in getting more in-depth feedback from the participants after a particular module, you could hold a discussion group with a small group of interested persons. Ask about five participants if they are willing to talk about the session, and let them discuss a small number of questions. You can use the questions given below to guide your discussion, or you could develop your own questions.

- How do you feel about this module?
- Which sessions worked best?
- Which sessions did not work well?
- What could we have done differently?
- What did you get out of the module?

Please remember that the point of such a discussion is for you to hear the participants' opinions. Try not to talk much yourself, and listen to criticism without becoming defensive. There is no need to respond directly to any criticism.

Evaluation method to measure changes in participants' knowledge

Spot checks

You will find a series of spot checks for each of the modules (except the *Introductory* and *Concluding* core modules). The spot checks will enable you to see how the participants feel about certain issues, and what they know about the topic before you begin the module. Reviewing the same spot checks at the end of each module will reveal if there has been any change in their attitudes and knowledge. Each spot check poses a question, and asks participants to mark their answer with either a single spot along a line, or with a certain number of spots which they spread between different options. Some questions have blank spaces for participants to write down their answers. There are two possible options for using the spot checks.

OPTION 1

Individual work

- Make sure that every participant has a module handout with the relevant spot checks.
- Ask the participants to work individually on their spot checks (this is explained in detail in the *Facilitator Guidelines* of each module), and inform them that you will be reviewing the spot checks together during the module review session.
- Ask the participants to bring the spot checks out again during the module review and go over each one to see if they would change any of the preliminary answers they gave at the beginning of the module.
- Ask volunteers to share examples of different answers. This will give everyone an opportunity to share the immediate impact of participating in the module.

Advantages of Option 1

- It obliges each individual to put down what he/she believes is(are) the right response(s) to the questions posed.
- It minimizes the concern that some participants might have, of responding with an incorrect answer in plenary, and feeling humiliated in the process.
- It allows participants to reflect on the changes in their own attitudes, knowledge and understanding, as a result of their participation in the module.
- It is less time-consuming.

Disadvantages of Option 1

- It does not allow facilitators to observe the overall change.

OPTION 2

Group work

- Make two photocopies of each spot check, onto larger paper if possible. Divide them into two sets and mark them, so that one set is for “before” running the module, and one set is for “after”.
- Using the “before” set, put one copy of each spot check in the room, with a thick marker by each one.
- Before the module begins, ask the participants to tour the room and to do each spot check. Encourage them to do this quickly and without discussion. If they do not have an opinion, or do not agree with any of the statements, they could mark their spots in a corner of the page. Tell them that they could put more than one spot on the same answer.
- You should watch out for results that suggest negative attitudes towards working with adolescents, and for gaps in knowledge and understanding. Do not talk about these at this stage, but consider paying special attention to them during the module.
- Repeat the process with the “after” set of spot checks at the end of the workshop. Present the findings to the participants by comparing the “before” and “after” sets. (You could do this by pinning the pairs of spot checks on the wall.) There is no need to count the spots as the patterns should be visible. If the workshop has had the desired effect, you will see more spots on the “correct” answer for factual questions, and a shift towards the kinds of attitudes needed for effective work with adolescents.

Advantages of Option 2

- It allows facilitators to get a good sense of the knowledge and understanding, and the attitudes of a good participant and to see any changes that occur during the workshop.
- The responses of the other participants may help contribute to the learning and attitude development process.

Disadvantages of Option 2

- It is more time-consuming.
- It will give participants a chance to look at the responses of others, which may influence their own responses.

Please note the following:

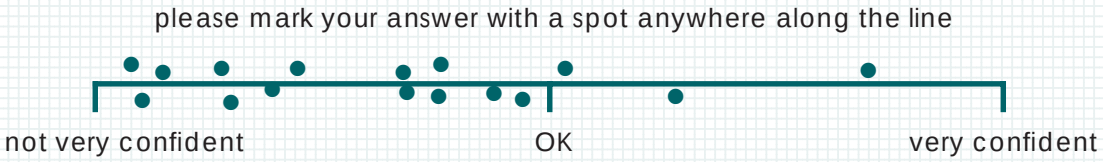
- The participants may want to discuss the meaning of the questions on the spot checks, or of the various options. Unless there is a misunderstanding about the meaning of a question, encourage them to do the spot checks without discussion; otherwise this will eat into the time set aside for running the module. Also, all the issues on the spot checks will come up during the session.
- If the wording of the spot checks is not appropriate for the circumstances where you live, please change it.
- You can also make up your own spot checks!

On the next two pages you can find some examples of how to apply spot checks using Option 2.

EXAMPLE 5

Spot check answers before running the module

How confident do you feel about working with adolescents on the issue of abortion?

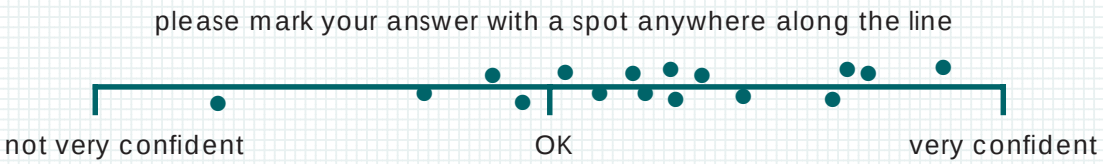


In this "before" example, 16 participants have marked their spots. The distribution of spots shows a general lack of confidence among them about dealing with the issue of abortion with adolescents.

EXAMPLE 6

Spot check answers after running the module

How confident do you feel about working with adolescents on the issue of abortion?



It is clear from this "after" example of the same spot check that the participants' level of confidence has gone up. This would suggest that the Orientation Programme has had a positive impact on the participants' perceived ability to tackle the issue of abortion with adolescents.

Sometimes the spot checks ask a factual question – such as the percentage of adolescents contracting sexually transmitted infections – in which case you can find the answer in the *Facilitator Guidelines*.

EXAMPLE 7

Spot check answers before running the module

As health-care providers, what should we focus on to prevent unsafe abortion among adolescents?

please answer with 3 spots

Encourage the authorities to stop untrained people carrying out abortions	7
Improve provision of contraception to all adolescents	8
Improve access to safe abortion for adolescents	8
Improve confidentiality for adolescents seeking abortion	7
Support efforts to change the law to expand access to safe abortion	1
Train modern and traditional health-care providers in abortion care	2
Encourage adolescents to go through with their pregnancies	12
Emphasise abstinence from sex before marriage	15

In this "before" spot check, 20 participants have marked three spots each. Many of the spots are on less effective options for working to prevent unsafe abortion.

EXAMPLE 8

Spot check answers after running the module

As health-care providers, what should we focus on to prevent unsafe abortion among adolescents?

please answer with 3 spots

Encourage the authorities to stop untrained people carrying out abortions	1
Improve provision of contraception to all adolescents	14
Improve access to safe abortion for adolescents	15
Improve confidentiality for adolescents seeking abortion	13
Support efforts to change the law to expand access to safe abortion	8
Train modern and traditional health-care providers in abortion care	5
Encourage adolescents to go through with their pregnancies	2
Emphasise abstinence from sex before marriage	2

In the "after" spot check, the participants' spots have shifted over to more desirable options concerned with improving the service which health-care providers give to adolescents. This suggests that the programme has had a positive impact on the participants' ideas of what they can do.

Note the kinds of options which are clustered together – in this case on the left- and right- hand sides of the page, so it is easy to see if the general distribution of spots has shifted.

Evaluation methods to measure changes in the participants' practice

After having undertaken this OP workshop we hope that some of what participants learn will influence how they work in the future with adolescents. One way to support this is to help the participants distil what they have learned into changes that they intend to make. This should improve the chances that they will put what they have learned into practice. Three methods can be used to track these changes:

- **Orientation Programme Personal Diary (OPPD):** diary questions for personal reflection at the end of each module;
- **Personal plan** to improve working with/for adolescents: developing a personal plan in the *Concluding* module;
- **Follow-up questionnaire** for use where a follow-up workshop is not possible.

Orientation Programme Personal Diary (OPPD)

This is a notebook to be designated for daily input during the last session of each module, the "module review" session. You will post on a flipchart the following two questions for participants' input at the end of each module:

- List three important lessons that you learned through participation in this module.
- List three things that you plan to do in your work for/with adolescents.

Encourage the participants to take a few moments to jot down their answers at the end of each module. Answering these two questions will help them tap into – and remember – what they found in each module that was most relevant to their own attitudes and practices. It will also help them when they come to develop their personal plan in the *Concluding* module of the whole workshop.

During the *Concluding* core module, the participants will get a chance to share examples of their reflections and answers to the above questions.

Please remember you will not be collecting the OPPDs. This is for the participants to keep, use and apply, and to implement changes in their work with/for adolescents. The things that they might write down will obviously vary from person to person.

For the module on *Adolescent-friendly health services* we might expect answers such as the following in response to:

- Name three lessons/things you learned as a result of participation in this module *(Adolescent-friendly health services)*:

  - It is up to us to make the health centre attractive to adolescents!
  - I had forgotten how much I used to hate going to the clinic when I was young!
  - It is possible for the clinic to be made adolescent-friendly without spending too much money!
  - Our procedures are too long, no wonder adolescents get fed up waiting!

- List three things that you want to apply when you go back to your regular workplace (actions or changes you want to make):

  - I'm going to talk to my colleagues about this. We could go through this module together and then come up with ideas on how to improve things!
  - I think I can cut out some of the bureaucracy and speed things up!
  - I'm going to lobby for another counsellor, we just don't have the capacity at the moment!
  - I'm going to rearrange the furniture and put up some partitions – to provide more privacy!

Personal plan

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

Follow-up questionnaire

The use of the follow-up questionnaire will depend on whether you can run a follow-up workshop:

- If your participants are local, then it may be easier to re-convene in six months for follow-up. In this case, you can adapt the proposed list of the follow-up questionnaire, send it to the participants about four weeks in advance either electronically or by post and ask them to send it back to you at least two weeks before the follow-up meeting. This will help you tailor the meeting agenda to respond specifically to some of their needs and problems, and share the successes achieved by the participants.
- If you are not able to run a follow-up workshop with the same participants, but want to evaluate changes to the participants' work practice, then you will need to get in contact with them separately. This could be at least six months after the OP workshop, so that they have had time to try and change the way in which they work.

It would be ideal if you were able to meet with them in person. The next alternative is to talk to them on the telephone. If that is not possible, you could send it to them by electronic mail or by regular mail. Clearly, the best option is a relaxed face-to-face meeting, but given the location of the participants and the time/resource constraints, that may not be the most practical option for you.

You can use the following ideas as a questionnaire or as guidelines to your conversation. You should remind the participants of the changes they intended to make when they wrote their personal plans by sending them a copy of their own plans.

EXAMPLE 9

Follow-up questionnaire

In your personal plan, you identified a number of areas in which you planned to make changes.

1. Please describe the areas in which you have been successful in making the changes you had planned to.
2. What helped you to be successful in these areas?
3. Please list the areas in which you have been least successful.
4. What prevented you from making the changes you had planned?
5. Please describe any other areas in which you have made changes or improvements (which are not listed in your personal plan)
6. Overall, what are your thoughts and feelings about you work with/for adolescents since the OP?

Part II

Guidelines for conducting individual modules

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module A

Introduction

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** ACTIVITY 1-1 Introduce yourself and ask participants to introduce themselves ACTIVITY 1-2 Mini lecture	A-5	20 min	Agenda Flipchart A1 Handout for module A Slides A1-1, A1-2, A1-3
Session 2 **Programme objectives and agenda** ACTIVITY 2-1 Plenary presentation and discussion ACTIVITY 2-2 Mini lecture	A-8	20 min	Slides A2-1, A2-2, A2-3, A2-4
Session 3 **The workshop process** ACTIVITY 3-1 Visualization in Participatory Planning (VIPP) ACTIVITY 3-2 Matters Arising Board ACTIVITY 3-3 Orientation Programme Personal Diary (OPPD)	A-10	20 min	Flipcharts A2, A3, A4 Slides A3-1, A3-2, A3-3, A3-4, A3-5, A3-6, A3-7
Session 4 **Participants' expectations** ACTIVITY 4-1 Individual exercise ACTIVITY 4-2 Plenary feedback	A-13	20 min	Flipchart A5
Session 5 **Module review** ACTIVITY 5-1 Review of objectives ACTIVITY 5-2 Reminders and closure	A-14	10 min	Slide A1-3
90 min			

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Prepare cards (or name tags) for the participants to write their names on
- Make sure you have copies of the handout(HO) for distribution to all the participants
- Ensure that the flipcharts are ready for the group-work tasks
- Ensure that the facilitators are clear about their respective roles during their designated session(s).

Materials and audio-visual equipment

- Materials:

  Standard

  - Handout
  - Slides
  - Flipcharts
  - VIPP cards
  - Mood Meter
  - Matters Arising Board.

- Equipment:

  - Video/slide projector or overhead projector
  - Flipcharts with blank sheets
  - Masking tape, pins or glue
  - Name tags
  - Coloured markers
  - Notepads
  - Markers
  - Pens.

Session 1
Module introduction

ACTIVITY 1-1
Introduce yourself and ask participants to introduce themselves

Introduce yourself and your co-facilitator(s).

Welcome the participants to the Orientation Programme on adolescent health for health-care providers.

Explain that before starting the programme, a few minutes will be spent on general introductions, i.e. each participant and facilitator will introduce him/herself to the others in the group.

Please tell the group about yourself!

- *Your name*
- *The town or city in which you currently work*
- *A few words about the organization you work for*
- *The nature of your work and whether you are currently working with adolescents*

FLIPCHART A1

Pin up Flipchart A1 and ask each person to introduce him/herself, briefly covering the points on the flipchart.

TIP FOR YOU

We recommend that you write the above four points on a flipchart so that everyone can both hear your explanation and see what you want them to do. Clear communication is particularly important at the start – when the participants may not know you or each other.

After the introductions, stress that there is a wealth of experience among the participants present in the room. Clearly there will be much that every individual can share with and learn from others in the group.

Then distribute the name cards or tags and ask the participants to write clearly the name they would like to be called during the programme – some people prefer their first name and others their surname. The name cards should be placed in front of each participant so that they can be seen by everyone; if using tags, they should be worn at all times.

OPTIONAL

- You may also want to conduct a brief warm-up exercise to help participants get to know each other better and to help them relax.
- Two suitable exercises are “Introduction without words” and “I am”, which are summarized below (from: Games and exercises. A manual for facilitators and trainers involved in participatory group events. Visualization in Participatory Programmes (VIPP), published by UNICEF-ESARO (Eastern and Southern Africa Regional Office), Nairobi, and UNICEF, New York, 1998).

Introduction without words

Option 1

- For a group of 10-30. This exercise takes 30 minutes and requires flipchart paper, markers and masking tape.

  OBJECTIVE. Effective interpersonal communication can be accomplished without words.

  STEPS. Divide the group into pairs, who must introduce themselves without words, but by using anything non-verbal (pictures, signs, gestures, signals). If necessary, they may point to a wedding ring to indicate marriage, or simulate running to indicate jogging. Allow 2-3 minutes for these introductions, each person having to guess what the partner was trying to communicate.

  FINALLY, in plenary, ask how accurately did you 1) describe yourself, and 2) read your partner's signs.

Option 2

- For a group of 10-30. This exercise takes 15-20 minutes and requires paper, markers and masking tape.

  OBJECTIVE. To facilitate group introductions.

  STEPS. Ask each participant to write down on paper their names on top and to finish the statement, "I am …", using six different endings. With the papers attached to their chests, the participants walk around the room and read each other's statements. Suggest that they spend at least 30 seconds talking with one another. At the end, the sheets are taped to the wall as a group gallery, and photos may be added if available.

ACTIVITY 1-2
MINI LECTURE

SLIDE A1-1

The overall aim of Orientation Programme

To introduce and orient health-care providers to the special characteristics of adolescence and the appropriate approaches to address selected priority health needs and problems of adolescents

After the introductions, put up the Slide A1-1 showing the overall aim of the Orientation Programme and read it out.

TIP FOR YOU

In the facilitator guidelines of each module of the Orientation Programme, you will find a section entitled "Talking points" which accompanies the slide. These talking points have been created to give you more information to help you to explain further the content of the slide.

Talking points

Inform the participants that the specific characteristics of adolescence, the needs and problems of adolescents, and approaches to meeting them will be discussed in subsequent modules.

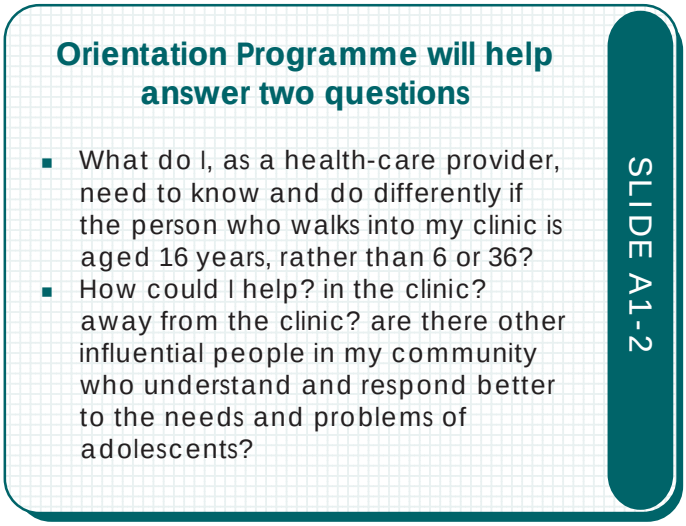
Explain to the participants that by participating in the Orientation Programme, they will be able to answer the two questions given in Slide A1-2.

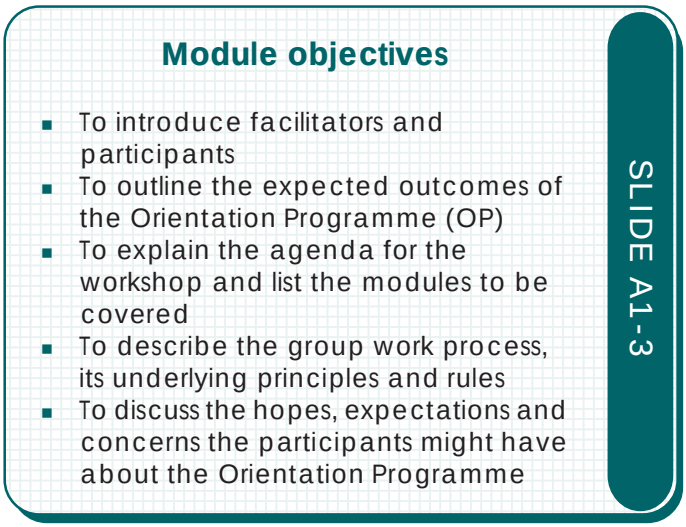
Stress that it is an Orientation Programme and does not provide training in clinical (or counselling) skills for adolescent health service provision.

Next put up Slide A1-3 and go through the objectives for this introductory module.

Give the participants copies of the OP agenda and handout A.

Explain that the handouts of subsequent modules will be distributed to the participants at the beginning of each module, and that the handouts contain information to complement that provided in each module. Encourage the participants to read the handout later.





Session 2
Programme objectives and agenda

ACTIVITY 2-1
PLENARY PRESENTATION AND DISCUSSION

SLIDE A2-1

Expected outcomes of Orientation Programme

- Be more knowledgeable about the characteristics of adolescence and development
- Be more sensitive to the needs of adolescents
- Be better equipped with information and resources
- Be better able to provide adolescent-friendly health services
- Have prepared a personal plan indicating the changes they will make in their work

Briefly show Slide A2-1, and take the participants through it – asking for questions and comments and responding to them as you proceed.

Explain the overall expected outcomes of the Orientation Programme.

Talking points

It is likely that the participants will raise some of the following questions. If they do not, you may want to raise them yourself.

Question or comment	Possible response
Why is the Orientation Programme only focusing on health-care providers when many other "adults" also influence adolescents?	Explain that many groups including health workers, teachers, social workers, religious leaders, and, of course, parents have important contributions to make to the health of adolescents. WHO has a special responsibility in strengthening the abilities of health workers, and so this group has been identified as a priority, but it does not imply that other groups are less important.
I may have views about how to improve our health service, but I am not in a position to influence what happens.	Explain that, within the group, some people may be in a decision-making role, and that many others may not. Some may be able to do a great deal, and others only very little. However, every one of us will be able to do something, and the Orientation Programme will help each of us to define what it is possible for us to do (in the positions that we hold).

The personal plan should:

- List the changes the participant proposes to make to the way in which he/she works with and for adolescents;
- Identify how the participant will assess whether or not he/she is being successful in making the proposed changes;
- List the personal and professional challenges and problems they may face;
- Identify alternative approaches to address the expected challenges and problems.

TIP FOR YOU

This session should not take more than 20 minutes. If there are many comments and questions, you must choose an appropriate moment to round off the discussion, and to indicate that the participants will have an opportunity to discuss this further in a subsequent session (when they will be sharing their hopes and expectations about the programme).

ACTIVITY 2-2
MINI LECTURE

Having covered the expected outcomes of the Orientation Programme, ask the participants to look at the schedule and briefly take them through each day's work.

Show Slides A2-2 and A2-3, which list all the currently available core and optional modules of the Orientation Programme.

Talking points

Please explain the following points to the participants:

The particular subject modules for the OP have been selected on the basis of global data, which reflect the priority health problems and health risk behaviours of adolescents.

The visit(s) to local health services (if any) that you have planned and when these will take place. The OP is tightly structured, requiring everyone's uninterrupted presence and active participation.

Ask the participants to look again at the workshop agenda (Slide A2-4) as you briefly take them through each day of the workshop, highlighting the modules to be covered and the rationale for selecting the specific optional modules.

Core modules for Orientation Programme

A. Introduction
B. Meaning of adolescence and its implications for public health
C. Adolescent sexual and reproductive health
D. Adolescent-friendly health services
E. Adolescent development[1]
F. Concluding

SLIDE A2-2

Optional modules for Orientation Programme

G. Sexually transmitted infections in adolescents
H. Care of adolescent pregnancy and childbirth
I. Unsafe abortion in adolescents
J. Pregnancy prevention in adolescents
K. Substance use in adolescents
L. Mental health of adolescents
M. Nutrition in adolescents
N. HIV/AIDS in adolescents[1]
O. Chronic diseases in adolescents[1]
P. Endemic diseases in adolescents[1]
Q. Injuries and violence in adolescents[1]

[1] Under development

SLIDE A2-3

TIP FOR YOU

Please prepare Slide A2-4 on the local workshop agenda.

Sample agenda for 3-day workshop

Day	Morning session	Afternoon session
Pre-course workshop evening		Formal opening Core module A: *Introduction*
Day 1	Core module B: *Meaning of adolescence and its implications for public health*	Core Module B (continued): *Meaning of adolescence and its implications for public health* Optional module: Adolescent health. Topic 1
Day 2	Core module C: *Adolescent sexual and reproductive health*	Optional module: Adolescent health. Topic 2
Day 3	Core module D: *AFHS*	Core module F: *Concluding*

SLIDE A2-4

To round off your introduction to the OP agenda, ask for and respond to any questions and concerns the participants may have. After this, you will ask them to state their own expectations of the Orientation Programme.

Session 3
The workshop process

The participatory approach to be used in the workshop could be new to some (or many) of the participants, so it is important to spend some time discussing it with them.

ACTIVITY 3-1
VISUALIZATION IN PARTICIPATORY PLANNING (VIPP)

FLIPCHART A2

A participant-centred approach to group learning

- *Trusting people and what they can do*
- *Interactive learning + visualization techniques*
- *Democratic participation + consensus*
- *Lots of multicoloured cards to express ideas*
- *Drawing on people's experiences*

Display your prepared "VIPP definition" (Flipchart A2) and put it where the participants can see it throughout the programme.

Talk through each point and encourage the participants to compare this participatory approach with their ideas about other learning events. It is important that you raise the question on Flipchart A3 below.

FLIPCHART A3

Why should we use a participatory approach?

Display Flipchart A3 and read the question.

Talking points

Sometimes people are resistant to what they see (visuals) because it is "a waste of time when you (the facilitator or instructor) could simply just tell us". The following quotation (Flipchart A4) comes from about 2500 years ago – and stresses what is an essential element of learning even today.

FLIPCHART A4

What I hear, I forget

What I see, I remember

What I do, I understand

Confucius (551-479 B.C.)

Inform the participants that during the Orientation Programme everyone will be asked to share their views and perspectives with others. In this way, everyone (including the facilitators) will be equal participants.

Explain that there are some basic ground rules for participatory learning. Show and go over Slides A3-1 and A3-2.

Ground rules for participatory learning

- Treating everyone with respect at all times, irrespective of sex or age
- Ensuring and respecting confidentiality
- Agreeing to respect and observe time-keeping and to begin and end the sessions on time

SLIDE A3-1

Ground rules for participatory learning

- Making sure that everyone has the opportunity to be heard
- Accepting and giving critical feedback – taking care not to hurt anyone's feelings
- Drawing on the expertise of other facilitators and the participants in difficult situations

SLIDE A3-2

Talking points

Ensure and respect confidentiality so that facilitators and participants are able to discuss sensitive issues (such as those relating to sexual and reproductive health, mental health, and substance use) without concern about repercussions.

Stress that adherence to these rules will help to ensure an effective and enjoyable learning environment! The group may want to make a list of its own rules and to write them up on a flipchart. These can then be referred to throughout the workshop.

VIPP principles

- Points of confusion should be promptly clarified (?)
- Points of strong consensus should be noted as (V)
- Points of disagreement and discomfort should be noted as (X)
- Keep it short and sweet as (T) to indicate time has run out

SLIDE A3-3

Show Slide A3-3, go over the VIPP principles and discuss each one in turn, laying emphasis on the tick "V", "T", "?" and "X".

Next, introduce the rules of writing VIPP cards (Slides A3-4 and A3-5), explaining that you will ask the participants to follow these rules during the entire workshop. Do this in a friendly way; it is important that participants are not put off by what they see as a teacher-pupil style of instruction. Stress that the purpose is to make sure that everyone can read and understand the cards, and that this task is important and not a waste of time.

Rules for VIPP card-writing

- Write only one idea per card
- Write a maximum of three lines on each card
- Use key words
- Write large letters in both upper and lower case

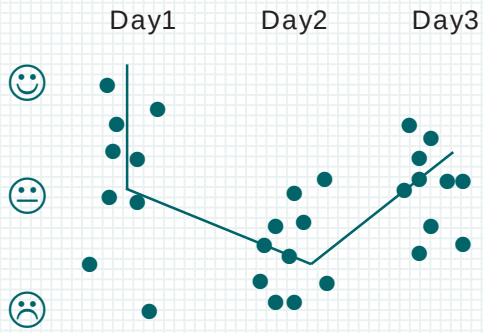
SLIDE A3-4

Rules for VIPP card-writing

- Write legibly
- Use different sizes, shapes and coloured cards to structure creatively the results of discussions
- Follow the colour code established by the facilitator for different categories of ideas

SLIDE A3-5

SLIDE A3-6



Explain that throughout the programme, a *Mood Meter* will be used to assess how participants feel about the sessions of each module. These exercises are known as *Mood Meters*. Show Slide A3-6 and explain how it works. See Part I (pp 28-29) for more details.

ACTIVITY 3-2
MATTERS ARISING BOARD

Move to the location of the *Matters Arising Board*. Show it to the participants and explain that it will remain in this location at all times so that participants may write down any issues that came up during the day and were not adequately dealt with.

MATTERS ARISING BOARD

A place for the participants to record any matters arising on the board so that you can address them later in the workshop.

Invite the participants to write down issues as they come up and inform them that you will be reminding them of the *Matters Arising Board* throughout the Orientation Programme.

TIP FOR YOU

You should have designated earlier a place in the room for the *Matters Arising Board*, which is easily accessible to all participants at all times.

ACTIVITY 3-3
ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

Ask the participants to keep a small notebook or notepad to serve as an Orientation Programme Personal Diary (OPPD) throughout the workshop. Have some notepads available to give to those participants without one.

SLIDE A3-7

Orientation Programme Personal Diary (OPPD)

- List three important lessons that you learned through participation in this module
- List three things that you plan to do in your work for/with adolescents

Display Slide A3-7 and explain to the participants that during the review session of each module, you will ask each individual to write down three key lessons that she/he learned from participation in the module and three things that she/he plans to do in her/his work for and with adolescents. The goal is to put into practice what they have gained as a result of participation in this module.

Explain to the participants that it is important to update their OP diaries daily because they will use the information entered during the concluding module. Allow them a few minutes to enter their reflections.

Session 4
Participants' expectations

ACTIVITY 4-1
INDIVIDUAL EXERCISE

Pin up Flipchart A5, read out the questions and ask all participants to write their responses on two cards of different colours for each question: one summarizing a hope or an expectation of the Orientation Programme, and the other a concern about it. Ask the participants to write only one response per card.

FLIPCHART A5

What are your:

- *Expectations and hopes?*
- *Concerns about the Orientation Programme?*

Please note that everyone is to participate in this exercise including the facilitators. Distribute the cards and markers to the participants and facilitators.

Refer everyone to the rules for writing cards and the expected outcomes of the programme in their handout, as well as any issues they have already placed on the *Matters Arising Board*.

ACTIVITY 4-2
PLENARY FEEDBACK

While the participants are writing their cards, put up two flipcharts, one for hopes/expectations and one for concerns.

When each person has finished writing, he/she should come forward and pin his/her card on the designated flipcharts.

When all the cards are up, read through them, asking for clarification of any statements.

Tell the group that you will refer to these hopes, expectations and concerns again at the end of the workshop to see to what extent they were justified.

TIP FOR YOU

Where possible, say when you believe that the OP will be able to meet an expectation.
If any expectations seem truly outside the scope of the Orientation Programme, then say so – being as helpful as you can about where and how the participants can meet their expectations.

Session 5
Module review

ACTIVITY 5-1
REVIEW OF OBJECTIVES

SLIDE A1-3

Module objectives

- To introduce facilitators and participants
- To outline the expected outcomes of the Orientation Programme (OP)
- To explain the agenda for the workshop and list the modules to be covered
- To describe the group work process, its underlying principles and rules
- To discuss the hopes, expectations and concerns the participants might have about the Orientation Programme

Display Slide A1-3.

Ask the participants to say to what extent they felt the objectives of the module were met – completely, partially, or not at all. If some of them felt the objectives were not met, find out the reasons for this so that you can make changes to the programme.

Ask the participants for feedback on this module.

ACTIVITY 5-2
REMINDERS AND CLOSURE

Remind the participants to complete the *Mood Meter* and to look again at the *Matters Arising Board* before they leave.

MATTERS ARISING BOARD

Ask the participants to record any matters arising on the board so that you can address them later in the workshop.

Remind them to spend some time going over the handout, which contains information that could be useful and interesting.

Explain any special points or information you need to impart and indicate when and where the next module will be held.

Thank the participants warmly for their work in this introductory module.

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module B

Meaning of adolescence and its implications for public health

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** Activity 1-1 Module objectives Activity 1-2 Spot checks	B-7	10 min	Handout for module B Slides B1-1, B1-2
Session 2 **What do I remember about my adolescence?** Activity 2-1 Individual exercise Activity 2-2 Plenary feedback and discussion	B-9	30 min	Flipcharts B1, B2, B3
Session 3 **The nature and sequence of changes and events in adolescence** Activity 3-1 Mini lecture Activity 3-2 Group exercise Activity 3-3 Plenary feedback and discussion	B-11	35 min	Flipchart B4 Slide B3-1
Session 4 **What is special about adolescence?** Activity 4-1 Brainstorming Activity 4-2 Buzz group	B-13	15 min	Flipchart B5
Session 5 **Health-related concerns of adolescents and the adults around them** Activity 5-1 Plenary discussion Activity 5-2 Plenary review	B-15	30 min	Flipcharts B6, B7 Local magazines and newspaper cuttings

Sessions and activities	Page	Time	Materials and resources
Session 6 **Health problems of adolescents** ACTIVITY 6-1 Mini lecture ACTIVITY 6-2 Plenary discussion	B-17	40 min	Flipcharts B8, B9 Local data on adolescent health and development Slides B6-1, B6-2, B6-3, B6-4, B6-5
Session 7 **Why invest in adolescent health and development?** ACTIVITY 7-1 Debate ACTIVITY 7-2 Plenary review	B-21	30 min	Flipchart B10 Slide B7-1
Session 8 **A comprehensive approach to adolescent health and development** ACTIVITY 8-1 Mini lecture	B-23	15 min	A copy of brochure "Actions for adolescent health" Slide B8-1
Session 9 **The guiding concepts on which the Orientation Programme is based** ACTIVITY 9-1 Mini lecture ACTIVITY 9-2 Plenary discussion	B-24	40 min	Slides B9-1, B9-2, B9-3
Session 10 **Module review** ACTIVITY 10-1 Review of spot checks ACTIVITY 10-2 Review of objectives ACTIVITY 10-3 Orientation Programme Personal Diary (OPPD) ACTIVITY 10-4 Reminders and closure	B-26	15 min	Flipchart B11 Slides B1-1, B1-2
		260 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment
- Advance orientation for participating adolescents.

Module advance preparation

- Make sure you have enough copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Collect local data on adolescent health and development – e.g. the main causes of morbidity and mortality – and prepare slides to complement the global data;
- Ensure that the facilitators are clear about their respective roles during their designated session(s).

Materials and audio-visual equipment

- Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

Module-Specific

- Country-specific slides of local data on adolescent health and development
- Sample local magazines and newspaper articles about adolescents
- Brochure "Action for adolescent health".

- Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

ADVANCE ORIENTATION FOR PARTICIPATING ADOLESCENTS

If it was decided that adolescents will participate in the workshop activities (see Part I, p.24 for details) we recommend that you work in advance with the adolescent participants to explain their roles, answer questions, and identify suitable samples of the following resources that are needed for the module:

- Examples of local magazines for adolescents (to examine the messages and images of adolescents);
- Examples of genuine letters of problems from young people to "Agony Aunts". Check that the letters are relevant to the session and that, for the adolescent participants, these examples reflect their concerns;
- Newspaper articles about adolescents, which describe subjects presented by the local media and the messages they communicate about adolescents.

Module overview

This module on *Meaning of adolescence and its implications for public health* offers a foundation for all the later modules. It consists of two parts and provides an overview of important matters concerning adolescent health and development, which are addressed in more depth in subsequent modules.

Part A of this course will take up one hour and twenty minutes and includes exercises that draw on the participants' own experiences during adolescence to help them understand what is special about adolescence.

Part B requires three hours and examines in more detail the available data on the following:

- Perceptions of adolescents and of adults regarding adolescents' health-related concerns
- Rationale for investing in adolescents
- Guiding principles for working with and for adolescents.

This module may include a break between Parts A and B, which can be a lunch or overnight break according to your locally planned schedule.

Session 1
Module introduction

Aim of the session

- To provide an overview of the module including the objectives.

ACTIVITY 1-1
MODULE OBJECTIVES

Begin by welcoming the participants to this module.

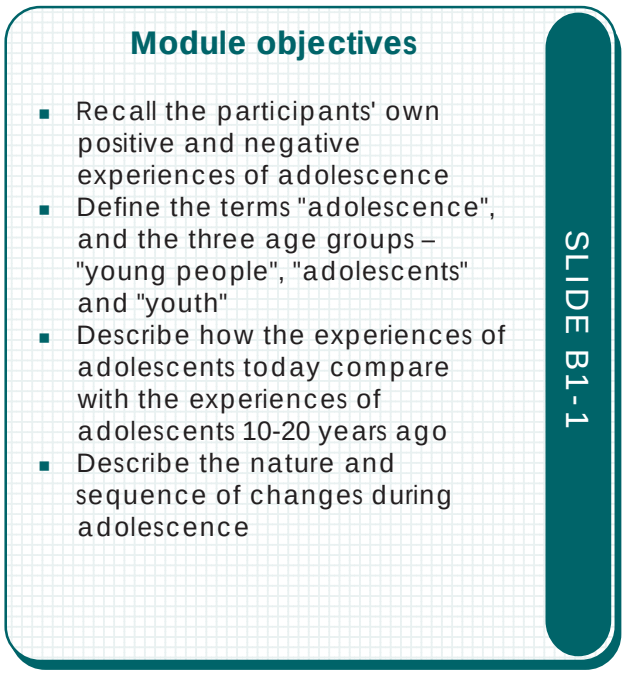
Go over administrative matters before you start on the module.

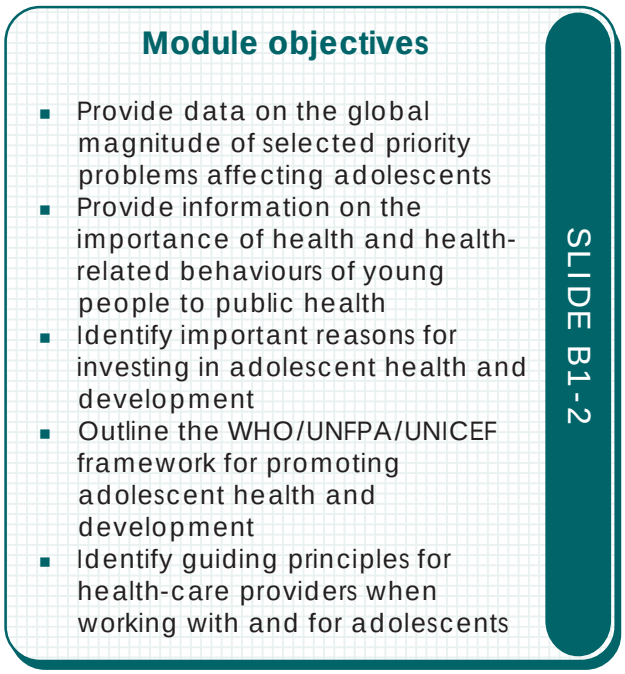
Give each participant a copy of the module handout. Remind the participants that the handout provides additional information to complement what will be covered during the module and encourage them to read the handout later.

Explain that this module looks at the meaning of adolescence and its implications for public health. It has two parts and consists of 10 sessions.

- **Part A** (sessions 1 to 4) includes exercises to draw on the participants' own experiences of adolescence in order to help them understand what is special about adolescence;
- **Part B** (sessions 5 to 10) examines in more detail the available data on the perceptions of adolescents and adults regarding adolescents' health-related concerns and the rationale for investing in adolescents, and presents the guiding principles for working with and for adolescents as developed by WHO, UNFPA and UNICEF.

Remind them to raise any issues on the *Matters Arising Board* and encourage them to do this during the breaks. Display the module objectives (Slides B1-1 and B1-2) and read them out, in turn:





TIP FOR YOU

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

ACTIVITY 1-2
SPOT CHECKS

Distribute copies of Spot checks 1 to 5 to the participants (Annex 1).

Explain that the purpose of the spot checks is to help the participants evaluate their gain in knowledge or changes in their attitudes as a result of participation in this module.

Inform the participants that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask the participants to complete the spot checks to the best of their knowledge and to keep them handy for use during the review session. Give them a few minutes to complete this task.

Inform the participants that you will discuss the answers during the last session of the module and that you will respond to any questions or comments they may have.

Explain to the participants the instructions recorded on each spot check and make sure that they understand how to complete them.

TIP FOR YOU

Please review Part I of the *Facilitator Guide* (pp. 29-33) for further information on using spot checks.

Session 2
What do I remember about my adolescence?

Aims of the session

- To enable the participants to share their personal experiences
- To help them reflect on positive and negative experiences in their own adolescence
- To discuss how adolescents' experiences today compare with those of adolescents 10-20 years ago.

ACTIVITY 2-1
INDIVIDUAL EXERCISE

Pin up the pre-prepared Flipchart B1 with the request given below.

Explain that you want each participant to write down on a card (in not more than 10 words) one powerful experience which stands out from his or her adolescence. The experience can be positive (happy) or negative (unhappy). What matters is that at a particular time in their adolescence they felt or thought that way.

Write down one key experience of your own adolescence that remains alive in your memory

FLIPCHART B1

Check that everyone has understood what to do. Give examples, such as *the death of my father* or *winning a football match.*

ACTIVITY 2-2
PLENARY FEEDBACK AND DISCUSSION

While the participants are writing, bring up the Flipchart B2.

Point out that as the responses will be anonymous (the participants don't have to write their name on the card), they need not be concerned about revealing personal or sensitive experiences.

Positive/happy Experience | *Negative/unhappy Experience*

FLIPCHART B2

When everyone has finished writing their cards, ask them to place the cards face down on a table (or on the floor) in the centre of the room. Then ask two participants to come forward to help facilitate the activity. Ask one of them to pick up a card and read it to the group. Then ask the group to decide to which category (positive or negative) it belongs. Pin it to the chart under the correct heading. Once the process gets going, ask the other participant to do the same to speed it up.

Address the participants' questions. For the most part, the participants will reach a consensus in assigning the cards to the appropriate category (happy or unhappy). However, be prepared to deal with a lack of agreement in assigning the cards to a category. You may consider adding a new category (e.g. happy/unhappy) or better still, ask the participants to suggest one.

Mark the turning points. You will also find that some experiences, although negative and painful (such as failure in an important examination), spurred someone to work harder and are remembered as an important turning point. Again, ask the participants if they would like to place a mark (such as a star sign) to highlight these cards.

TIP FOR YOU

To compare the experiences of adolescents today with those of adolescents 10-20 years ago, you could ask the participants to respond briefly to the question in Flipchart B3.

FLIPCHART B3

Are the experiences of adolescents today different from those 10-20 years ago?

Please give reasons to support your answer

As the participants raise points of similarity or difference, note them on a flipchart. Encourage interaction between the participants. Ask them to respond to each other's comments and questions, and stress that by sharing experiences and opinions, they will contribute to each other's learning. Emphasize that the range of possible different experiences during adolescence can be attributed to differences in sex, age, family environment, socioeconomic conditions, culture, place of residence, etc..

To conclude this exercise, thank the participants and highlight the fact that their participation enriched the learning process of this exercise.

TIP FOR YOU

Note that the exercise may unleash strong feelings (such as sadness or anger). Be on the lookout for this, and be prepared to respond if any participants wish to talk about their thoughts and feelings with you.

Session 3
The nature and sequence of changes and events in adolescence

Aim of the session

- To help participants understand the nature and sequence of changes that occur during adolescence.

ACTIVITY 3-1
MINI LECTURE

The mini lecture deals with different stages of adolescence, and this is a good moment to introduce the terms and the age-bands as displayed in Slide B3-1.

Since adolescent age-bands are suggested in the slide, this might be a good moment to offer the participants some definitions before they begin the group exercise.

Definitions

According to the World Health Organization (WHO)

- "Adolescence" covers ages 10 to 19 years
- "Youth" covers ages 15 to 24 years
- "Young people" covers ages 10 to 24 years

SLIDE B3-1

Talking points

WHO acknowledges that adolescence has both *biological* (physical and psychological) and *social-cultural* dimensions.

WHO also acknowledges that adolescence is a phase in an individual's life rather than a fixed age band, and that this phase is perceived differently in different societies.

ACTIVITY 3-2
GROUP EXERCISE

Explain the group exercise. In this exercise, the participants will identify three examples of events and/or changes that occur in each of these categories: *physical, psychological* and *social*. They may use a copy of the table in Annex 2 of their handout B.

Display the prepared blank table (Flipchart B4) on the nature and sequence of changes and events during adolescence (one way to do this would be to stick together two or three flipcharts).

Ask the participants to form three small groups by "counting off" individuals in turn, 1, 2 and 3 in order to ensure an even representation in the three groups. All who called out "one" will form a group, the "twos" a second group, and the "threes" a third group. This will ensure that each group has a mix rather than a pre-established team or group of colleagues.

FLIPCHART B4

Nature and sequence of changes and events during adolescence

Events / changes that occur	Early adolescence (10–13)	Middle adolescence (14–16)	Late adolescence (17–19)
Physical			
Psychological: *Cognitive* *Emotive*			
Social			

NOTE

Each group will work on a single column. This means that they would take one stage of adolescence (early, middle or late) and consider the physical, psychological and social changes and events of that stage.

Ask the groups to move to different parts of the room and give them about 15 minutes to complete their part of the table. Hand out cards, markers and pins or glue to each group.

ACTIVITY 3-3
PLENARY FEEDBACK AND DISCUSSION

When the participants have had sufficient time (15 minutes), ask each group in turn to come forward to fill in their part of the table and report their findings.

Ask the participants for any comments and questions and encourage a brief discussion before the next group comes forward.

TIP FOR YOU

Some obvious differences between male and female adolescents are likely to be mentioned (for instance in relation to the onset of puberty). Before starting the exercise, encourage the participants to relate their answers to a "gender perspective" by asking them to explain whether they were referring to male adolescents, female adolescents, or both in relation to the events and changes they identified in all three categories.

It is likely that one or more groups will point out that the events and changes they identified do not "fit" into only one box, but extend across other boxes in the Table both horizontally and vertically. Acknowledge that this as an important point, and ask the participants to look for this "extension" in the other events/ changes that have been identified. You may want to provide an example, such as the appearance of secondary sexual characteristics during early adolescence which continues through middle and perhaps late adolescence.

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

Ask for additional comments or questions after all three groups have presented their findings.

Finally, thank the participants and refer them to the relevant section of the handout which summarizes the main changes and events during adolescence (Table 2. *"Stages of adolescence"*). Encourage them to review it later.

Session 4
What is special about adolescence?

Aim of the session

- To suggest ways in which adolescents are different from children and from adults.

TIP FOR YOU

If any adolescent participants are present (in addition to the adults), they will be able to articulate how they think and feel; if they are not present, it is possible that the points raised only relate to how adolescents are perceived by the adults. This session leads very well into the following session on adolescents' concerns about their health.

ACTIVITY 4-1
BRAINSTORMING

Explain that the participants should briefly brainstorm on the characteristics that make adolescence such a special phase in an individual's life. Reflecting on the characteristics of adolescence in general will be a good basis for what follows, when we begin to explore health issues *from the adolescent point of view.* To begin the brainstorm, write the following words (Flipchart B5) at the top of a flipchart.

The second decade –

"No longer children, not yet adults"

FLIPCHART B5

Ask the participants to name one characteristic of adolescence that distinguishes this phase from both childhood and adulthood.

Suggest one example to get the process started, or ask if one of the adolescents in the group would like to do so. Typical examples include:

- "Wanting to be different from my parents"
- "Always hungry"
- Negative characteristics, such as "unruly" or "disobedient"
- Positive characteristics, such as "energetic" or "inquisitive".

Explain that anyone is welcome to raise their hand and make a suggestion, and that you will consider all suggestions.

Invite two volunteers to take turns writing down what each person says on a flipchart. Once the flow of suggestions has begun to slow down, call a halt.

TIP FOR YOU

To enliven the appearance of the flipchart, suggest that each volunteer use a different colour pen.

ACTIVITY 4-2
BUZZ GROUP

Ask the participants to divide into small buzz groups by "counting off" individuals, as before. Ask each group to select three special characteristics of adolescence (from the list created during the brainstorming session).

Ask each group to come up with possible public health implications. Use any of the following examples to help the groups start the process.

- Adolescents' peers become more important to them than they were in the past (peer education can be an important strategy for introducing key health messages to adolescents);
- Adolescents may feel awkward in their interactions with adults, and appear to be brusque; train the health-care providers and help them to understand the special characteristics of adolescents and how best to deal with them.

Ask each group to present their findings. Summarize, as shown in the table below, in order to highlight the special characteristics of adolescence which have important implications for public health programming for adolescents.

Ask participants to use a copy of the table given in Annex 3 of their handout B.

Characteristics of adolescence	Implications for public health

Session 5
Health-related concerns of adolescents and the adults around them

Aim of the session

- To explore the health-related concerns of adolescents and the adults' perceptions of adolescent health concerns.

ACTIVITY 5-1
PLENARY DISCUSSION

Welcome the participants to the second part of this module.

If you had a break before this second part, spend a few minutes recalling the ground that was covered in the previous sessions.

Mention the activities of this session – in which the participants will reflect on a) letters from adolescents to "Agony Aunt" columns in local magazines, and b) cuttings from local newspapers about adolescents – and tell the participants that you will explain them further as the session proceeds.

Letters to an "Agony Aunt"

Ask the adolescents in the group to read out some letters to an "Agony Aunt" column (Annex 2) taken from local magazines (or prepared in advance in the event that such magazines are not locally available). If adolescents take part in the programme they should read out three or four typical letters, one at a time. Upon reading each letter, ask the participants for their comments and record the important points on the Flipchart B6.

FLIPCHART B6

1. *What are the health concerns of adolescents?*
2. *What do they think and feel about issues concerning their health?*
3. *How do they communicate this to adults?*

Articles in magazines or newspapers

Give out photocopies of typical newspaper cuttings that illustrate aspects of how the public (meaning adults) view young people – or ask two or three adult participants to read out the headlines and relevant paragraphs. Typical probing questions to ask are shown in Flipchart B7.

FLIPCHART B7

1. *What perspective on adolescents do these newspaper cuttings suggest and why?*
2. *What do the adolescent participants think and feel about these perspectives?*
3. *What do the adult participants think and feel about them?*

ACTIVITY 5-2
PLENARY REVIEW

Draw attention to (or reaffirm) the fact that the adolescents' perspectives on the changes and events they go through are often very different from those of adults.

TIP FOR YOU

The letters and newspaper articles might give rise to strong feelings and views. If so, point out that being judgemental about the views of others is counter to any free exchange between adolescents and adults – including health-care providers.

Draw out some of the valuable points that arise from this exercise, such as:

- Adolescent concerns tend to revolve around the immediate future, while the concerns of adults are for the longer term.
- The concerns of different groups of adolescents may not be the same. For instance male and female adolescents, married and unmarried adolescents, urban and rural adolescents may have different issues of interest and concern.
- Understanding what their interests and concerns are, and the underlying reasons for this, may help adults deal with them more effectively.

Session 6
Health problems of adolescents

Aim of the session

- To provide an overview of the health problems facing adolescents globally.

Explain that this session has three parts:

1. In the first part, you will describe a classification of the health problems and problem behaviours of adolescents;
2. In the second part, you will present the participants with global – and if possible, local – information on the health problems of adolescents;
3. In the third and final part, you will outline the issues to consider when developing a list of priority health problems (and health risk behaviours) in their respective communities.

ACTIVITY 6-1
MINI LECTURE

Ask the participants to turn to handout B and point them to Table 3 titled "*Classification of diseases and health-related behaviours of young people in developing countries*", which is shown below.

Classification of diseases and health-related behaviours of young people in developing countries

Diseases which are particular to young people	Diseases and unhealthy behaviours, which affect young people disproportionately	Diseases which manifest themselves primarily in young people but originate in childhood	Diseases and unhealthy behaviours of young people whose major implications are on the young person's future health	Diseases which affect fewer young people than children, but more of them than adults
Diseases: Disorders of secondary sexual development Difficulties with psycho-social development Suboptimal adolescent growth spurt	**Diseases:** Maternal mortality and morbidity STIs (including HIV) Tuberculosis Schistosomiasis Intestinal helminths Mental disorders	**Diseases:** Chagas disease Rheumatic heart disease Polio	**Diseases:** STIs (including HIV) Leprosy Dental disease	**Diseases:** Malnutrition Malaria Gastroenteritis Acute respiratory infections
	Behaviours: Alcohol use Other substance abuse Injuries		**Behaviours:** Tobacco use Alcohol and drug use Poor diet Lack of exercise Unsafe sexual practices	
Young people will contribute a substantial number of cases because they form a large proportion of the population in most developing countries				

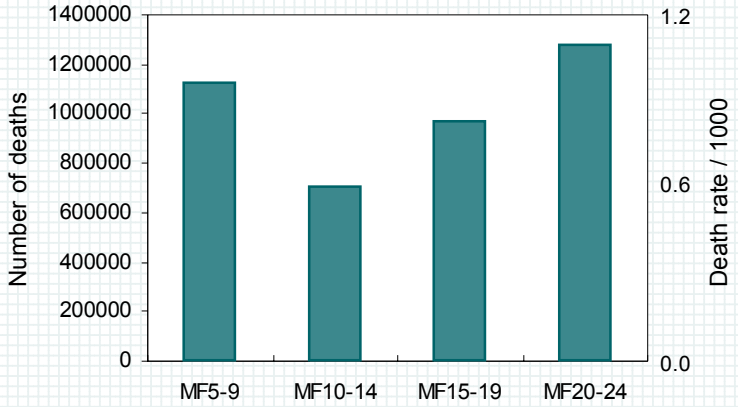
Go over the titles of each of the five columns with them, and give them a few minutes to digest the information.

Explain to them that you will now present some information, from a global perspective, on the mortality and morbidity caused by these health problems and problem behaviours.

Put up Slide B6-1 to B6-5 and take the participants through them, one at a time, using the talking points.

SLIDE B6-1

Mortality patterns (deaths and death rates) of males and females (aged 5-24) by 5-year age group, 1999

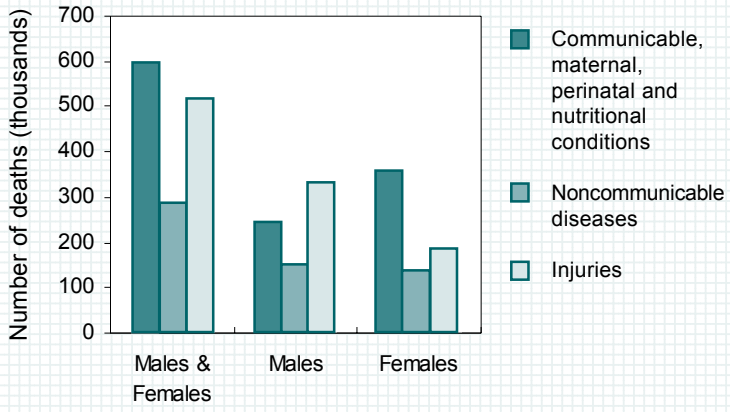


Talking points

Most adolescents are "healthy"; that is, they show lower levels of morbidity and mortality compared to children and adults. Slide B6-1 (source: WHO GPE database, 2000) shows lower death rates among adolescents (aged 10-14 and 15-19) compared to children aged 5-9 and the older age group of 20-24.

SLIDE B6-2

Sex differences in mortality of males and females (aged 10-19), 2001



Source: WHO GPE database, 2002

Talking points

Slide B6-2 shows that males world-wide have higher rates of mortality from injuries (due to violence, accidents and suicide) as well as from noncommunicable diseases, while females have higher rates of mortality related to reproductive health problems, nutritional conditions and communicable diseases.

SLIDE B6-3

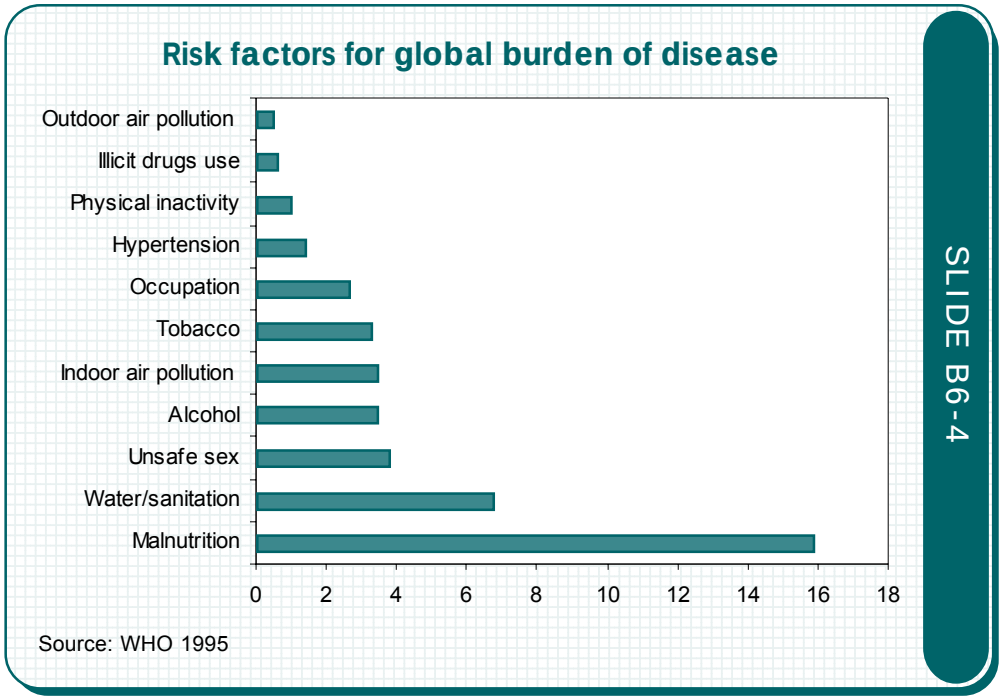
Top ten causes of death in adolescents (10-19) in 1999

	Male	Female
1	Road traffic accidents	HIV
2	Malaria	Maternal conditions
3	Lower Respiratory Tract Infections	Malaria
4	Other unintentional injury	Lower Respiratory Tract Infections
5	Drowning	Tuberculosis
6	Homicide	Suicide
7	Suicide	Diarrhoea
8	HIV	Road traffic accidents
9	Diarrhoea	Fires
10	Tuberculosis	Other unintentional injury

Talking points

Slide B6-3 points to the leading global causes of deaths among adolescents, which include HIV-related illnesses, maternal conditions, malaria, injuries and lower respiratory tract infections. Note the significant sex differences in adolescents' causes of mortality.

Adolescent boys show higher levels of mortality (in some instances several times higher) while adolescent girls show higher rates of morbidity.



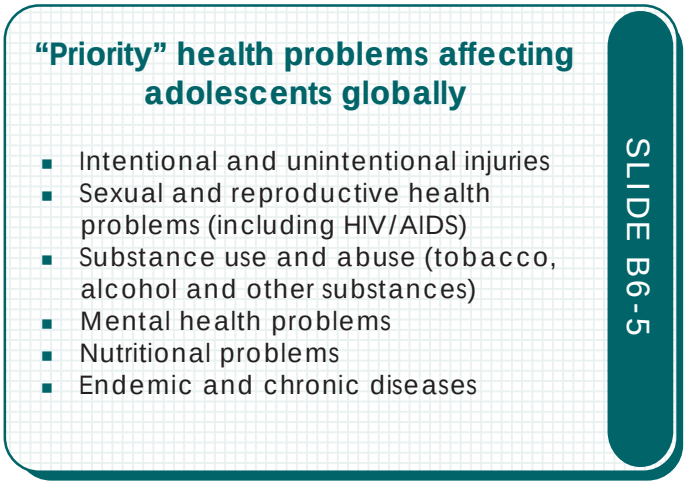
Talking points

Slide B6-4 shows that risk factors which are initiated during adolescence (e.g. use of tobacco, alcohol and other psychoactive substances, the practice of unsafe sex, and physical inactivity) may lead to major health problems during adolescence and later years. This in turn contributes to the global burden of disease.

For the calculation of the global burden of disease a measure called *"Disability adjusted life years"* or DALYs is used. One DALY is the equivalent of one healthy life year which can be lost due to death or disabling morbidities. Using DALYs allows to combine suffering due to morbidities with the life years lost due to early death in one figure. DALYs have been estimated for a large number of major health conditions and the total of the DALYs lost in the whole world for all causes is referred to as the global burden of disease.

Talking points

This list of "priority" health problems affecting adolescents is based on data from around the world. Each of these items meets the following three criteria: Firstly, they cause mortality or morbidity either during the adolescent period, or in later life as a result of behaviours initiated during this period. Secondly, they cause significant levels of mortality and morbidity. Thirdly, many of these health problems and problem behaviours are inter-related. For instance, substance use is associated with depressive states, and alcohol use is associated with road traffic accidents.



Details of the scale of these problems and relevant data sources are provided in Section 4 of the handout B which is titled *"Global magnitude of selected priority health problems affecting adolescents"*.

ACTIVITY 6-2
PLENARY DISCUSSION

FLIPCHART B8

What are the health problems affecting adolescents in your country/province/district/locality?

Put up the pre-prepared Flipchart B8, and invite participants to share any information that they have, in response to the question that has been posed. If you have gathered any facts and figures about the local situation, share them with the participants at this stage.

FLIPCHART B9

Is the health problem or problem behaviour a priority for your country/province/district/locality?

Who considers it a priority and why?

How widespread is it?

Next, display this second pre-prepared Flipchart B9. Stress that in preparing a list of priority health problems affecting adolescents locally, participants will need to consider questions such as those listed in this slide.

Conclude by stressing that the participants do not need to come up with a list of priority health problems as part of this exercise, but that it is important for the Ministry of Health to do so, in conjunction with other relevant stakeholders within and outside the government, and to include adolescents in this priority-setting work. Ask each group in turn to present their findings.

Session 7
Why invest in adolescent health and development?

Aim of the session

- To present important reasons for investing in adolescent health and development.

ACTIVITY 7-1
DEBATE

Explain that you would like to ask the participants to debate an important statement. Pin up Flipchart B10.

Point out that it is important for the participants, as individuals working in the field of adolescent health and development, to be fully aware of the public health rationale for this field. Stress that the participants must have the data (facts and figures) at hand to support their arguments and must press for attention and investment in adolescent health and development.

It is essential that national and local health leaders, planners and managers pay particular attention to adolescent health?

FLIPCHART B10

Explain that you would like two groups to prepare a set of arguments for and against this proposition. Divide the participants and allocate one group "for" and the other "against". Tell them that you will want at least three strong arguments – on cards – from each group, and that in five minutes you will ask them to be ready to argue their case. Assign a different colour card for each group ("for" and "against").

When the time is up and everyone is ready, ask one person from the "against" group to come forward, pin up one card at a time, and "defend" its content. Someone in the other group must then offer one effective argument against the statement on each card. Note down the counter arguments on a flipchart.

Then ask for a volunteer from the "for" group. He or she should then put up their cards and explain their arguments to everyone. Immediately after he/she has finished speaking, encourage the other group to debate the points.

ACTIVITY 7-2
PLENARY REVIEW

When all the arguments from both sides have been presented and countered, summarize the debate and stress that there will always be arguments on both sides. Very few people ask WHY it is important to invest in child health, because the immediate benefits of doing so are apparent. The need to invest in adolescent health is not always so immediately apparent – and the participants should be made aware of this.

Display Slide B7-1, which presents three main reasons for investing in adolescent health.

SLIDE B7-1

Main reasons for investing in adolescent health and development

- Health benefits: To reduce death and disease, both now when they are adolescents and in the future when they are adults, and because of the intergenerational effects
- Economic benefits: To improve productivity, return on investments, avert future health costs
- Human rights: To fulfil adolescents' rights to the highest attainable standard of health

Talking points

Investing in adolescents' health will reduce the burden of disease during this stage and in later life. It is during adolescence that behaviours are formed which often last a lifetime.

The HIV/AIDS pandemic alone is sufficient reason to look anew at how health services address the needs of adolescents. Over 50% of new infections occur under the age of 25.

Smoking, often beginning during adolescence, will lead to an estimated 150 million tobacco-related deaths during adulthood.

Further, what adolescents do today will have an influence on their health as adults and on the health of their children.

Promoting and protecting adolescent health is an excellent short- and long- term investment.

Improvements in the health of adolescents will increase their achievements in school and will lead to greater productivity.

The UN Convention on the Rights of the Child (CRC) declares that young people have a right to life, development, and (in Article 24) "*The highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health*". The CRC is ratified by almost every country in the world.

Session 8
A comprehensive approach to adolescent health and development

15 min

Aim of the session

- To present a comprehensive approach to adolescent health and development, as developed and endorsed by WHO, UNFPA and UNICEF.

ACTIVITY 8-1
MINI LECTURE

Put up Slide B8-1, ask the participants to look at the booklet "*Action for adolescent health*" and take them through the following components of the framework.

Common agenda

- Guiding concepts
- Goals
- Interventions
- Settings
- Players

SLIDE B8-1

Talking points

WHO, in conjunction with UNFPA and UNICEF, defined a common agenda for action in adolescent health and development. This document presents a framework for country programming for adolescent health and development.

The framework spells out the twin goals of programming – promoting healthy development in adolescents on the one hand, and preventing and responding to health problems if and when they arise, on the other. It lists the interventions that need to be delivered – as a package – to meet these goals: the creation of a safe and supportive environment, the provision of information, building life skills, and the provision of health and counselling services. It also lists the settings wherein these interventions could be delivered and the players who could deliver them (including both adults and adolescents themselves).

This is a truly comprehensive framework, and there are many challenges in translating this broad vision into reality. The framework lists key challenges – building political commitment, identifying priorities for action, sustaining the implementation of programmes, and monitoring and evaluating them. Based on experiences around the world, it outlines the guiding concepts that should underpin our work with adolescents as well as keys to success. The guiding concepts and some of the keys to success are to be addressed in detail in the next session, but two of them are worth pointing out here. Firstly, the framework stresses the value of addressing the multiple health problems affecting adolescents together, rather than as independent entities. Secondly, it stresses the importance of building on and linking existing interventions, rather than delivering them in isolation.

To bring the discussion to a close, stress that many players have important contributions to make in promoting adolescent healthy development, preventing health problems and responding to them when they arise. Health-care providers have a critical role to play within this comprehensive approach – 1) in working with the adolescents themselves, and 2) in mobilizing other influential adults in their communities to respond effectively to adolescents. These themes will be developed in the subsequent modules of the Orientation Programme.

40 min

Session 9
The guiding concepts on which the Orientation Programme is based

Aim of the session

- To present the guiding concepts on which the Orientation Programme is based.

ACTIVITY 9-1
MINI LECTURE

Explain that, building on the ground covered in the previous session, you will point to the guiding concepts underpinning both the framework for programming for adolescent health and development and the Orientation Programme itself.

Point out that several of these concepts have already been raised in this module, and that you would like to draw attention to them again in order to stress their relevance in relation to each of the health issues and problems to be addressed in subsequent modules.

SLIDE B9-1

Guiding principles for working with adolescents

- Adolescence is a time of opportunity and risk
- Not all adolescents are equally vulnerable
- Adolescent development underlies prevention of health problems
- Problems have common roots and are interrelated
- The social environment influences adolescent behaviour
- Gender considerations are fundamental

Put up Slide B9-1 and talk the participants through each of the concepts.

Invite comments from the participants. Encourage them to share experiences, and to respond to questions that are raised, rather than responding to all of them yourself; facilitate this by directing some questions to participants who seem knowledgeable about the subject.

Talking points

As discussed earlier, generally speaking, adolescence is a healthy period of life. However, some adolescents do lose their lives and many more develop health problems, or health risk behaviours, that could lead to disease and premature death in adulthood. In that sense, adolescence is in fact a time of risk; but it is also a time of opportunity for an individual to grow and develop (physically, psychologically and socially) to his/her full potential, in preparation for adulthood.

Adolescents are not a homogeneous group; their needs for health information and services depend on their age, stage of development and circumstances. Because of their circumstances, some adolescents tend to be more vulnerable than others to health and social problems.

The two overlapping goals of promoting healthy adolescent development on the one hand, and preventing and responding to health problems on the other, cannot be viewed as separate and distinct because they are closely linked to one another. The provision of preventive and curative health services for specific health problems is important. However, the prevention of health problems

(and health risk behaviours) through actions to enhance protective factors (such as positive relationships with parents and teachers and a positive school environment) and reduce the risk factors (such as low self-esteem, conflict in the family and having high risk peers) are even more important.

Research shows that the health problems of adolescents are interrelated. This is because the underlying behavioural causes of many of these health problems are the same. For example, use of substances is associated with depressive states; alcohol use is associated with injuries from road traffic accidents; and undernutrition is associated with complications in pregnancy and childbirth. A safe (free from danger of disease and injury) and supportive (nurturing) environment is critical for an individual to develop to his/her full potential, and for him/her to be healthy. Unfortunately, many adolescents in today's world are living, studying and working in unsafe and unsupportive environments, with negative effects on their health and development.

A good understanding of the biological differences in the growth and development of males and females (through the years of adolescence), and of the different ways in which they are affected by health problems, is important. Equally important is a good understanding of the different social and cultural influences on males and females, and how this affects the way in which adolescent males and females view themselves and relate with others.

Put up Slides B9-2 and B9-3 and invite comments from the participants. As in previous sessions, do not feel obliged to respond to every comment or question yourself and encourage the participants to play that role.

Keys to success: Putting adolescents "at the centre"

- Striving to understand the specific needs of each individual adolescent
- Regarding the adolescent as an individual; not just as a case of this or that health problem
- Acknowledging and paying attention to the viewpoints and perspectives of the adolescent
- Striving to prevent one's personal beliefs, attitudes, preferences and biases from influencing one's professional assessments and actions

SLIDE B9-2

Keys to success: Putting adolescents "at the centre"

- Respecting the rights of the adolescent (as laid out in the UN Convention on the Rights of the Child), while at the same time taking into account the rights and responsibilities of parents
- Taking into primary consideration the best interests of the adolescents when making decisions or taking actions that affect them

SLIDE B9-3

Talking points

Bullet points 1-4 (Slide B9-2) are self-explanatory. Read them out and invite reactions from the participants, especially on the fourth point.

Bullet points 5-6 (Slide B9-3) may require some further elaboration. Some of the issues that health-care providers face when dealing with adolescents are simple and clear cut (such as providing dietary advice and medication to treat anaemia). Other issues (such as dealing with the request of a 15-year old, unmarried, sexually-active adolescent for a contraceptive method, without the knowledge of her parents) raise a conflict between the rights and responsibilities of adolescents and those of their parents, or between the best interests of adolescents and the prevailing laws. There are no easy solutions here, but health-care providers must face up to them and think through them carefully.

Session 10
Module review

Aims of the session

- To review and discuss the answers to the spot checks completed during the first session
- To review the module's objectives and provide a summary of the key points
- To give the participants an opportunity to enter their thoughts on the day's activities in their Orientation Programme Personal Diaries (OPPD)
- To remind the participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 10-1
REVIEW OF SPOT CHECKS

TIP FOR YOU

Please review relevant section of the *Facilitator Guide* for more details.

Ask participants to pull out the spot checks completed early in the module.

Ask them to review each question and write down an "X" mark on the appropriate spot, if they have a different answer.

Pin up spot checks, one at a time on a flipchart and address each one of them in turn.

Ask a few participants to share different answers that reflect gains in their knowledge and/or changes in their attitudes as a result of participating in this module.

ACTIVITY 10-2
REVIEW OF OBJECTIVES

Display the module objectives (Slides B1-1 and B1-2) once again, and ask the participants for any final questions or comments and address them.

Ask for any comments or criticisms about the sessions.

Module objectives

- Recall the participants' own positive and negative experiences of adolescence
- Define the terms "adolescence", and the three age groups - "young people", "adolescents" and "youth"
- Describe how the experiences of adolescents today compare with the experiences of adolescents 10-20 years ago
- Describe the nature and sequence of changes during adolescence

SLIDE B1-1

Module objectives

- Provide data on the global magnitude of selected priority problems affecting adolescents
- Provide information on the importance of health and health-related behaviours of young people to public health
- Identify important reasons for investing in adolescent health and development
- Outline the WHO/UNFPA/UNICEF framework for promoting adolescent health and development
- Identify guiding principles for health-care providers when working with and for adolescents

SLIDE B1-2

ACTIVITY 10-3
Orientation Programme Personal Diary (OPPD)

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD) or notebooks used for this purpose.

List three important lessons that you learned through participation in this module

List three things that you plan to do in your work for/with adolescents

FLIPCHART B11

Put up Flipchart B11 and ask the participants to write down the three key facts or perspectives they learned from this module and three applications which they plan to implement in their work for and with adolescents in order to put into practice the knowledge they acquired in this module.

Explain to the participants that it is important to update their OP diaries daily because they will use the information entered during the concluding module.

ACTIVITY 10-4
Reminders and closure

Remind the participants to complete the *Mood Meter* and to look again at the *Matters Arising Board* before they leave.

TIP FOR YOU

Ask the participants to record any matters arising on the board so that you can address them later in the workshop.

Remind the participants that the handout provides more detail on the subject areas covered in this module and that it lists additional resources for their interest.

Thank the participants warmly for their hard work and participation in this long module.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

What are important changes that take place in the individual as he/she goes through adolescence?

please provide three answers

SPOT CHECK 2

What are the most important actions to do when working with or for adolescents?

please provide three answers

SPOT CHECK 3

What are the four most important health problems facing adolescents in your area?

please provide four answers

SPOT CHECK 4

We should invest in adolescents because ...

please provide four answers

SPOT CHECK 5

Do you agree that adolescents should be primarily involved in the development, planning and evaluation of health programmes that serve them?

please mark your answer with a spot anywhere along the line

agree — possibly — disagree

Annex 2

Examples of letters

Session 5: ACTIVITY 5-1

These are typical examples of letters written by adolescents to an "Agony Aunt" or to a personal column or health column in a newspaper or magazine, which illustrate the health-related predicaments of adolescents and their need for advice and help. Please select three or four letters reflecting issues which you think adolescents in your country may be experiencing, for discussion during the session.

LETTER 1

Dear Dr (please insert local name),

I am a 19-year old girl, still in school, and have a steady boyfriend who is also 19. Our love is very strong, but we never get involved in sexual acts. Recently, he proposed to have sex with me. I refused because it is against my religion to have sex before marriage. He tells me that since we will get married anyway, it would be okay to have sex. I love him very much and do not want to lose him.

What must I do to keep my boyfriend, but without having sex with him?

LETTER 2

Dear Dr (please insert a local name),

I'm an 18-year old girl who is dating a much older man. He is about 37 or 39 and is very nice to me. He always helps me with buying books, clothes and other things I need for school. We have had sex once but I am worried that I could be pregnant. I'm afraid that he might leave me because he already has a wife.

How can I know for sure that I am pregnant? Do I tell him? What if he leaves me? What should I do?

LETTER 3

Dear Dr (please insert a local name),

I am 17 years old and have sex very often with my boyfriend. I recently read that failure to use a condom could lead to STIs or AIDS. I talked to him about using a condom. He threatened to leave me and go back to his old girlfriend if I open this subject again. I do not want to lose him by insisting that he should use a condom. My friend told me that if I washed immediately after having sex, I would not get an STI or AIDS. This is what I am doing now.

Is this the right thing to do? Can this help?

LETTER 4

Dear Dr (please insert a local name),

I am a 16-year old boy and feel very happy that I have met a friend whom I like very much. We play football and go to the cinema together. Some days ago I discovered that he is using a drug called Ecstasy. I am terrified about this finding because I have heard that this drug could have serious consequences on health. I am not easily led to do things I don't approve of. I certainly know that I would never use any drugs. My worry is that if my parents find out about what my friend is involved in, they will not permit me to be friends with him any more.

What can I do to ensure that nobody knows what my friend is doing and how can I help him stop using the drug? I really do not want to lose him as a friend.

LETTER 5

Dear Dr (please insert a local name),

I am a very unhappy 18-year old girl. I had an affair with a boy of my age a year ago. We were so much in love that we even had sex on several occasions. After discovering that I was pregnant, my boyfriend deserted me. I went ahead and terminated the pregnancy with the help of a girlfriend. Apart from my ex-boyfriend and my girlfriend, nobody knows what I did.

However, I feel very guilty about what I have done. I do not seem able to forget it. This is affecting the way I deal with people. I do not want to be with people as I feel that they can see through me.

What must I do to get on with my life without carrying this heavy burden?

LETTER 6

Dear Dr (please insert a local name),

We are two brothers who need your help about a terrible family problem. Our father is an alcoholic and drinks daily. Each time he comes home drunk he picks a fight with mother and beats her up badly. This has been going on for a long time. We can no longer bear to see our mother suffering like this. We are also afraid that he could kill her.

We have thought about leaving them but are anxious that something could happen to us as we do not know of a place to go to and find some peace. Our parents would kill us if they found out that we are writing to you about our problems.

Where can we go to without our parents knowing our whereabouts?

LETTER 7

Dear Dr (please insert local name),

I am in tears as I write this letter. My father decided that I should quit school and be married to his 40-year old rich cousin who already has two wives and children older than me. I am used to calling him uncle, so how can I marry him? My father says he is rich and will take good care of me.

I love school and am doing really well, my teacher says. I want to go to university and become a teacher. No one at home, not even my mother would listen to my begging and crying. I am still young, I don't want to get married now. Maybe the best thing to do is to kill myself.

Can you help me?

LETTER 8

Dear Dr (please insert a local name),

I'm so very scared that I am writing to ask for your help. Our neighbour offered to give me a ride home from school a week ago. You know how far it is as it was your school as well. I thanked him and got into the car. He was very nice to me, gave me sweets and told me that I had turned into a beautiful young woman. He then took the back roads because they were nicer, he said. He then drove into the forest and started kissing me and ripped off my clothes. I begged him to stop and tried to get away, but he was very strong. He hurt me and raped me. He told me that he would kill me and hurt my little brother if I told anyone. He demands that we get together again. Last month in school we had a talk about AIDS and I think I may have got the disease. My poor mother works so hard and I'm afraid to tell her. I feel so guilty and I am in pain.

I don't know what to do. Can you help me?

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module C

Adolescent sexual and reproductive health

Sessions and activities	Page	Time	Materials and resources
Session 5 **Barriers to adolescents having access to sexual and reproductive health care** ACTIVITY 5-1 Group work and plenary discussion ACTIVITY 5-2 Buzz group ACTIVITY 5-3 Plenary feedback and review	C-16	50 min	Flipcharts C3, C4
Session 6 **Module review** ACTIVITY 6-1 Review of spot checks ACTIVITY 6-2 Review of objectives ACTIVITY 6-3 Orientation Programme Personal Diary (OPPD) ACTIVITY 6-4 Reminders and closure	C-19	10 min	Flipchart C5 Slides C1-1, C1-2
		180 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Collect local data on the onset of puberty and age of marriage and prepare relevant slides to complement the global data;
- Adapt elements of the case study as appropriate to suit your country/area;
- Ensure that the facilitators are clear about their respective roles during their designated session(s).

Materials and audio-visual equipment

- ### Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

Module-Specific

- Country-specific slides of local adolescent sexual and reproductive health (ASRH) data.

- ### Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This module in the Orientation Programme (OP) on adolescent health is one of the core modules. It provides an introduction to Adolescent Sexual and Reproductive Health (ASRH) and offers a foundation on which the following optional modules are based:

- G. Sexually transmitted infections in adolescents
- H. Care of adolescent pregnancy and childbirth
- I. Unsafe abortion in adolescents
- J. Pregnancy prevention in adolescents
- N. HIV/AIDS in adolescents[1]

The time allocated to run the module is three hours. It is recommended that adolescents participate in this module, as in the others, to provide an adolescent perspective to the discussion.

[1] Under development

Session 1
Module introduction

Aim of the session

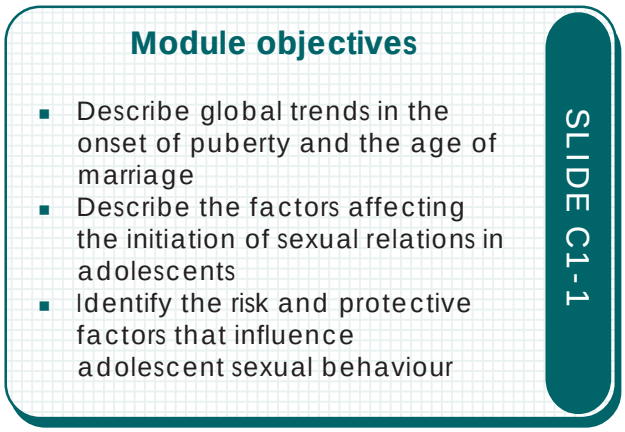
- To provide an overview of the module including the objectives.

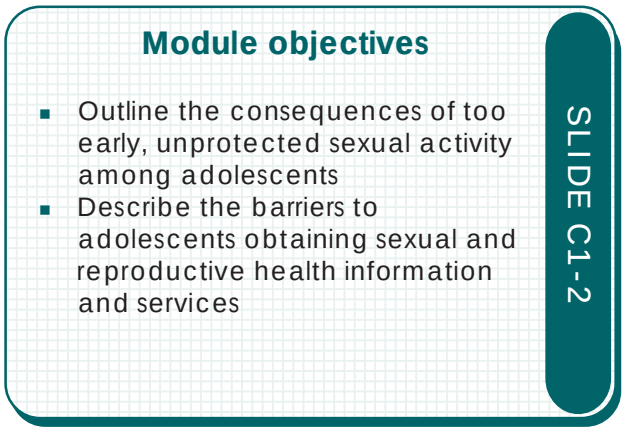
ACTIVITY 1-1
MODULE OBJECTIVES

Welcome the participants to the module.

Explain that the module provides an introduction to issues related to adolescent sexual and reproductive health (ASRH).

Display the module's objectives (Slides C1-1 and C1-2), and then read them out, in turn.





Encourage the participants to ask questions and raise any concerns they might have.

ACTIVITY 1-2
SPOT CHECKS

Explain that the purpose of the spot checks (Annex 1) is to help the participants evaluate their gain in knowledge and understanding from this module.

Inform the participants that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask the participants to individually complete the spot checks according to the best of their knowledge, and to keep them handy for use during the module review.

Inform the participants that their responses to the spot checks will be discussed during the module review, and reply to any questions or comments they may have.

Go over the instructions recorded on each spot check with the participants and make sure that they understand how to complete them.

Allow the participants five minutes to complete the spot checks.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* during the module to record any issues they would like to follow up, and point them to the location of the *Matters Arising Board*. The *Matters Arising Board* should be displayed where it is easily seen and accessed by all participants.

Session 2
Global trends in the onset of puberty and average age of marriage

Aim of the session

- To highlight important physical changes associated with puberty and to describe global trends in the onset of puberty and age of marriage.

ACTIVITY 2-1
MINI LECTURE

Explain that you will give a mini lecture on changes experienced by adolescents during puberty. Go through Slides C2-1 to C2-3 and refer to the accompanying talking points for further details on the information presented in the slides.

Invite questions and comments. Encourage the participants to respond to the questions raised and to share their insights and experiences as much as possible. This will help them to begin to relax and discuss a subject that many find difficult to talk about (Slide C2-1).

Talking points

Adolescence is a period of transition from childhood into adulthood. It is marked by dramatic physical, psychological and social changes. The onset of puberty, "announces" an important step on the road to adulthood. Puberty refers to the physiological changes that occur in early adolescence (sometimes beginning in late childhood) which result in the development of sexual and reproductive capacity.

Notable changes at puberty and sexual maturation

- Growth spurt and changes in body composition
- Appearance of secondary sexual characteristics
- Establishment of reproductive capacity
- Changes in social perceptions and expectations

SLIDE C2-1

Physical growth and development manifest themselves in a growth spurt during which there are marked changes in the size and shape of the body. Differences between boys and girls are accentuated. For instance, girls experience breast development and hip enlargement, whereas in boys, there is the appearance of "man-like" musculature.

These changes are accompanied by others such as the appearance of the axillary and pubic hair in both boys and girls, and the change in the pitch of the voice and the appearance of facial hair in boys.

There is rapid maturation of the sexual organs. The onset of menstruation and the initiation of sperm production are important milestones at this time.

In many traditional cultures, elaborate rituals were carried out to commemorate the onset of puberty, to "announce" sexual readiness and to celebrate the "arrival" of an adult into the community. Even in modern times, the onset of puberty is a defining moment in an individual's life, and in the way in which his/her place and role in the family and community are perceived.

SLIDE C2-2

Girls today are experiencing puberty at a younger age

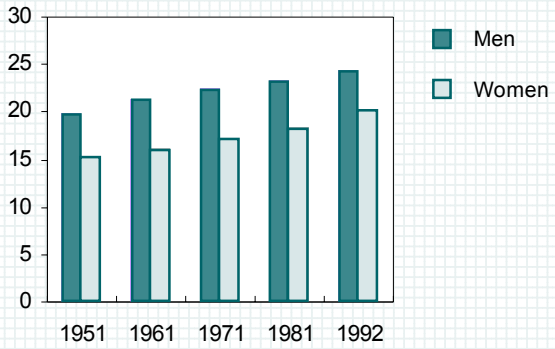
Between the late 1970s and the late 1980s, the age of menarche in Kenya fell from 14.4 to 12.9 years

Talking points

In general, puberty starts earlier in girls than in boys. Girls today enter puberty between the ages of 8 and 13 years, and boys between 9 and 14. In many parts of the world today, in both developed and developing countries, girls are reaching puberty earlier than in previous decades.

SLIDE C2-3

Average age at marriage in India, 1951-1992



Talking points

Explain that this slide reflects the trend of increasing age at marriage in both men and women in India over a 40-year period.

In India and in many other countries as well, the declining age in the onset of puberty is accompanied by trends in the opposite direction in the age of marriage.

ACTIVITY 2-2
PLENARY DISCUSSION

Invite questions or comments from the participants. Do not feel obliged to respond to all of them yourself. Invite other participants to do so, thereby stimulating sharing of viewpoints and perspectives, ideas and experiences.

Share local data (if any) on the onset of puberty and age of marriage.

Session 3
Factors affecting the initiation of sexual relations in adolescents

Aim of the session

- To describe the factors affecting the initiation of sexual relations in adolescents
- To identify risk and protective factors that influence the sexual behaviour of adolescents.

ACTIVITY 3-1
GROUP WORK

Divide the participants into three groups (by counting off 1 to 3); each group should have some adolescent representatives, if possible.

Post the pre-prepared questions on Flipchart C1 and read them out.

NOTE

Be aware that the term "sexual activity" can mean many different things to different people. It could include what an individual does to or for himself/herself such as masturbation, as well as what an individual does with someone else. This could range from holding hands and caressing to penetrative oral, vaginal or anal sex. Such sexual activity could be with a partner of the opposite sex or with someone of the same sex.

FLIPCHART C1

Are adolescents (boys and girls) in your country/area sexually active?

If so, what is the context in which sexual activity occurs?

Are adolescents (boys and girls) in your country/area more sexually active than adolescents of about 10 years ago?

If so, what are the factors contributing to this?

Agree, while still with the undivided group, on a working definition of "sexual activity" before the small groups begin to address the above questions.

Explain that each group has 10 minutes to answer the questions on coloured cards (distribute two different coloured cards and markers to each group, assigning one colour for each question, e.g. pink for the first question and blue for the second question). Tell the groups that they will each have five minutes to present their conclusions to the other groups.

ACTIVITY 3-2
PLENARY FEEDBACK AND DISCUSSION

Invite each group in turn to present their cards (pinning the responses to each question on a separate flipchart) and take brief comments from the other groups.

Guide the discussion; it should become clear whether or not there is consensus. Lack of agreement could highlight the fact that adolescent sexual activity varies among different population groups, such as boys/girls, unmarried/married adolescents, or in different parts of the country (rural versus urban). Draw out these differences during the discussion, and encourage the participants to see the wider picture.

ACTIVITY 3-3
MINI LECTURE

Show Slide C3-1 and refer to the accompanying talking points for further details on the information presented in the slide.

SLIDE C3-1

Premarital sexual intercourse in Latin America and the Caribbean

Country and year of survey	Females		Males	
	% reporting intercourse age 15-19	Mean age at first intercourse	% reporting intercourse age 15-19	Mean age at first intercourse
Brazil, 1989	16	16.8	69	15.1
Chile, 1988	19	17.9	48	16.0
Costa Rica, 1991	19	17.9	48	16.0
Guatemala, 1986	12	16.7	65	14.8
Jamaica, 1993	59	15.9	75	13.9
Mexico, 1985	13	17.0	44	15.7

Talking points

Slide C3-1 shows data from sample studies carried out in some countries in Latin America and the Caribbean.

The data reflect the age at first sexual intercourse and the percentage who reported having intercourse between the ages of 15 and 19.

In all settings presented in this table, a larger percentage of boys reported having sexual intercourse than girls of the same age. Boys also reported having their first sexual intercourse at an earlier age than girls (13.9-16.0 years among boys against 15.9-17.9 among girls).

SLIDE C3-2

Key factors affecting age of first sexual intercourse

- "Too early" marriages continue to persist in some cultures
- Changing social norms and "controls" on sexual activity
- Vulnerability of young people to sexual coercion and rape
- Poverty

In several countries of the world, the trend is that the age at first sexual intercourse has decreased. However, it must be noted that in some countries the age at first sexual intercourse has remained unchanged or actually increased.

If you have local data on the age of first intercourse, share it with the participants and compare it with the information in Spot checks 1 and 2.

Finally, round off the discussion by summarizing the answers to the questions on Flipchart C1.

Talking points

In some parts of the world - notably in traditional cultures in parts of Africa and South Asia – girls continue to be "married off" at an early age, even if this is forbidden by the law of the land.

In many parts of the world, children and adolescents have far greater exposure to messages and images about different life-styles than their parents did. The reach of the mass media – including global television networks – and the growing reach of the internet have contributed to changing the social norms that today's adolescents live by. Alongside this, in many places, social "controls" are changing. This raises the possibility of the initiation of sexual activity among adolescents earlier than in previous generations.

Many young people are coerced into having sex. In many cultures, girls lack the power, confidence and skills to refuse unwanted sex or to negotiate safer sex.

Poverty often forces young people, especially girls, into prostitution. Economic hardships can force both girls and boys to leave home and seek out a livelihood in the – sometimes shadowy – informal sector, thereby increasing their vulnerability to sexual predators.

Early sexual initiation

Risk or protective factors for adolescents	Africa	Asia	Caribbean	South America	North America
A positive relationship with parents	+	+	+	+	?
A positive relationship with teachers	+	+	?	+	Not significant
Friends who are sexually active	-	?	-	-	?
Engaging in other risky behaviours	-	?	-	?	?
Having spiritual beliefs	?	+	+	?	+

Key: + protective factor; - risk factor; ? not measured.
Source: Broadening the horizon: Balancing protection and risk for adolescents, WHO, 2002.

SLIDE C3-3

Talking points

This table presents results from studies carried out around the world, of factors that influence the early initiation of sexual activity.

Risk and protective factors can explain differences in adolescent behaviour, even after accounting for variables such as age, sex, ethnic group and socioeconomic status.

Early sexual initiation with unprotected intercourse can lead to unplanned pregnancies and sexually transmitted infections including HIV.

From the table we can conclude that:

- **Families matter:** Adolescents who have a positive relationship with parents are less likely to start sexual intercourse early;
- **Schools matter:** Adolescents who have a positive relationship with teachers are less likely to start sexual intercourse early;
- **Friends matter:** Adolescents who believe that their friends are sexually active are more likely to start sexual intercourse early;
- **Beliefs matter:** Adolescents who have spiritual beliefs are less likely to start sexual intercourse early;
- **Risk behaviours are linked:** Adolescents who engage in other risk behaviours, such as using alcohol and drugs, are more likely to start sexual intercourse early.

Invite questions or comments from the participants. Do not feel obliged to respond to all of them yourself. Invite other participants to do so, thereby stimulating sharing of view points and perspectives, ideas and experiences.

Session 4
The consequences of too early, unprotected sexual activity

TIP FOR YOU

This session may be omitted if the consensus emerging from the group activity in the last session is that adolescents in the country are not sexually active at an early age and are no more likely to become sexually active before marriage than adolescents of the past 30 years.

Aim of the session

- To outline the consequences of the changing patterns of sexual activity among adolescents.

ACTIVITY 4-1
BUZZ GROUP

Put up Flipchart C2 and read the question to the participants.

Explain that you will divide the participants into buzz groups (of two or three).

Ask them to write a maximum of three responses to the question on the coloured cards.

Allow them about five minutes for this activity.

Given the changing trends/patterns in the onset of sexual activity, what are the consequences for adolescents and for their families and communities?

FLIPCHART C2

ACTIVITY 4-2
PLENARY FEEDBACK AND REVIEW

Ask the participants to place their cards on a table (face up). Working with the participants, organize the different responses into the following categories:

- Consequences for adolescents
- Consequences for babies born to adolescents
- Consequences for their families
- Consequences for their communities.

Invite questions and comments and, as in other sessions, do not feel obliged to respond to them all yourself.

Conclude the discussion by reviewing the consequences of unprotected sexual activity in adolescents (both boys and girls, and including consequences to health such as too early or unwanted pregnancy and sexually transmitted infections including HIV/AIDS; as well as social consequences such as stigma and reduced prospects for formal education).

Remind the participants to review the handout for more information on this session.

Session 5
Barriers to adolescents having access to sexual and reproductive health care

Aim of the session

- To highlight barriers that adolescents face in obtaining sexual and reproductive health information and services, and what could be done to address them.

TIP FOR YOU

More detailed information on what health-care providers could do to enable adolescents to obtain the health services they need will be presented in the module D. *Adolescent-friendly health services*.

ACTIVITY 5-1
GROUP WORK AND PLENARY DISCUSSION

Divide the participants into two groups. Give each group one case study (Annex 2 in their handout for module C). Tell them that they will have 10 minutes to read it as a group.

CASE STUDY 1

Aloo, a 14-year old in Kenya, attended a girl's boarding school and was the top pupil in her class. Her closest friend, Maria, was in the same class and they were the two star students in their class. Aloo came from a rural village in Western Kenya. Maria was the daughter of a prosperous businessman in Nairobi.

The two girls shared many secrets. They were both virgins and members of the Christian Union. One weekend in their second year in high school, while attending a student camp, they became friends with two boys from a nearby school. They ended up having sex, their first time. This was one month before the school holidays.

The following month they both missed their menstrual periods. They were on vacation and did not share this secret until the school opened. Could they be pregnant? As the school was near Nairobi, Maria's mother used to visit her every month. On her next visit Maria disclosed to her mother the problem. The mother immediately understood what was going on. She asked for permission for Maria to attend a family emergency, took her home and arranged for an immediate termination of pregnancy by her gynaecologist. Maria was back in school that Monday.

Aloo remained in school and soon the teachers started suspecting that she might be pregnant. She had been frequently unwell and moody, her performance in class deteriorated, and the school nurse was summoned to examine her. Aloo had to miss class in order to get to the clinic during working hours. Pregnancy was confirmed and according to the school's policy she was immediately suspended and given a letter to take to her parents. Aloo was devastated. She had no money to go home. Her parents were elders in their church and would kill her if they heard what had happened.

Terrified, she went to the local clinic to seek help. Being the only young woman in the clinic, she felt self-conscious as all the adult patients and workers kept staring at her. She came up against a lengthy registration process that required the signature of her parents. The health-care provider scolded her for her immoral behaviour and told her that she would not receive any services without her parents' consent. She had to leave.

1 of 2

CASE STUDY 1

Maria gave her some money and Aloo left school and travelled to Nairobi to see her uncle, a construction worker who lived in one of the slums. When her uncle returned from work in the evening Aloo feigned sickness and told him that she had been sent away because of school fees. The uncle sympathized with her but could not raise any money. He therefore sent a letter by post to Aloo's parents, asking them to send the money.

Aloo was now four months pregnant and it became more difficult to hide. At six months her uncle's wife noticed the pregnancy. Her uncle was furious and chased her out of his house. Lonely, with no money and nowhere to go, Aloo accepted accommodation from a young man in their neighbourhood.

Two months later Aloo delivered a premature baby boy at a nearby health centre. The baby had to be kept in the nursery for two weeks. When Aloo was discharged from the hospital she found that the young man who had accommodated her had moved.

She was now desperate! A 15-year old with a premature newborn, no money and homeless. Aloo took refuge in the only place that could accept her. A businesswoman selling gin in the slum area employed her to help serve her customers. That became Aloo's life.

2 of 2

CASE STUDY 2

Surekha, a 12-year old girl, lived with two younger brothers and her parents in Ahmedabad, a city in Western India. Hers was a middle-class family, and her parents cared for and loved their children very much. Surekha was a happy child. She was a good student and was liked by her teachers and her class mates.

One day, when Surekha was in class, she noticed that her underpants were feeling wet and uncomfortable. When she looked down at her dress, she noticed that it was splotched with blood. The girl sitting beside her noticed this too and went and told the teacher about it. The teacher stopped the lesson, took Surekha to the staff room and asked her to use the toilet to clean herself and apply a pad. Surekha did not know what had happened to her, or what to do. She was in shock.

Her teacher explained the situation to the other teachers who were present, told her to sit in a corner of the staff room and went back to her class. None of the other teachers took any notice of her. Surekha sat in silence for two hours till the school day came to an end. She did not know what was happening to her, and prayed hard that there was nothing seriously wrong with her. After all the teachers had left, she tiptoed outside to check if the coast was clear, went to her class, took her things and walked home covering her soiled dress.

When she reached home, she burst into tears and told her mother what had happened. Her mother signalled her to be silent, shooed Surekha's brothers out of the room, and took her to the bathroom. Her mother told her that this was a sign that Surekha was no longer a girl. Her mother told her what to do, and said that the bleeding would last a few days. She also told her that this would happen every month for the rest of her life.

Surekha went to bed with her mind in a whirl. She had many, many questions, and decided to speak to Sita, a girl in a senior class whom she knew.

After the participants have read the case history, post the question on Flipchart C3 and read it out loud.

Invite a member of the first group to summarize Case study 1, for the benefit of the other group, and then respond to the question in Flipchart C3. Ask a volunteer to record the responses on a flipchart, then repeat the process with the other group. Finally, open the floor for discussion. Use

Case study 1: Why did Aloo's status change from that of a bright 14-year old schoolgirl to that of a 15-year old single adolescent mother of a premature baby who is homeless and destitute?

Case study 2: Why was Surekha so unprepared for this important event in her life?

FLIPCHART C3

the checklist that follows to highlight the issues raised in the case studies, if they have not already been raised by the participants.

TIP FOR YOU

These case studies highlight several issues, including:

- Inadequate communication on sexual and reproductive health matters between adolescents on the one hand, and their parents and other adults around them, on the other;
- Inadequate access by adolescents to the reproductive health information and services they need;
- School policies on pregnancy about students, which are harmful at many levels to the affected students.

ACTIVITY 5-2
BUZZ GROUP

FLIPCHART C4

What could have been done to enable Aloo and Surekha to obtain the sexual and reproductive health information and services they needed?

Post the pre-prepared question on Flipchart C4 and read it to the participants.

Ask the participants to form groups of two (with the person sitting next to them). Ask each group to put down one action that could have been taken in relation to Aloo and one in relation to Surekha, on different coloured cards (e.g. blue for Aloo and pink for Surekha). Give them five minutes to complete this activity.

ACTIVITY 5-3
PLENARY FEEDBACK AND REVIEW

Ask each group in turn to come up to the front of the room, paste/pin up their cards, and briefly explain why they believe the actions they propose could have helped Aloo and Sureka. Invite questions, but only for clarification.

After all the groups have presented their responses, ask for volunteers to come forward to cluster the cards and to develop broad categories. These categories could be different settings where actions could be carried out (such as home, school and health facility) or different people who could carry out these actions (such as parents, older siblings, teachers and health workers).

Once this has been done, open the floor for discussion. In closing, stress that the issues raised will be discussed further in the modules to follow, on sexual and reproductive health.

Session 6
Module review

Aims of the session

- To review and discuss answers to the spot checks completed during the introductory session
- To review the module's objectives and to provide a summary of key points
- To remind the participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 6-1
REVIEW OF SPOT CHECKS

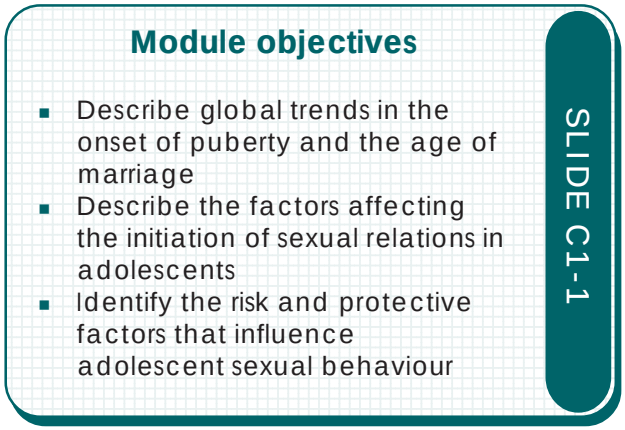
Ask the participants to pull out the spot checks completed earlier in the module (Annex 1).

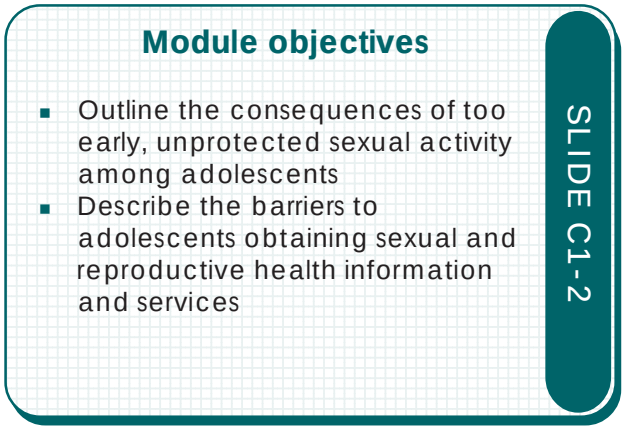
Put up the blank spot checks, one at a time on a flipchart, and address each one of them in turn, asking the participants if they would like to change their answers and give their reasons for doing so.

Ask the participants to look at what they have put down, and to consider if they would like to change their responses. Invite them to share their responses with others, but assure them that they are not obliged to do so.

ACTIVITY 6-2
REVIEW OF OBJECTIVES

Display the module objectives (Slides C1-1 and C1-2) once again, and ask the participants for any final questions or comments and address them.





Highlight the following points covered in the module:

- Sexual activity among adolescents is not uncommon. It occurs in different contexts.
- When unprotected, such activity could result in problems such as too early pregnancy and sexually transmitted infections, with the attendant complications.
- Many factors contribute to sexual and reproductive health problems in adolescents. These include factors in the wider environment such as barriers to obtaining health information and services, and in the immediate environment such as the influence of peers.
- Health-care providers have a responsibility to provide adolescents with the health information and services they need, on sexual and reproductive health and on other matters.

ACTIVITY 6-3
ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

FLIPCHART C5

List three important lessons that you learned through participation in this module

List three things that you plan to do in your work for/with adolescents

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD).

Put up Flipchart C5 and ask the participants to write down three key lessons they learned from this module and three things which they plan to do in their work for/with adolescents in order to put into practice what they have gained as a result of participation in this module.

Explain to the participants that it is important to update their OP diaries daily because they will use the information entered during the concluding module.

ACTIVITY 6-4
REMINDERS AND CLOSURE

Remind participants about the *Matters Arising Board*.

Remind the participants to record their impressions on the module, on the *Mood Meter*.

Remind them that the handout provides excellent detail on everything the group has discussed, and that it lists relevent resources.

Thank them warmly for their hard work and participation in this module.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

What percentage of your male adolescent patients do you think are sexually active by the age of ... years ?

please mark your estimate with a spot anywhere along the line

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

SPOT CHECK 2

What percentage of your female adolescent patients do you think are sexually active by the age of...?

please mark your estimate with a spot anywhere along the line

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

SPOT CHECK 3

Adolescents engage in sex because...

please fill in the blanks

- ...they are encouraged to do this from the films they watch
-
-
-
-
-
-
-

SPOT CHECK 4

Adolescents can get the information and health services they need

please answer with one spot and give one reason for your answer

- Yes, because ...
- No, because ...
- Don't know ...
- Not sure ...

SPOT CHECK 5

The problems that too early sexual activity in adolescence can result in are:

please fill in the blank spaces

-
-
-
-
-
-

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module D

Adolescent-friendly health services

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** Activity 1-1 Module objectives Activity 1-2 Spot checks	D-7	10 min	Handout for module D Slides D1-1, D1-2
Session 2 **The role that health services need to play to promote adolescent health** Activity 2-1 Mini lecture	D-9	20 min	Slides D2-1, D2-2, D2-3
Session 3 **Different perspectives on making it easier for adolescents to get the health services they need** Activity 3-1 Group work Activity 3-2 Plenary feedback and discussion	D-11	60 min	Flipcharts D1, D2, D3, D4
Session 4 **Barriers to the provision and utilization of health services** Activity 4-1 Brainstorming Activity 4-2 Plenary discussion Activity 4-3 Plenary review	D-13	45 min	Flipchart D5
Session 5 **Characteristics of adolescent-friendly health services** Activity 5-1 Buzz group Activity 5-2 Plenary feedback and discussion	D-15	45 min	Local data on adolescent-friendly health service initiatives

Sessions and activities	Page	Time	Materials and resources
Session 6 MODULE REVIEW ACTIVITY 6-1 Review of spot checks ACTIVITY 6-2 Review of objectives ACTIVITY 6-3 Reminders and closure	D-17	10 min	Slides D1-1, D1-2
		190 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Collect local data on promising local adolescent-friendly health service initiatives for use in Session 5;
- Check if the adolescents will participate in the module activities and that they are properly briefed about their roles and responsibilities;
- Ensure that the facilitators are clear about their respective roles during their designated session(s).

Materials and audio-visual equipment

- ### Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board.

Module-Specific

- Information on local adolescent-friendly health service initiatives.

- ### Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This core module in the Orientation Programme (OP) on adolescent health looks at how to make health services adolescent-friendly. It is intended for use towards the end of the OP, after conducting any module on specific adolescent health problems and before the *Concluding* module.

As in all the other modules, it is expected that adolescents will be among the participants and will provide an adolescent perspective in the discussion of various subjects addressed in this module.

We recommend that you review the *Facilitator Guide* which provides important information that you will need before conducting any of the OP modules. Part I also provides detailed information on teaching/learning methods used in the Orientation Programme. It is important for you to understand and feel comfortable in using the teaching/learning methodology of this package in order to ensure successful facilitation so that the participants will derive maximum benefit from the OP modules.

Session 1
Module introduction

Aim of the session

- To provide an overview of the module including the objectives.

ACTIVITY 1-1
MODULE OBJECTIVES

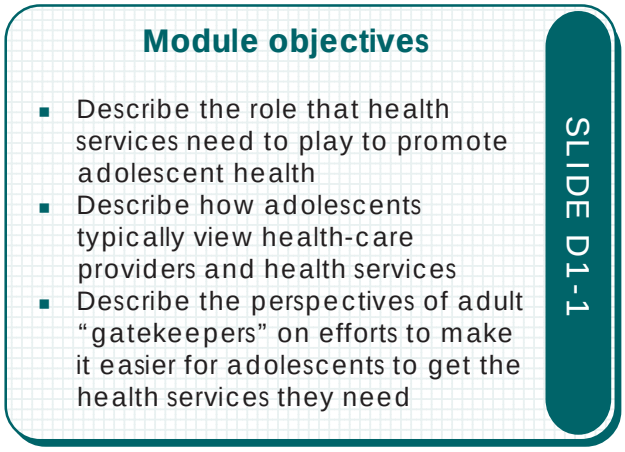
Begin by welcoming the participants to this module.

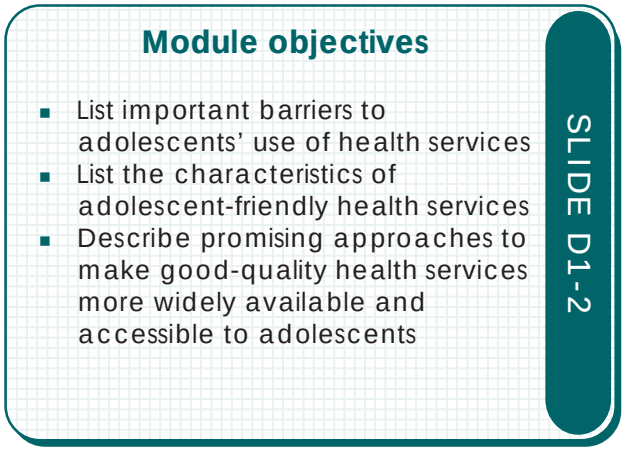
Give each participant a copy of handout D. Remind them that the handout provides additional information to complement that which will be covered during the module and encourage them to read the handout later.

Briefly take participants through each session.

Remind the participants to raise any issues on the *Matters Arising Board*, and encourage them to do so during session breaks.

Display the module objectives (Slides D1-1 and D1-2), and take the participants through each objective, in turn.





Talking points

In the Orientation Programme, the term *health services* refers to a clinical service, which often includes some information provision and advice, and is aimed at preventing health problems, and detecting and treating them if and when they arise. The term *health facility* refers to a recognized institution that provides health services, ranging from small clinics providing a limited range of primary level services, to large hospital complexes providing a range of tertiary-level health and social services.

The term *gatekeepers* includes both those who interface with adolescents on a regular basis, such as their parents, teachers and youth leaders, and those who do not, such as policy-makers and

administrators. Identifying and working with these *gatekeepers* is an essential part of any public health initiative, especially those that address adolescents.

The purpose of this module is to help you to examine what makes it difficult for adolescents to get the health services they need, and then to consider what actions you could take to make the existing health facilities in your community more adolescent-friendly than they currently are. Obviously, some people are in a greater position of authority than others, but every one of us can do something meaningful.

ACTIVITY 1-2
SPOT CHECKS

Distribute copies of Spot checks 1-4 to the participants (Annex 1).

Explain that their purpose is to help the participants assess their gain in knowledge and understanding as a result of participation in this module.

Inform the participants that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during the review session. Give them a few minutes to complete this activity.

Inform the participants that during the last session of this module you will provide the possible answers to some of their questions and respond to any questions or comments that they may have.

Explain the instructions recorded on each spot check to the participants and make sure that they understand how to complete them.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* throughout the module to record any issues that they would like to follow up. Make sure to point to the location of this *Board*. The *Matters Arising Board* should be displayed where it can be easily seen and accessed by participants.

Session 2
The role that health services need to play to promote adolescent health

Aim of the session

- To point to the role the health services need to play as part of a comprehensive approach to promoting the health and development of adolescents.

ACTIVITY 2-1
MINI LECTURE

Put up Slides D2-1 to D2-3 one at a time, and present them using the talking points.

Talking points

Remind the participants that this slide is based on the common agenda for action on adolescent health and development, which was first discussed in the module B. *Meaning of adolescence and its implications for public health*.

Stress that the health services have an important role to play in promoting adolescent health and development, as part of a comprehensive approach.

What adolescents need (and why)

- Information and skills (they are developing)
- A safe and supportive environment (they live in an adult world)
- Health and counselling services (they need a safety net)

SLIDE D2-1

Talking points

The role of health-care providers in helping ill adolescents get back to good health is well recognized. In addition, they have an important role to play in helping well adolescents to stay well, and in helping them develop into healthy, competent and caring adults.

Meeting the needs of both well and ill adolescents

- Providing information and advice
- Screening for health problems and problem behaviours
- Detecting and managing problems
- Referring to other health and social service providers, when necessary

SLIDE D2-2

Talking points

The important role that health-care providers need to play has been stressed in an editorial in the Journal of the American Medical Association (JAMA) and in other journals.

When health services are not made available and accessible to adolescents

- The result is countless missed opportunities for:
  - Preventing health problems
  - Promptly detecting and effectively treating them

SLIDE D2-3

TIP FOR YOU

Direct the participants to the handout D section entitled "*What health services do adolescents need?*".

Open the discussion and welcome questions and comments. After a few minutes, bring the session to a close saying that subsequent sessions of the module will give them opportunities for further discussion.

Session 3
Different perspectives on making it easier for adolescents to get the health services they need

Aim of the session

- To explore the perspectives of the following "stakeholders" on the provision of health services to adolescents: adolescents themselves, health-care providers, and other adult "gatekeepers".

ACTIVITY 3-1
GROUP WORK

Assign the participants into four groups by counting 1 to 4.

Give a number to each group (Group 1 to Group 4), making sure that, if there are some adolescent participants, they join either Group 1 or 2.

Pin up Flipcharts D1-D4 and read out the question written on each, one by one.

Give each group the appropriate question (i.e. Group 1 should get question 1 and so on). Tell the participants that they have 15 minutes to answer the questions and that each group will have three minutes to present their responses to the question posed to them, in plenary.

Provide each group with blank coloured cards and markers and ask them to record their responses on the cards, following the VIPP rules established earlier in the introductory module.

TIP FOR YOU

If possible, assign a different coloured VIPP card to each question. What this means is that you must write the four questions on cards of different colour in advance.

If necessary, help Group 4 to select appropriate gatekeepers such as parents, teachers, youth group leaders, religious leaders and local government officials.

What help do adolescents typically seek from health-care providers or facilities, in order to stay well and when they are ill?

FLIPCHART D1

How do adolescents typically view health-care providers and health facilities?

FLIPCHART D2

What are the viewpoints of health workers on making it easier for adolescents to get the health services they need or want?

FLIPCHART D3

What would be the perspectives of some key "gatekeepers" on making it easier for adolescents to get the health services they need or want?

FLIPCHART D4

ACTIVITY 3-2
PLENARY FEEDBACK AND DISCUSSION

Invite each group to present its findings, pinning up their response cards on a flipchart designated for each question, and encourage all the participants to respond to any questions or issues raised by the other groups.

Summarize key issues arising in the discussion.

Explain that in the next session you will focus on those perspectives that present important barriers to providing adolescents with the health services they need.

Bring up the following two issues – if they have not been raised spontaneously – and encourage some reflection and discussion:

- Are the viewpoints of parents (and other gatekeepers) different in regard to male and female adolescents (and if so how and why)?
- As health-care providers, we have an important role to play in ensuring the health and development of adolescents; in addition, those of us who are parents (of adolescents) have an important role to play in their health and development. How do these roles relate to each other, and how does this affect the way we deal with our adolescent clients/patients?

Session 4
Barriers to the provision and utilization of health services

Aim of the session

- To consider important barriers to the provision of health services to adolescents (and their utilization by adolescents).

ACTIVITY 4-1
BRAINSTORMING

Put up Flipchart D5 and read the question on it.

Explain to the participants that you want them to identify what they believe are important factors that act as barriers to health-service provision and utilization.

Ask the participants to put down their ideas on coloured cards (one idea on each card and suggest a maximum of three cards per person).

What are the important barriers to:

- *The provision of health services to adolescents?*
- *The utilization by adolescents of the health services they need?*

FLIPCHART D5

Give them five minutes for individual reflection, and then go round the room asking for the cards and put them up on the flipchart.

ACTIVITY 4-2
PLENARY DISCUSSION

Once all the suggested barriers are put up, it will be apparent that they can be categorized in certain ways. You can use three categories of barriers:

- Personal
- Interpersonal
- Institutional.

Here are some examples of each of these three categories:

- **Personal barriers** – e.g. an adolescent girl is suffering from menstrual pain but does not seek help because she is ashamed of her problem, and does not want to draw attention to it, and to herself.
- **Interpersonal barriers** – e.g. a receptionist who is rude to adolescents, or a health-care provider who is judgemental.
- **Institutional barriers** – e.g. prohibitive costs, cumbersome and time-consuming procedures in health facilities.

Use the categories listed above, and then work with them to decide to which category each barrier belongs. Add additional categories (or sub-categories) if this is proposed by the participants. Take your time over this and probe points where necessary.

Ask one of the participants to pin up any useful additional barriers identified in the discussion. Bring up the following issues – if they have not been raised spontaneously – and encourage some reflection and discussion on them:

- Do laws and policies restrict the provision of certain health services to individuals (based on considerations of age or marital status)?
- Do concerns about confidentiality hinder adolescents to utilize health services?
- Does the tension between the rights of parents to know about the health problems of their adolescents, and the rights of adolescents to privacy, hinder the ability of adolescents to utilize health services?
- Are the barriers that have been identified the same for all adolescents, or are they different for some categories of adolescents (based, for instance, on gender or socioeconomic status)?

ACTIVITY 4-3
PLENARY REVIEW

To draw this discussion to a close, ask the participants to look at Section 3 of handout D entitled "*Do existing services meet the needs of adolescents?*".

Session 5
Characteristics of adolescent-friendly health services

Aim of the session

- To present the characteristics of adolescent-friendly health services
- To describe noteworthy approaches to making health services more adolescent-friendly.

TIP FOR YOU

In addition to using the models described in the handout D (pp D-15, D-16), it would be helpful to include case examples of one or more local initiatives.

ACTIVITY 5-1
Buzz group

Ask the participants to form "buzz groups", each with three persons, by asking them to come together with those seated beside them.

Point to Section 4 in handout D entitled "*What makes health services adolescent-friendly?*". Give them a couple of minutes to glance through the section, and then direct them to the section summary entitled "*Characteristics of adolescent-friendly health services*". Inform them that the list was developed through a consultative process involving individuals providing health services to adolescents from around the world. Stress that the list is a generic one and that the long list of characteristics may not apply in every setting or context.

Ask the groups to go over the list, and consider which of the characteristics they believe are relevant to their settings/contexts and which ones are not.

ACTIVITY 5-2
Plenary feedback and discussion

After about 10 minutes, bring the groups together in plenary. Taking one category of characteristics at a time, ask one of the groups to share their collective "decision" on its relevance/appropriateness. Ask them also to provide their reasons for this. After their contribution, in the interest of time, ask the other groups not to repeat points that have already been made in their contributions. For the next category, give another group a chance to go first, and so on.

Once all the categories of characteristics have been covered, point the participants to Section 5 in handout D entitled "*How are services best delivered to adolescents?*". Lead them through the models described, as follows:

- Services at health centres and hospitals
- Services located at other kinds of centres
- Outreach services
- Health services linked to schools and workplaces.

Give them a few minutes to glance through the section, and then open the discussion. Encourage them to share information on local initiatives which they are aware of (and do so yourself, if you have been able to gather such information).

To conclude the session, stress that there is no "single or simple solution" to making health services adolescent-friendly. Stress that the long list of generic characteristics and the diverse case examples point to the need to understand the needs and preferences of adolescents, and to orient the delivery of health services to respond to these.

Session 6
Module review

Aims of the session

- To review and discuss answers to the spot checks completed during the introductory session
- To review the objectives of the module and to provide a summary of the key points
- To remind participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 6-1
REVIEW OF SPOT CHECKS

Ask the participants to pull out the spot checks completed early in the module (Annex 1).

Pin up the blank spot checks, one at a time on a flipchart and address each one of them in turn.

ACTIVITY 6-2
REVIEW OF OBJECTIVES

Display the module objectives (Slides D1-1 and D1-2), ask the participants for any final questions or comments, and address them.

Module objectives

- Describe the role that health services need to play to promote adolescent health
- Describe how adolescents typically view health-care providers and health services
- Describe the perspectives of adult "gatekeepers" on efforts to make it easier for adolescents to get the health services they need

SLIDE D1-1

Module objectives

- List important barriers to adolescents' use of health services
- List the characteristics of adolescent-friendly health services
- Describe promising approaches to make good-quality health services more widely available and accessible to adolescents

SLIDE D1-2

Ask for any comments or questions about the sessions.

ACTIVITY 6-3
REMINDERS AND CLOSURE

Ask for and deal with any further questions – including any on the *Matters Arising Board* – and remind the participants to list any further issues that they wish to follow up.

Remind the participants that the handout provides further information on everything discussed in the module.

Remind the participants to mark their assessment of the module on the *Mood Meter*.

Thank the participants for what should have been a very lively and useful exploration and discussion.

Annex 1

Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

Health facilities should reach out to adolescents and become adolescent-friendly because...

please fill in the blank spaces

- ...adolescents are often not aware of health problems that they might have
-
-
-
-
-

SPOT CHECK 2

Adolescents often do not make the best use of available health services because...

please tick three of the most important reasons

- ...they expect that the staff will inform their parents ○
- ...they do not like waiting or filling in forms ○
- ...they are not interested ○
- ...they do not recognize illnesses ○
- ...they want to spend money on other things ○
- ...they do not like the way health staff deal with them ○
- ...they do not want to draw attention to themselves ○
- ...they find it easier to talk to their friends than to health-care workers ○
- ...they do not know where to go ○

SPOT CHECK 3

What are the most important characteristics of adolescent-friendly health services?

please fill in the blank spaces

- Caring and competent staff members
-
-
-
-
-
-
-

SPOT CHECK 4

How adolescent-friendly do you believe the health facility you work in is?

please mark your answer with a spot anywhere along the line

not adolescent-friendly — somewhat adolescent-friendly — very adolescent-friendly

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module F

Concluding

Sessions and activities	Page	Time	Materials and resources
Session 6 MODULE REVIEW AND CLOSE OF ORIENTATION PROGRAMME ACTIVITY 6-1 Review of objectives ACTIVITY 6-2 Reminders and closure	F-14	10 min	Slide F1-1
		180 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Make sure you have copies of the handout(HO) for distribution to all the participants
- Ensure that the flipcharts are ready for the group-work tasks
- Please study the four scenarios associated with this module
- Ensure that the facilitators are clear about their respective roles during their designated session(s).

Materials and audio-visual equipment

- ### Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Mood Meter
- Matters Arising Board.

Module-Specific

- Module activity sheet
- Module scenarios.

- ### Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

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

The module also provides an opportunity for the participants to reflect on the ethical and human rights issues raised in the OP.

It is expected that some adolescents will be among the participants to provide an adolescent perspective in the discussion of various subjects.

We recommend that you review Part I of this *Facilitator Guide* which provides you with important information that you need to know before conducting any of the Orientation Programme modules. Part I also provides detailed information on teaching/learning methods used in the Orientation Programme. It is important that you understand and become comfortable in using the teaching/learning methodology of this package to ensure successful facilitation so that the participants will derive maximum benefit from the OP modules.

Session 1
Module introduction

Aim of the session

- To provide an overview of this module including the objectives
- To cover administrative matters.

ACTIVITY 1-1
MODULE OBJECTIVES

Begin by welcoming the participants to this *Concluding* module of the OP.

Briefly take participants through each of the module's objectives.

Remind the participants to raise any issues on the *Matters Arising Board*, and encourage them to do this during the breaks.

Display the module objectives (Slide F1-1), and take the participants through each objective, in turn. Emphasize that the second objective is the central one.

Module objectives

- Recall what helped the participants to make important changes in their personal and/or professional lives
- Define how they learned in this Orientation Programme to improve their everyday work
- Identify the personal and professional challenges and problems they might face
- Describe the ethical and human rights considerations in the context of their responsibilities to patients and their communities

SLIDE F1-1

Explain that this module will raise many questions for the participants to consider rather than provide answers. Working together, the group may be able to agree on how – and how not to – deal with several challenging pressures and situations.

Session 2
What helped me change in the past?

Aim of the session

- To recall examples that helped the participants make important changes in their personal and/or professional lives.

ACTIVITY 2-1
BRAINSTORMING

Before asking the participants to consider their future plans, explain that you would like them to spend a few moments considering this question on Flipchart F1 below in a brainstorming activity.

Share one experience of your own – write this down, then encourage the participants to share one of their experiences with the group.

Ask a volunteer to note ideas on a flipchart and use ticks to indicate a point that arises more than once.

FLIPCHART F1

Looking back over your life, what helped you make and sustain important changes in your life – either on the personal or the professional side?

When you think that adequate examples have been shared, summarize the sorts of factors that help people make changes, read through the list identifying the most important factors according to the number of ticks.

Thank the participants because this activity requires them to go within themselves and share with others whatever it was that helped them in their lives.

Session 3
Back at work: The changes participants propose to make

Aim of the session

- To consider what changes participants propose to make in their work for and with adolescents upon their return to work.

ACTIVITY 3-1
INDIVIDUAL WORK

Ask the participants to pull out the activity sheet and explain the five columns (Annex 1).

Column 1
Changes you personally plan to make in your everyday work with or for adolescents. Stress that each change could relate to something they learned during any of the modules they have worked through. Each of the remaining columns raises particular questions about each change. Explain each remaining column in turn.

Column 2
Why you believe this change is important: who or what will benefit and in what way?

Column 3
How you will know whether or not you are being successful?

Column 4
Are there any personal or professional challenges and problems you anticipate in carrying out the changes?

Column 5
What help are you likely to need and who could provide you with this help?

Explain that the first task is to concentrate on the first two columns only.

Column 1:

Changes you personally plan to make in your everyday work while working with or for adolescents

- Each change could relate to anything learned during any of the modules you have worked through

SLIDE F3-1

Column 2:

- Why do you believe this change is important?
- What or who will benefit and in what way?

Column 3:

- How will you know whether or not you are successful?
- As it is likely that you will see the effect of the change only after some months, how will you know how effective you are?

SLIDE F3-2

Column 4:

- What personal or professional challenges and problems do you anticipate in carrying out the changes?

Column 5:

- What help are you likely to need?
- Who could provide you with this help?

SLIDE F3-3

Ask the participants to bring out their Orientation Programme Personal Diary (OPPD) and to look through the entries they made at the end of each module. This would lead them to identify at least five possible changes. Ask them to state why the proposed changes are important. Allow them, working individually, 10-15 minutes to fill in columns 1 to 3.

ACTIVITY 3-2
PLENARY DISCUSSION

When sufficient time has passed, go round the room encouraging the participants to be as precise as they can, and answering any questions they might have.

Ask the participants, in plenary, to share the changes they propose to make (using short sentences), provided that it has not previously been mentioned by someone else.

Ask a volunteer to note on a flipchart the changes the participants propose to make, with an explanation if any of these should not be clear. Ask why the suggested change is important and how they would know if it is successful. As the discussion evolves, highlight noteworthy issues that arise and, if necessary, open the floor to discuss them.

Cluster the suggested changes with the participants' help.

Lead a brief discussion on the third column, *"How will I know whether or not I have been successful and when will I know this?"*, asking the participants to suggest how they could measure their success.

Ask a volunteer to record the ideas on a flipchart. This should be helpful to those who are unsure how to assess the changes they hope and expect to make in their work.

To conclude the session, highlight some noteworthy issues made by the participants in their feedback and in the discussion.

Session 4
The personal and professional challenges and problems that participants may face

Aim of the session

- To identify the personal and professional challenges and problems that participants may face in achieving their improvements.

ACTIVITY 4-1
INDIVIDUAL WORK

Ask the participants to return to their activity sheets and take them through columns 4 and 5 below.

Column 4 Are there any personal or professional challenges and problems you anticipate in carrying out the changes?

Column 5 What help you are likely to need and who could provide you with this help?

Remind the participants to complete columns 4 and 5, addressing each change they plan to make in column 1.

Allow them 10 minutes to complete this task.

ACTIVITY 4-2
PLENARY DISCUSSION

Encourage the participants to share the problems they anticipate and base the ensuing discussion on questions such as these (Slide F4-1)

Point out that if anyone believes that the challenges facing them are impossible/difficult to overcome, suggest that they consider altering their proposed improvement to make it more "do-able".

Ask a volunteer to record on a flipchart useful ways to solve often-anticipated problems.

Addressing challenges

- Who else believes this is a problem or challenge?
- What can you do to solve this problem or challenge?
- Who could support or help you?

SLIDE F4-1

Session 5
Some ethical and human rights considerations

Aim of the session

- To examine some ethical and human rights considerations, within the context of participants' responsibilities to their patients and within their communities.

TIP FOR YOU

Add that participants will have an opportunity to consider these rights in the context of a number of scenarios (Annex 2).

ACTIVITY 5-1
GROUP WORK

Divide the participants into four groups.

Give each group a copy of all the scenarios, allocating one scenario to each group.

TIP FOR YOU

You are also free to develop your own more locally relevant scenarios, but make sure they carry the same range of "take home" messages.

FLIPCHART F2

How do you think health-care providers would respond when faced with this situation?

Why?

Pin up Flipchart F2 and ask each group to reflect on its designated scenario, providing answers to the questions on the chart.

Allow the participants 10-15 minutes to discuss the scenarios and how they would respond. Tell them that, if possible, they should try to agree on their answers and note them on separate cards. If they cannot agree, they should write down the diverging answers, each on its own card.

ACTIVITY 5-2
PLENARY FEEDBACK

Ask each group, in turn, to share their conclusions in plenary and to respond to any comments or questions that the others pose. Allow about five minutes per group for the plenary discussion, so that you have about 20 minutes at the end to draw out any significant issues.

Keep an eye on the issues that each scenario highlights (Slides F5-1 to F5-4), because you need to address each group's suggested response as sensitively as you want them to deal with their adolescent patients, given the legal and ethical context.

In the discussion following each group's response to the scenario, try to draw out answers to probing questions such as these (Slide F5-5).

ACTIVITY 5-2
PLENARY REVIEW

Summarize the key points that have arisen during the discussion. In concluding, consider using points such as the following:

- Some of the issues that health-care providers face when dealing with adolescent health problems are simple and clear-cut (refer to an appropriate example that has arisen in discussion)
- Others are complex and less clear-cut; for instance, they raise a conflict: between the rights of the adolescent and those of the parents, or between the prevailing laws and the best interests of the adolescent.

Conclude that the challenge to health-care providers is to find a course of action that is legal, ethical, and lies in the best interests of the adolescent – a course of action that does not harm the adolescent or the health-care provider. This is often not an easy decision. We hope that this programme has enabled you to meet and resolve better those issues.

Scenario 1

- Highlights the rights of individuals (including adolescents) to the health services they need

SLIDE F5-1

Scenario 2

- Highlights the tension between the rights of parents to know about the health problems of their (adolescent) children, and the rights of adolescents to privacy

SLIDE F5-2

Scenario 3

- The need for health-care providers to tackle difficult "intra-familial" issues in some situations
- The challenge of tackling these – and other – difficult situations in the absence of systems, structures, rules and procedures
- The pressure to overrule the categorically expressed wishes of adolescent patients "for their own good"

SLIDE F5-3

Scenario 4

- The challenge of ensuring that the entire team of health-care and paramedical workers maintains the confidentiality of adolescent and other patients

SLIDE F5-4

Checklist in working for and with adolescents

- Is the suggested response (of the health-care provider) legal?
- Is it ethical?
- Is it in the best interests of the adolescent concerned?
- Does it infringe upon the rights of the health-care provider?
- What alternatives does the health-care provider have – and how would they apply to the above questions?
- When the rights of different people conflict, how could this be resolved?

SLIDE F5-5

Session 6
Module review and close of Orientation Programme

Aims of the session

- To review the module's objectives and to summarize the key points
- To close the Orientation Programme.

ACTIVITY 6-1
REVIEW OF OBJECTIVES

SLIDE F1-1

Module objectives

- Recall what helped the participants to make important changes in their personal and/or professional lives
- Define how they learned in this Orientation Programme to improve their everyday work
- Identify the personal and professional challenges and problems they might face
- Describe the ethical and human rights considerations in the context of their responsibilities to patients and their communities

Congratulate the participants for having completed the final module of the Orientation Programme on adolescent health.

Display the module objectives once again (Slide F1-1), ask participants for any final questions or comments, and address them.

Ask for any comments or criticisms about the usefulness of this module.

ACTIVITY 6-2
REMINDERS AND CLOSURE

Remind participants to complete any local evaluations that need to be completed.

Thank participants warmly for their active participation in what has been a lively and challenging workshop. Once any administrative matters are dealt with, close with a plea for continued reflection and self-appraisal on their work for and with adolescents.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Activity sheet

Session 3: ACTIVITY 3-1

The improvements you propose to make in your work for and with adolescents

Purpose

The purpose of this exercise is to help you prepare the outline of a personal plan to improve your work for and with adolescents. In this plan you will identify the changes you intend making in the way you will work. The plan includes the following elements:

- The proposed changes you intend to make;
- The importance of the proposed changes;
- How you will assess whether or not you are successful in making these changes;
- The personal and professional challenges and problems you may face in making these changes;
- The ways in which you are likely to address these challenges and problems, and the support you will need.

General instructions

- Please use the tables entitled "*Individual implementation plan*", which appear on the following pages, to record five changes you intend making in the way you work with or for adolescents.
- Please review the example on page F-18.
- Please designate one sheet for each change you intend to make. This way you will have extra writing space.
- For each change you propose in column 1, complete columns 2, 3, 4 and 5.
- In monitoring your own changes and application of this plan, it would be useful to set yourself target dates to review your progress and reassess your plans.

We wish you all success in your endeavours to improve your work with and for adolescents.

Sample Individual Implementation Plan							
Column 1	Column 2		Column 3		Column 4	Column 5	
The changes I plan to make in my everyday work with or for adolescents.	Why I believe this change is important: who or what will benefit and why?		How will I know whether or not I have been successful and when will I know this?		Any challenges or problems I anticipate in carrying out the changes.	What help am I likely to need and who could provide me with this help?	
	Who/what will benefit?	Why?	How?	When?		Help needed	Source
EXAMPLE							
Contact the local schools to provide information on the new adolescent-friendly health services being provided by our clinic.	Students in local schools. Friends of students, and family members of school staff who are not in local schools.	They will find it easier to obtain the services they need. -"-	A steady increase in the number of students who come to the clinic to obtain services.	Six months after making contact with the schools.	Lack of interest from the school administration. Resistance from the teachers.	Support from the district education authority. A seminar to convince them of the value of this work.	The director of the local hospital could request this. Leaders of the parent-teachers association.

Individual Implementation Plan							
Column 1	Column 2		Column 3		Column 4	Column 5	
The changes I plan to make in my everyday work with or for adolescents.	Why I believe this change is important: who or what will benefit and why?		How will I know whether or not I have been successful and when will I know this?		Any challenges or problems I anticipate in carrying out the changes.	What help am I likely to need and who could provide me with this help?	
	Who/what will benefit?	Why?	How?	When?		Help needed	Source

Orientation Programme on Adolescent Health for Health-care Providers

Annex 2

Scenarios

Session 5: ACTIVITY 5-1

Please review your assigned scenario and reflect on the following questions:

- How do you think health-care providers would respond when faced with this situation?
- Why?

SCENARIO 1

A young man comes into your clinic and says that he has no problem. He just wants some condoms for "protection". When you begin taking the history, he tells you that he is 18 years old, knows about AIDS, and does not want to listen to a lecture on morality. How would you react to this situation?

SCENARIO 2

A young woman of 16, whom you have known as a child and whose parents and siblings you know very well, comes to your clinic for help. She says that she thinks she is pregnant, and wants you to give her or prescribe for her some emergency contraceptive pills. She insists that she does not want her parents to know about this. How would you react to this situation?

SCENARIO 3

A girl of 14 is brought to your clinic by her mother. The mother says that the girl has been complaining of abdominal pain and backache for the past two weeks, and that she thinks that the pain is related to menstruation. When taking the history, you notice that the girl is silent – even shy – and allows her mother to speak on her behalf. You gently persuade the mother to wait in the consultation room when you take the girl into the examination room. Soon after the door is shut, the girl tells you that the problem is that her father forces her to have sex with him whenever they are alone at home. With tears in her eyes, she asks you to promise not to tell her mother, because it would break her heart. What would you do in this situation?

SCENARIO 4

A young man of 18 bursts into your room, slams the door and walks towards you. He reaches your table and remains standing. You can see that he is very angry - literally trembling and there are tears in his eyes. He thumps the table and shouts at you: "When I saw you last week you promised me that no one would come to know about my problem. Yesterday, my mother said that she knew everything! She said that one of the nurses in your clinic, who is her friend, told her. I will never trust you people with white coats again…".

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module G

Sexually transmitted infections in adolescents

Sessions and activities	Page	Time	Materials and resources
Session 6 **Management of STIs in adolescents** ACTIVITY 6-1 Mini lecture ACTIVITY 6-2 Group work ACTIVITY 6-3 Plenary discussion	G-16	55 min	Slides G6-1, G6-2, G6-3, G6-4
Session 7 **Prevention of STIs in adolescents** ACTIVITY 7-1 Mini lecture ACTIVITY 7-2 Role play	G-19	25 min	Slide G7-1
Session 8 **Module review** ACTIVITY 8-1 Review of spot checks ACTIVITY 8-2 Orientation Programme Personal Diary (OPPD) ACTIVITY 8-3 Review of objectives ACTIVITY 8-4 Reminders and closure	G-21	10 min	Flipchart G5 Slides G1-1, G1-2
		180 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Collect local data on prevalence of sexually transmitted infections, and summarize them for use during the module;
- You may want to consider adapting scenarios and role plays to the local culture, as needed
- Ensure that the flipcharts are ready for the group-work tasks;
- Ensure that the facilitators are clear about their respective roles during their designated session(s).

Materials and audio-visual equipment

- Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

Module-Specific

- Local data on the prevalence of STIs
- Country-specific adaptation of scenarios and role plays.

- Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This optional module in the OP complements the core modules.

We recommend that you review this section of the *Facilitator Guide* before conducting the module on STIs in adolescents. We also recommend that you also review Part I of the overall *Facilitator Guide*. It is important that you feel comfortable in using the teaching and learning methodology described in the guide, so that participants derive maximum benefit from the OP.

Session 1
Module introduction

ACTIVITY 1-1
MODULE OBJECTIVES

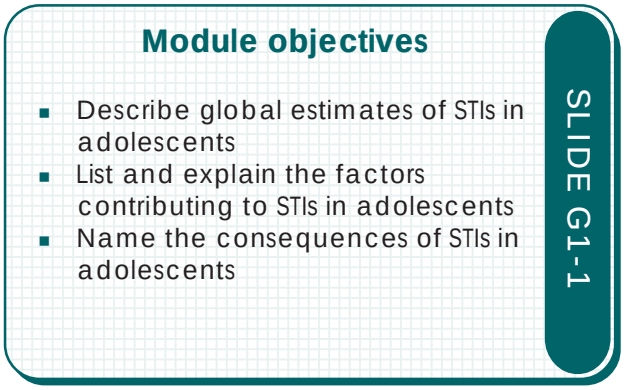
Welcome the participants to the module.

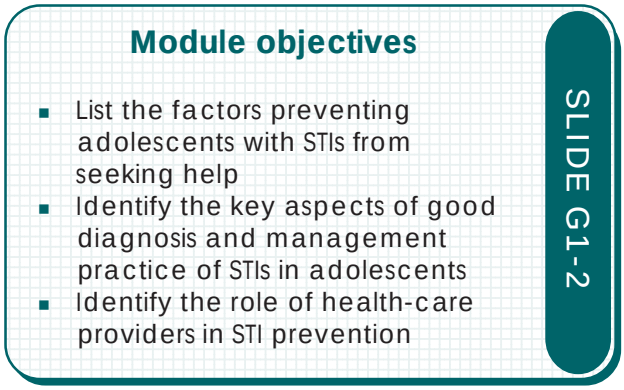
Explain that the aim of this session is to provide an overview of the module, including the objectives.

Explain that this module is one of four optional modules on adolescent sexual and reproductive health. The others are: module H. *Care of adolescent pregnancy and childbirth,* module I. *Unsafe abortion in adolescents,* module J. *Pregnancy prevention in adolescents.* In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

Mention that this module contains 8 sessions, which will explore different aspects of sexually transmitted infections (STI) in adolescents.

Display the module objectives (Slides G1-1 and G1-2), and then read out, in turn.





ACTIVITY 1-2
SPOT CHECKS

Point the participants to the spot checks (Annex 1).

Explain that the purpose of the spot checks is to help participants assess gains of knowledge as a result of their participation in this module. Inform them that the spot checks will not be collected, graded or checked by any of the facilitators.

Explain the instructions recorded on each spot check to the participants and make sure that they understand how to complete them.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during this module. Give them five minutes to do this task.

[1] Under development.

Inform them that during the last session of the module, you will respond to any questions or comments that they may have.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* during the module to record any issues they would like to follow up, and point them to the location of the *Matters Arising Board*. The *Matters Arising Board* should be displayed where it is easily seen and accessed by all participants.

Session 2
The scope of STIs in adolescents

15 min

Aim of the session

- To present the scope of sexually transmitted infections (STIs) among adolescents globally and locally.

ACTIVITY 2-1
MINI LECTURE

Explain that you begin the mini lecture by looking at the scope of the problem of STIs in adolescents worldwide.

Show Slide G2-1. Do not read it out aloud; instead go over the talking points presented below.

TIP FOR YOU

Encourage questions and comments. Do not feel obliged to respond to all of them yourself. Invite other participants to respond. This will help the participants to relax and feel comfortable about sharing any information they have and, more importantly, about voicing their thoughts and feelings.

Talking points

STIs present a major threat to the health of sexually active adolescents.

The estimates provided in Slide G2-1 highlight the scope of the problem.

The figures represent global estimates and there is certainly much variation both between and within countries.

Age- and sex- specific data on STIs among adolescents in developing countries are very limited, especially for adolescent males.

STIs facilitate HIV transmission between sexual partners, especially those that cause genital ulcers.

Global data on STIs in adolescents and young people

- Every year more than one out of 20 adolescents contract a curable STI, not including viral infections
- Young people are getting infected with STIs at a younger age
- Of the estimated 333 million new STIs that occur in the world every year, at least one third occur in young people under 25 years
- More than half of new HIV infections globally (over 6,500 each day) are among young people aged 10-24 years

SLIDE G2-1

ACTIVITY 2-2
PLENARY DISCUSSION

Pin up Flipchart G1, read out the question posed and ask the participants to respond to it.

TIP FOR YOU

You may want to keep Flipchart G1 up during this discussion. Please use an additional flipchart to record the participants' responses.

FLIPCHART G1

What do local data show on STIs among adolescents in your country?

Ask the participants to share any information they may have on the prevalence of STIs in adolescents locally. One or more of them may have some data to present.

Write down the key points they make on a flipchart as they speak.

Invite questions and comments. It is likely that a general consensus will emerge through the discussion; if it does not, acknowledge the different points of view that have been stated.

Share local data on STIs among adolescents (if available) using the slides or handouts prepared in advance.

Ask the participants to pull out Spot check 1 and share the estimates they come up with.

Then ask them to compare the global estimates you have presented, with what they have put down in response to Spot check 1. Are their estimates higher, lower, or about the same? If there are differences, ask them to consider what could be the reasons for these differences. For example, are any of them working with groups who are at higher risk of infection (such as sex workers and their clients)? Record their answers on a blank flipchart.

TIP FOR YOU

As you give examples of higher-risk populations, it is important that you clarify that in addition to adolescents, other age groups contribute to these populations (e.g. men and both young and older women).

To conclude this session, point out that the current global data on STIs among adolescents are underestimates and that the problem is on the rise.

Thank the participants for their contribution and refer them to the relevant section of the handout for more information.

Session 3
Factors contributing to STIs in adolescents

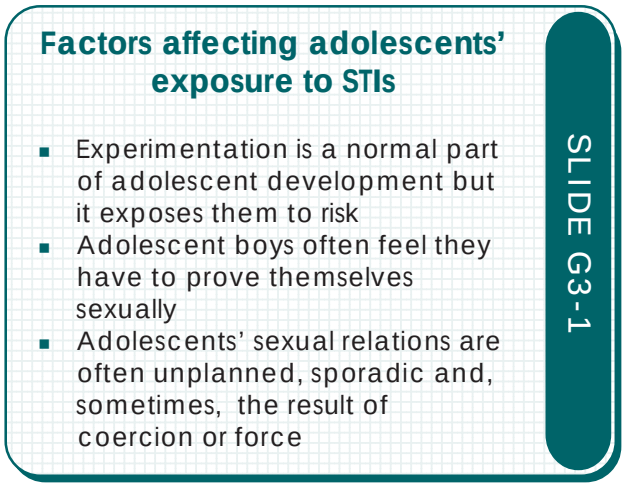
Aim of the session

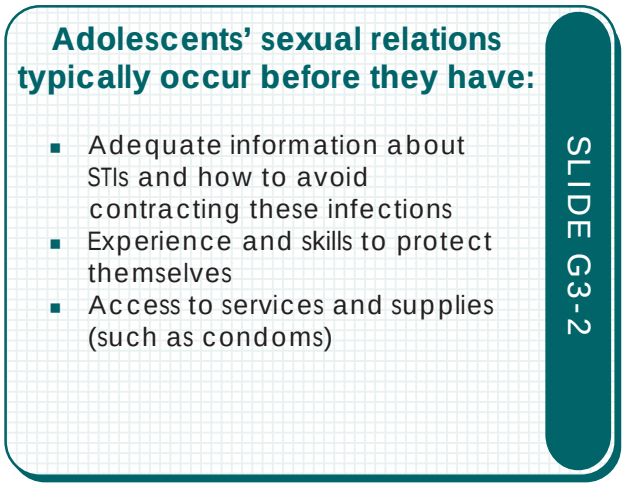
- To identify the factors which contribute to sexually transmitted infections among adolescents.

ACTIVITY 3-1
MINI LECTURE

Start your mini lecture by explaining that the factors contributing to STIs in adolescents are broadly similar to those contributing to *"too early"* and *"unwanted"* pregnancies in adolescent girls, which were discussed in Session 3 of module C. *Adolescent sexual and reproductive health*.

Show Slides G3-1 and G3-2 but do not read them out. Instead, as the participants are reading the information, go over the talking points given below.





Talking points

The age of marriage and of initiation into sexual activity varies considerably across the world. In some countries marriage often occurs during adolescence. In this context, sexual relations are more likely to be with a regular partner, thereby decreasing the risk of exposure to STIs – although they could be infected by their regular partner. On the other hand, adolescents who engage in premarital sexual activities or have several partners are at greater risk of exposure to STIs than those who are in stable relationships.

Module C. *Adolescent sexual and reproductive health* shows that many young people do not voluntarily enter into sexual relations. The risk of contracting STIs tends to be higher in coercive sexual relations.

SLIDE G3-3

Why are adolescent girls especially vulnerable?

Young girls are more vulnerable than young men and adults because of biological factors, as well as social, cultural and economic factors

Show Slide G3-3 and explain that adolescent girls are thought to be more susceptible to STIs than older women and are more vulnerable to infection than boys for the reasons given in the slide.

Talking points

Biological factors include:

- Inadequate mucosal defence mechanisms and the immature lining of the cervix provide a poor barrier against infection;
- The thin lining and relatively low acidity in the vagina render it more susceptible to infection.

Social factors. There is growing recognition that adolescent girls are more vulnerable than men (young and older) and adult women for both social and economic reasons. For instance, they may be coerced into having sex by adults who interact with them such as relatives, family friends or others.

ACTIVITY 3-2
PLENARY DISCUSSION

FLIPCHART G2

Are adolescents in your area/ country more vulnerable than adults to STIs?

Switch off the projector and present the question which is on Flipchart G2 to the participants.

Invite the participants to state and explain their viewpoints, and ask them to illustrate their views with examples.

Ask for a volunteer to write the key points on a flipchart.

TIP FOR YOU

Keep an eye on the time (20 minutes have been allocated for this session). If it seems to you that the participants have covered the main issues, end the session by reviewing the key points made. If the discussion is proceeding animatedly and the allocated time is running out, you can gently end the discussion and point out that there will be opportunities to discuss this matter later in the module.

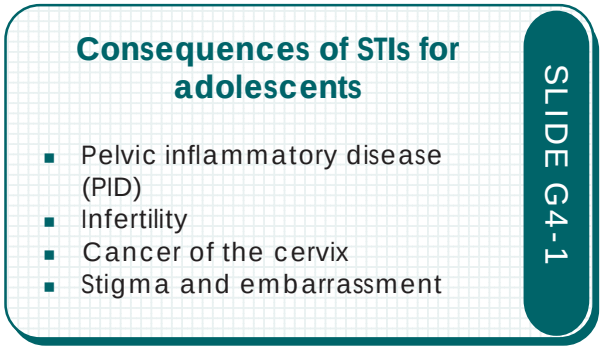
Session 4
The consequences of STIs in adolescents

Aim of the session

- To present the consequences of STIs among adolescents.

ACTIVITY 4-1
MINI LECTURE

Show Slide G4-1 and go over the talking points given below.



Talking points

Studies suggest that some STIs are likely to have more severe consequences in adolescents than in adults.

- Chlamydia infection during adolescence is more likely to result in PID and its complications (such as infertility);
- Exposure to infection (such as Chlamydia and human papilloma virus) during adolescence is more likely to result in cancer of the cervix.

In addition to these effects, the stigma and embarrassment associated with STIs can have long-lasting effects and impair psychological development and attitudes towards sexuality later in life. Invite comments and questions from the participants before moving to the next session.

Session 5
Factors hindering prompt and correct diagnosis of STIs in adolescents

Aim of the session

- To discuss challenges that health service providers face in providing adolescents with prompt and effective treatment.

TIP FOR YOU

If there are adolescent participants, this session provides them with an opportunity to describe what individuals (like themselves) do when they have or suspect that they have an STI. It will also provide an opportunity to the health-care providers who are present to express "their side of the story" (in terms of the challenges they face in providing STI management services to adolescents).

ACTIVITY 5-1
GROUP WORK

FLIPCHART G3

What adolescents do when they know that they have (or suspect that they have) an STI?

FLIPCHART G4

In your opinion, what do adolescents do when they know that they have (or suspect that they have) an STI?

Divide the participants into two groups – if possible – with the adolescent participants in one and the adults in another.

Pun up Flipcharts G3 and G4.

Read the question on each flipchart in turn and ask the "adolescent" group to respond to the question on Flipchart G3 and the "adult" group to respond to question on Flipchart G4.

Tell the groups that they will have 15 minutes to complete their task. Also, tell them to be prepared to make a brief (3 minutes) presentation to share their impressions.

ACTIVITY 5-2
PLENARY FEEDBACK AND DISCUSSION

Ask each group in turn to share their conclusions in plenary.

Explain that after each presentation, there will be an opportunity for discussion.

Encourage the participants to share their comments and raise questions. Do not feel obliged to respond to every question. Instead, encourage the participants to respond to the questions raised by other participants.

As the feedback and the discussion session proceeds, have someone record the main points on a flipchart.

TIP FOR YOU

The different points of view brought out in the feedback could result in good humour and some laughter. Occasionally some resentment and anger may arise (even if it is not expressed). Make sure that the discussion does not cause any embarrassment to the adolescent participants.

Wrap up the session by highlighting the main points of the discussion.

Highlight the points that were not covered during the session (Slides G5-1 and G5-2).

Draw the participants' attention to Section 6 titled "*What are the main factors that could hinder a prompt and correct diagnosis of STIs in adolescents?*" in handout G.

Talking points

The signs and symptoms of STIs may be mild or non-existent (especially in relation to vaginal/cervical infection).

Adolescents may not be aware that they have an STI because they may not know how to distinguish between normal and abnormal conditions, and hence may not seek help.

They may not know about existing services.

Factors hindering adolescents from seeking help

- STIs may be asymptomatic, especially in young women
- Adolescents may not be aware that they have an STI
- Adolescents often lack information about existing services
- Adolescents may be reluctant to seek help

SLIDE G5-1

Even if they do, they are often reluctant to seek help for diagnosis and treatment due to:

- Embarrassment
- Cost
- Concerns about lack of confidentiality
- Fear of negative reactions from health-care workers.

Because of these reservations, adolescents sometimes seek help from their friends, or buy remedies from street vendors.

Talking points

Health-care providers may miss STIs of asymptomatic or mildly symptomatic nature when they use the syndromic approach for diagnosis and management.

Health-care providers lack adequate clinical skills (including communication and history-taking skills with adolescents) for making a diagnosis of STI.

Factors affecting prompt diagnosis of STIs

- Asymptomatic and mildly symptomatic STIs are missed
- Health-care providers lack adequate clinical skills to diagnose symptomatic STIs

SLIDE G5-2

Give the participants a few minutes to raise any questions they may have before you proceed to the next session.

55 min

Session 6
Management of STIs in adolescents

Aim of the session

- To discuss special issues that health-care providers need to be aware of regarding the management of STIs in adolescents.

ACTIVITY 6-1
MINI LECTURE

Show Slides G6-1 to G6-4. Do not read them out. Instead, as the participants are taking in the information, go over the talking points.

SLIDE G6-1

Benefits of the syndromic approach to the management of STI

- Standardised clinical management
- Based on signs and symptoms
- Laboratory diagnosis not required

Talking points

WHO recommends the use of the syndromic approach to the management of STI where resource constraints may hinder the provision of etiological care of good quality.

Using this approach, diagnosis can be made on the basis of signs and symptoms, even by basic health-care workers.

Costs relating to, and the inherent delays associated with, laboratory testing are also avoided in using this approach.

SLIDE G6-2

Flow charts are available for the following syndromes

- Vaginal discharge (in women)
- Urethral discharge (in men)
- Genital ulcer disease (in men and women)
- Swollen scotum (in men)
- Lower abdominal pain (in women)
- Inguinal bubo (in men)
- Eye discharge (in babies)

Talking points

Flow charts are available for the seven syndromes listed in this slide.

They enable health-care workers to make their diagnosis based on easily recognisable signs and symptoms, and a risk assessment.

Important factors to consider when managing adolescents with STI

- Being aware of care-seeking practices
- Establishing rapport
- Eliciting information about the nature of the problem
- Carrying out a physical examination
- Arriving at a diagnosis

SLIDE G6-3

Important factors to consider when managing adolescents with STI

- Communicating the diagnosis and its implications, discussing treatment options, and providing treatment
- Responding to psychological needs and helping the individual deal with any social implications of the problem
- Preventing a recurrence
- Notifying partners

SLIDE G6-4

Talking points

Handout G systematically examines the matters which health-care providers should be aware of and pay attention to, when managing adolescents with STI.

When dealing with adolescents, the words and actions of health-care providers should be guided by respect for them, acknowledgement of their need for – and right to – health information and services, and concern for their well-being.

In some countries, adolescents have the right to ask for and receive the health services they need. In others, laws and policies prohibit the provision of some services (e.g. in many places, laws and/or policies prevent the provision of contraceptives to individuals below a certain age, or to those who are unmarried).

Health-care providers may find themselves in the difficult situation of trying to find a balance between the rights of parents (or guardians) to be told about the health problems of their issues (especially when they are still minors), and the rights of their adolescent patients to privacy and confidentiality. This is particularly so when laws and policies specify that the consent of parents (or guardians) is mandatory for the provision of certain health services to minors. It is important that health-care providers deal with such situations in a responsible manner, doing everything in their power to safeguard the health and well-being of their adolescent patients.

Switch off the projector/computer. Invite comments and questions, and respond to them, or better still encourage other participants to do so. After a few minutes, lead into the next part of the session.

ACTIVITY 6-2
GROUP WORK

Explain to the participants that they will work in four groups and that each group will address a different case scenario (Annex 2).

Divide the participants into four groups. If there are adolescent participants in the workshop, ensure that at least one adolescent is represented in each group.

Give each of the four groups a scenario, and ask them to respond to the question posed, which requires them to specify exactly what they would do if they found themselves in the given situation, and to explain why they have chosen that course of action.

Ask the groups to work separately for 15 minutes to complete this task. Tell them to prepare a brief (3 minutes) presentation, to share their impressions.

ACTIVITY 6-3
PLENARY DISCUSSION

Ask each group in turn to share their conclusions in plenary and to respond to any comments or questions that others pose. As the feedback and the question-answer session proceeds, have someone record the key points on a flipchart.

Invite comments and questions. Respond to questions yourself and encourage other participants to share their comments.

While leading the discussion please keep in mind the following points:

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

Scenario 2 This scenario clearly highlights the challenge of helping colleagues to see the advantages of a courteous and respectful approach in interacting with their clients/ patients, even when one does not endorse their life-styles or actions.

Scenario 3 This scenario highlights the challenge of communicating the diagnosis and its implications, discussing treatment options, and providing treatment. Beyond that, it highlights the importance of helping the patient deal with the social implications of the condition.

Scenario 4 This scenario touches on the extremely difficult problem of child and adolescent abuse (including sexual abuse). It also presents the challenge of finding ways and means of dealing with it effectively – in collaboration with other agencies, such as law enforcement agencies, government bodies, and nongovernmental organizations which provide social services.

Finally, wrap up the session, highlighting the key points raised in the discussion, and refer the participants back to the handout.

Session 7
Prevention of STIs in adolescents

Aim of the session

- To highlight the important contributions of health-care providers in preventing STIs among adolescents.

ACTIVITY 7-1
MINI LECTURE

Explain that this session will focus on the special contributions that health-care providers can make when working with adolescents.

Point out that planning, implementation, monitoring and evaluation of prevention strategies of STIs among adolescents, at the national and local levels, are extremely important. However, it is beyond the scope of this session.

Show Slide G7-1

Talking points

The objective of promoting safer sex is to assist the adolescent patient to avoid STIs. This will include providing them with the information they need on how they could protect themselves (including abstinence, having sex only with a mutually faithful partner, and using condoms); the skills they need (e.g. how to refuse unwanted sex or how to negotiate safer sex), and the supplies they need (e.g. condoms).

Strategies for preventing re-infection with STIs

- Promoting safer sex
- Promoting partner notification

SLIDE G7-1

Partner notification is the process of contacting the sexual partner of an individual who is infected with an STI, and advising them that they have been exposed to infection. It can be done by the patient, the health-care provider or both. Partner notification is not always possible because the patient may not be able – or willing – to identify the partner(s).

ACTIVITY 7-2
ROLE PLAY

Invite two participants to volunteer to act in the first role play (Role play 1 in Annex 3).

Conduct the role play and then facilitate a debriefing session, as outlined in the Part 1 of this *Facilitator Guide*.

Repeat the process with the second role play (Role play 2 in Annex 3). Ensure that you allocate enough time for each.

Wrap up the discussion by highlighting key points made in relation to each of the role plays:

Role play 1 Adolescent male who comes for treatment of an STI has obviously had unsafe sex with an infected person. He needs help to avoid these infections in the future. In this role play the health-care provider has an opportunity to provide the patient with information (that builds on his knowledge and experience and is relevant to his stage of development and circumstances) and skills (to enable him to cope with the realities of his everyday life). In addition, the health-care worker has the opportunity to provide the young man with condoms. If he/she cannot provide these, he/she should at least direct him to a place (individual or organization) which can.

Role play 2 A young woman, like the young man in the previous role play, needs to be given information that is tailored to her special needs. She must also have the skills to put this information to use. In addition, if she is sexually active, she will require condoms and contraceptives to avoid sexually transmitted infections and an unwanted pregnancy. The additional challenge facing the doctor in this role play is that of introducing the sensitive subject of sexuality into the discussion.

Session 8
Module review

Aims of the session

- To review and discuss the answers to the spot checks completed during the first session
- To review the module's objectives and provide a summary of the key points
- To remind the participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 8-1
Review of spot checks

Ask the participants to pull out the spot checks completed earlier in the module.

Discuss the participants' answers to the spot checks one at a time.

ACTIVITY 8-2
Orientation Programme Personal Diary (OPPD)

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD), which can be a notebook designated as the OPPD. Put up Flipchart G5 and ask the participants to write down three key lessons they learned from this module and three things which they plan to do in their work for/with adolescents to put in practice what they have gained as a result of participation in this module. Explain to the participants that it is important to update their OP diaries daily because they will use the information entered during the *Concluding* module.

- *List three important lessons that you learned through participation in this module*
- *List three things that you plan to do in your work for/with adolescents*

FLIPCHART G5

ACTIVITY 8-3
Review of objectives

Module objectives

- Describe global estimates of STIs in adolescents
- List and explain the factors contributing to STIs in adolescents
- Name the consequences of STIs in adolescents

SLIDE G1-1

Module objectives

- List the factors preventing adolescents with STIs from seeking help
- Identify the key aspects of good diagnosis and management practice of STIs in adolescents
- Identify the role of health-care providers in STI prevention

SLIDE G1-2

Display the module objectives once again (Slides G1-1 and G1-2), ask the participants for any final questions or comments and address them.

ACTIVITY 8-4
REMINDERS AND CLOSURE

Invite comments about the sessions and remind the participants to complete the *Mood Meter*.

Remind the participants to look at the *Matters Arising Board*.

Remind the participants that the handout provides further information on issues covered in the module, and that it lists additional resources of interest.

End the session by reiterating the following key messages:

- STIs among adolescents are an important public health problem requiring good clinical management;
- Adolescents run special risks of exposure to STIs; it must be stressed that adolescent girls are especially vulnerable;
- The consequences of infection and disease contracted during adolescence are more severe than those in adults;
- Diagnosis of STIs can be more problematic during adolescence;
- Effective treatment of STIs in adolescents faces a number of constraints;
- Given the above, health-care providers are encouraged to make every effort to handle their adolescent patients more effectively and with greater sensitivity, as outlined in this handout.

Thank the participants for their hard work and participation in this module.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

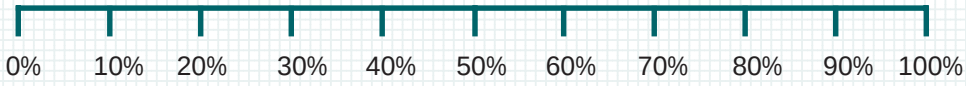
Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

What percentage of all new STI infections in the world each year are among young people under age 25?

please mark your estimate with a spot anywhere along the line



SPOT CHECK 2

What should health-care providers do with regard to STI prevention among adolescents?

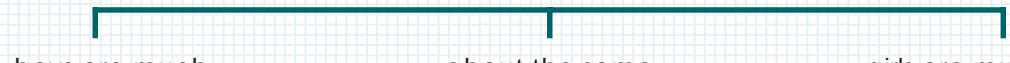
please tick three of the most important reasons

- Stress to all adolescents that they should abstain from sex until marriage ○
- Stress faithfulness to sexually active adolescents ○
- Give condoms and information on how to use them to those who have more than one partner ○
- Make STI services adolescent-friendly ○
- Ensure that all adolescent patients know about STIs and all the ways of avoiding them ○
- Make condoms and information on how to use them available to all adolescents ○

SPOT CHECK 3

Are boys more vulnerable to STIs than girls, in your country?

please mark your answer with a spot anywhere along the line



SPOT CHECK 4

Why are adolescent girls more susceptible to STIs than adult women?

please fill in the blank spaces

- Frequently forced into unprotected sex
-
-
-
-

SPOT CHECK 5

Factors that hinder adolescents from seeking prompt STIs treatment

please tick three of the most important factors

- STIs are often asymptomatic ○
- The do not have information about existing services ○
- The do not have money to pay for services ○
- Concerns about confidentiality ○
- Fear of stigma and embarrassment ○
- Afraid of being scolded by health-care workers ○

Orientation Programme on Adolescent Health for Health-care Providers

Annex 2

Scenarios

Session 6: ACTIVITY 6-2

SCENARIO 1

A 16-year old boy is brought to a clinic by his mother. She says that he told her that he had been injured in his groin, playing football with his friends. When taking the history, the doctor notices that the boy is silent, and does not interrupt his mother, or add to anything that she says. The doctor listens to her for a while, and then leads the boy to the examination room. After shutting the door and settling the boy on the table for examination, the doctor asks him to say what the problem is, in his own words. The boy is silent. After a few minutes, the doctor gently probes once again. He replies in a low voice and asks the doctor to promise not to repeat anything he says to his mother....

Question to pose: How would you deal with this situation?

SCENARIO 2

A 16-year old young woman has come to the clinic in the district hospital of a semi-urban area because she has a vaginal discharge and some painful sores around the vagina. She is received by the duty nurse who has briefly examined the young girl and asked her a few questions. She then calls in a junior female doctor who has recently joined the hospital. The doctor is appalled by the nurse's brusque manner and harsh words to the young woman. As the nurse moves around the examination room, slamming drawers and banging metal trays, she mutters quite audibly: "Shameless woman, stealing husbands, deserves her punishment...". The patient remains silent and starts weeping silently. The doctor takes her aside, completes the examination, gives her the appropriate medication, and asks her to come back for review in a week. She is gentle and courteous with the young woman which appears to inflame the nurse further.

Question to pose: If you were the junior doctor, how would you deal with this situation?

SCENARIO 3

A 19-year old man presents at a rural health centre with a urethral discharge. He tells the duty doctor that he has been suffering from this, on and off, for a year. He knows that this is an STI, but does not seem very concerned about it. He says that he has had similar episodes in the past after visits to prostitutes in the nearby town. He is rather open about this and says that all his friends do the same. On enquiry, the doctor learns that the young man is married and has a wife who is 16 years old. The doctor explains that it would be important for both partners to be treated. The young man shakes his head, saying that it would be out of the question....

Question to pose: If you were the doctor, how would you deal with this situation?

SCENARIO 4

An 11-year old girl is brought to a peri-urban clinic by her mother because she has noticed that her daughter has genital sores. No meaningful history could be obtained from the mother or from the child on how and when the sores started. The girl was examined behind a screen while her mother sat in the same room. Examination revealed that the child had florid vulval condylomata strongly suggestive of syphilis. The nurse in charge, a mature and experienced woman, took the child into another room and probed the matter gently. After several minutes of gentle but persistent probing, the girl told the nurse that her uncle had been “playing” with her, and had warned her that if she told anyone he would kill her.

Question to pose: If you were faced with such a situation in this setting, how would you deal with it?

Annex 3

Role plays

Session 7: ACTIVITY 7-2

ROLE PLAY 1

You are a doctor working in a busy municipal clinic, in an urban area. You have had a demanding morning, running the outpatient clinic. The 18-year old young man, who is seated in front of you, is your 40th "new patient", today. You have diagnosed him with gonorrhoea, and handed him a prescription to take to the pharmacy in the clinic. He thanks you and rises to leave. You realise that you have not discussed STIs prevention with him, and tell him to sit down...

Roles: Doctor and 18-year old male patient.

ROLE PLAY 2

You are a woman in your mid-40s. You are a doctor and run a private practice in a middle-class locality in a big city. Your practice is well-established, and you are well-known by the local residents. In fact, you are the "family doctor" for many families in the area. The young woman seated in front of you is someone whom you have known for over 10 years. She is now 17 years old, a college student, and is stylishly dressed. She is still single. She has come to ask you for help with her pimples. You have dealt with that, and as she is about to leave, you realize that you have not kept a promise that you made some time ago to her mother, about talking to her about the risks and consequences of "unsafe sexual activity". You decide to try to do so now...

Roles: Doctor and 17-year old female patient.

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module H

Care of adolescent pregnancy and childbirth

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** Activity 1-1 Module objectives Activity 1-2 Spot checks	H-7	10 min	Handout for module H Slides H1-1, H1-2
Session 2 **How common is adolescent pregnancy and childbirth?** Activity 2-1 Group work Activity 2-2 Mini lecture Activity 2-3 Plenary discussion	H-9	20 min	Flipchart H1 Slide H2-1
Session 3 **Factors influencing adolescent pregnancy and childbirth** Activity 3-1 Group work Activity 3-2 Mini lecture	H-11	40 min	Flipcharts H2, H3 Slides H3-1, H3-2, H3-3
Session 4 **Consequences: Why are adolescent pregnancy and childbirth risky?** Activity 4-1 Mini lecture Activity 4-2 Plenary discussion	H-14	30 min	Flipchart H4 Slides H4-1, H4-2, H4-3, H4-4, H4-5, H4-6, H4-7
Session 5 **Caring for the pregnant adolescent: the critical factors** Activity 5-1 Group work Activity 5-2 Plenary review	H-17	50 min	Flipchart H5 Slide H5-1

Sessions and activities	Page	Time	Materials and resources
Session 6 **APPLYING THE ISSUES** ACTIVITY 6-1 Plenary discussion ACTIVITY 6-2 Role play ACTIVITY 6-3 Mini lecture	H-19	20 min (skip 6-1 or 6-2 if time is short)	Slide H6-1
Session 7 **MODULE REVIEW** ACTIVITY 7-1 Review of spot checks ACTIVITY 7-2 Review of objectives ACTIVITY 7-3 Orientation Programme Personal Diary (OPPD) ACTIVITY 7-4 Reminder and closure	H-21	10 min	Flipchart H6 Slides H1-1, H1-2
		180 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Ensure that the facilitators are clear about their respective roles during their designated session(s);
- Collect local data on adolescent pregnancy and childbirth, including changes (over time) in your country/area, and prepare slides to complement the global data;
- If needed, adapt elements of the case study and scenarios for role plays to suit your country/area.

Materials and audio-visual equipment

- Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

Module-Specific

- Local data on adolescent pregnancy and childbirth
- Module case study and scenarios for role plays.

- Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This module in the Orientation Programme (OP) on adolescent health, is one of four optional modules dealing with issues of sexual and reproductive health and the consequences of unprotected sex. The others are: module G. *Sexually transmitted infections in adolescents*, module I. *Unsafe abortion in adolescents*, and module J. *Pregnancy prevention in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

This module introduces health-care providers to an important public health issue among adolescents, i.e. pregnancy care in adolescents. It should be conducted after the core module C. *Adolescent sexual and reproductive health*.

For the sake of simplicity, we have assumed that the subject of adolescent pregnancy is being addressed for the first time. However, if you have already run the optional module I. *Unsafe abortion in adolescents* or module J. *Pregnancy prevention in adolescents*, you should be able to limit Sessions 2, 3 and 4 of this module to a brief review, perhaps quickly running through the relevant slides. This would enable you to devote more time to the practical issues in the later sessions of the module.

As with the other modules, we recommend that adolescents be among the participants, to provide their perspectives to the discussion.

We recommend that you review Part I of the *Facilitator Guide* which provides information that you will need for conducting the modules. Part I provides detailed information on the teaching/learning methods used in the OP. It is important that you feel comfortable in understanding and applying these methods. This will help ensure successful facilitation and that the teaching/learning objectives are achieved.

[1] Under development

Session 1
Module introduction

Aim of the session

- To provide an overview of this module including the objectives.

ACTIVITY 1-1
MODULE OBJECTIVES

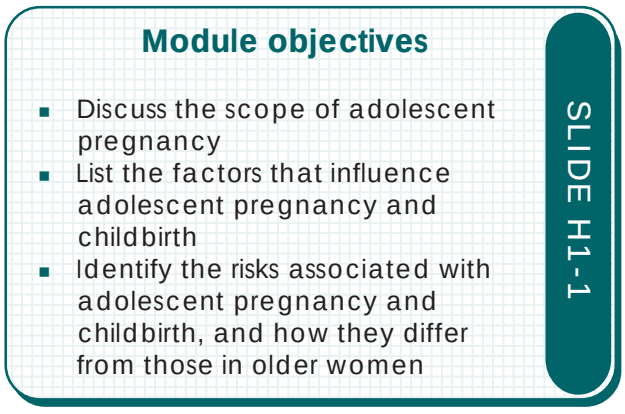
Welcome the participants to this module.

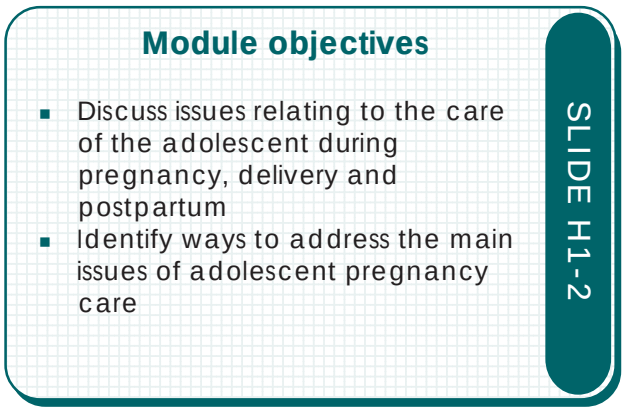
Explain that this module is one of four optional modules on adolescent sexual and reproductive health. The others are: module G. *Sexually transmitted infections in adolescents,* module J. *Pregnancy prevention in adolescents*, and module I. *Unsafe abortion in adolescents.* In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

Mention that this module contains seven sessions, which will explore different aspects of pregnancy care in adolescents.

Mention that handout H provides additional information to complement what will be covered during the module.

Display the module objectives (Slides H1-1 and H1-2), and then read out each of them, in turn.





ACTIVITY 1-2
SPOT CHECKS

Make sure that all the participants have copies of Spot checks 1 (Annex 1).

Explain that the purpose of the spot checks is to help the participants assess their gains in knowledge or changes in their attitudes as a result of their participation in the module.

[1] Under development

Inform them that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during the review session. Give them a few minutes to complete this task.

Inform the participants that you will discuss the answers to the spot checks during the last session of the module and that you will respond to any questions or comments they may have.

Explain the instructions provided on each spot check and make sure that the participants understand how to complete them.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* during the module to record any issues they would like to follow up, and point them to the location of the *Matters Arising Board*. The *Matters Arising Board* should be displayed where it is easily seen and accessed by all participants.

Session 2
How common is adolescent pregnancy and childbirth?

Aim of the session

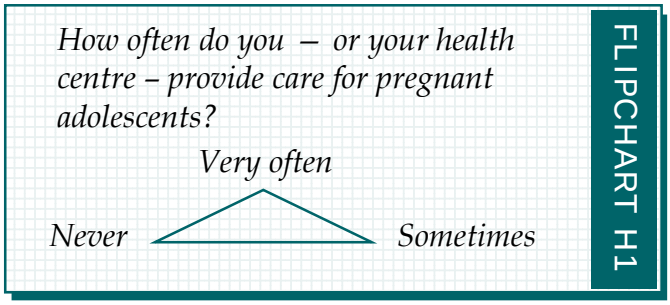
- To discuss how common adolescent pregnancy is, globally and locally.

ACTIVITY 2-1
Group work

Pose the following question to the participants: How common is adolescent pregnancy and childbirth?

Show Flipchart H1 and read the question that appears on it.

Ask each participant to come forward and draw a firm dot on the triangle to indicate how often they – or their health centres – provide care for pregnant adolescents. For example, if someone frequently provides care for pregnant, birthing or postpartum adolescents, their dot would go at the top of the triangle, near "Very often". Someone who never does so would place the dot beside "Never", and so on.



When everyone has done so, count up the dots in each corner and write the number, then comment appropriately on how many see pregnant adolescents on a regular basis.

TIP FOR YOU

If there are a number of dots near "Sometimes" and/or "Never", it would be useful to ask why health-care providers say they do not see many adolescent pregnancies.

Say that you will now discusss what data from around the world point to.

ACTIVITY 2-2
Mini lecture

Show Slide H2-1, reading the birth rate data and draw participants' attention to the wide variations.

SLIDE H2-1

Rate of births per 1000 females aged 15-19 years

Africa	143/1000	Range: from 45 in Mauritius to 229 in Guinea
Middle East	56/1000	Range: from 18 in Tunisia to 122 in Oman
South-East Asia	56/1000	Range: from 4 in Japan to 115 in Bangladesh
Latin America	78/1000	Range: from 56 in Chile to 149 in Nicaragua
Europe	25/1000	Range: from 4 in Switzerland to 57 in Bulgaria
North America	42/1000	Range: from 24 Canada to 60 in USA

Talking points

Explain that the data on this slide are drawn from a UNICEF report entitled *"The Progress of Nations."* According to the report, the estimated global average rate of births per 1000 females aged 15-19 is 65.

However, as is evident from the slide, there are wide regional variations. Point out the range of difference between two places, such as Japan and Guinea, or Switzerland and Nicaragua and/or between Tunisia and Guinea.

ACTIVITY 2-3
PLENARY DISCUSSION

If you have local data on adolescent pregnancy and childbirth share it with the participants. Invite participants to do so too. Depending on the data that you have available, you might lead a brief discussion on the following issues:

- How sound are these figures (on the local prevalence of adolescent pregnancy and childbirth)?
- How do our local figures compare with those in other parts of the world?

Session 3
Factors influencing adolescent pregnancy and childbirth

Aim of the session

- To examine the different factors that influence adolescent pregnancy and childbirth.

ACTIVITY 3-1
GROUP WORK

Put up Flipchart H2 and tell the participants that you want them to respond to the question posed on it.

Why is there such a range of different birth rates among adolescents in different parts of the world?

FLIPCHART H2

Ask them to put down a maximum of two possible reasons for this, on separate cards.

Give them only a few minutes for this task. When they have done this, ask them to place the cards in one place (perhaps on a table in the centre of the room).

Ask a volunteer to pick up all the cards and pin them up one at a time, reading out what each card says. If a card highlights a point that has already been made in another card, it should be placed alongside that one.

Participants are likely to come up with a range of reasons for the huge disparity in the rates. The points that they have raised will feed in well into the follow-up activity.

Put up Flipchart H3 which contains three broad categories of factors contributing to adolescent pregnancy.

Factors contributing to adolescent pregnancy

- *Biological factors*
- *Socio-cultural factors*
- *Service-delivery factors*

FLIPCHART H3

Ask participants to form three groups. The first group would deal with biological factors, the second with socio-cultural factors and the third with service-delivery factors.

If you have adolescent participants they could either form a separate group of their own, or they could join the other groups with the adult participants. Leave the decision to them.

Explain that each group's task is to identify a maximum of five factors in relation to the category they have been assigned. In doing this, they must look at the points that have emerged in the previous activity.

Give them about 10 minutes to do this task.

When the groups are ready, ask the one discussing biological factors to come forward first, pin up their cards and explain them to the others. Once they have done so, invite comments and questions from the rest of the participants.

Write down any additional factors highlighted in the discussion on cards and put them up.

Follow the same process for the other two groups.

As the discussion proceeds, ask participants to see if the factors that have been identified belong to more than one category, and also if it would be helpful to create a new category.

TIP FOR YOU

As you wrap up the discussion, it would be useful to ask participants to consider whether factors influencing adolescent pregnancy and childbirth locally, are different from those in other areas of the country, or in other countries.

ACTIVITY 3-2
MINI LECTURE

Take the participants through slide H3-1 to H3-3 which summarize the factors that influence adolescent pregnancy and childbirth, using the talking points that are provided. Many of these points may already have been raised in the discussion. Point to those that have been missed.

SLIDE H3-1

Biological factors in adolescent pregnancy and childbirth

- The declining age of menarche
- Early initiation of sex

Talking points

- The age of menarche has declined in developed countries as well as in many developing countries. Studies – that are referred to in the handout – show that in many African countries, the age of menarche has dropped from 14 to 12 years in the last two decades.
- The trend in the age at first sexual intercourse (where data exist) shows a decrease in several countries. However, it must be pointed out that there is some variation, and there are instances where the age at first sexual intercourse remains unchanged or has increased.

SLIDE H3-2

Socio-cultural factors in adolescent pregnancy and childbirth

- Norms and traditions:
  - early marriage
  - pressure to have children upon marriage
- Changing circumstances of young people:
  - premarital sexual activity
  - use of alcohol and other substances
- Vulnerability of young people:
  - sexual coercion
  - socio-economic factors

Talking points

Norms and traditions

- Early marriage is still practised widely in Africa, the Middle East and parts of Asia. In many places, this is despite the fact that there are laws against it.
- In many societies pregnancy is expected to follow soon after marriage. If marriage is early, then early childbirth is almost inevitable.

Changing circumstances of young people

- The influence of the media, changes in family structure, growth in opportunities to study and to work are resulting in changes in age of sexual debut, and in sexual behaviour patterns in general.
- The use of alcohol and other psychoactive substances can be associated with unprotected sexual activity (and the possibility of unwanted pregnancy).

Vulnerability of young people

- Sexual coercion (including rape): Despite the scarcity of data in these areas, it seems very likely that some adolescent pregnancies are a direct result of such assaults, often by adult men.
- Socio-economic factors: Economic hardship can force young girls to leave home. Sexual exploitation and prostitution are two frequent consequences, and often lead to early pregnancies.

Talking points

Service-related factors in adolescent pregnancy and childbirth

- Lack of access to sexual and reproductive health information and education
- Lack of access to contraceptive information and services
- Lack of services for safe termination of pregnancy

SLIDE H3-3

Lack of access to sexual and reproductive health information and education

- In many places, information and education programmes to help adolescents learn about sexuality and sexual health are generally lacking.

Lack of access to contraceptive information and services

- Adolescent pregnancies tend to be highest in regions with the lowest contraceptive prevalence. Recent gains in contraceptive prevalence in many developing countries have been almost exclusively among older married women and not adolescents.
- Even where contraceptive services are widely available, they may be inaccessible to adolescents.

Lack of services for safe termination of pregnancy

- In many places, adolescents with an unwanted pregnancy resort to termination (whether this service is available legally or not). Making safe pregnancy termination services available and accessible to this age group will reduce the proportion that will carry on with the pregnancy. It also reduces maternal mortality resulting from unsafe abortions.

After going through the slides, invite comments and questions. Do not feel obliged to respond to all the issues raised. Encourage other participants to do so. As the discussion tapers off, move to the next session.

30 min

Session 4
Consequences: Why is adolescent pregnancy and childbirth risky?

Aim of the session

- To identify the reasons why pregnancy and childbirth carry more risks in adolescents than they do in adults.

TIP FOR YOU

If participants have already participated in modules I. *Unsafe abortion in adolescents* or J. *Pregnancy prevention in adolescents*, they will be familiar with some of the content of this session. As a form of revision, you could lead a brief discussion asking participants to describe why adolescent pregnancy is risky, quickly review the Slides H4-1 to H4-7 below, or refer participants to relevant pages of handout H. *Care of adolescent pregnancy and childbirth*.

ACTIVITY 4-1
MINI LECTURE

Take the participants through Slides H4-1 to H4-7, using the talking points provided.

SLIDE H4-1

Pregnancy in adolescence carries a greater risk for both the mother and her baby

Talking points

Pregnancy and childbirth carry more risks in adolescents than in adults. The risks are high throughout the antenatal period, labour, childbirth and the postpartum period.

Babies born to adolescent mothers have a higher risk of being of low birth weight. This makes them predisposed to higher morbidity and mortality.

SLIDE H4-2

Maternal and perinatal mortality among adolescents and adults in developing countries

- Maternal mortality is 2-5 times greater among girls under 15 than women of 18-25 years
- Perinatal mortality is 2-3 times greater in the offspring of adolescents than adults

Talking points

The highest maternal mortality in adolescents is in those aged 15 years and under.

The reasons for this are discussed in the following slides.

Talking points

Pregnancy-induced hypertension: Studies suggest that there is an increased risk with very young adolescents.

Anaemia: Anaemia often occurs in pregnant women and some studies confirm a higher incidence in adolescents.

Antenatal complications that are common in adolescents

- Pregnancy-induced hypertension
- Anaemia
- STIs/HIV
- Higher severity of malaria

SLIDE H4-3

STIs/HIV: Sexually active adolescents are at an increased risk of contracting HIV infection and other STIs, for a variety of biological and social factors. There is also the increased risk of mother-to-child transmission in adolescents.

Higher severity of malaria: This is one of the most important causes of anaemia during pregnancy. Nulliparous women (many of whom are adolescents) are more prone to attacks than multiparous women.

Talking points

Pre-term birth: A meta-analysis using data from developed and developing countries showed that, compared to women over twenty years of age, adolescents are at increased risk for pre-term delivery.

Complications during labour and delivery

- Pre-term birth
- Obstructed labour

SLIDE H4-4

Obstructed labour: In very young girls (under 16 years) the pelvic bones of the birth canal are not fully formed. Hence, cephalo-pelvic disproportion occurs more often. This has serious implications both for the health of the mother and of the baby.

Talking points

Anaemia: Pre-existing anaemia can be aggravated by blood loss during labour and delivery.

Pre-eclampsia: This occurs more often in young adolescents. The condition may worsen in the postpartum period.

Postpartum depression: This can be a serious problem as the adolescent copes with her new life circumstances.

Postpartum problems that can affect both the adolescent mother and her baby

- Anaemia
- Pre-eclampsia
- Postpartum depression
- Too early repeat pregnancies

SLIDE H4-5

Too early repeat pregnancies: In many countries, unmarried adolescents face considerable barriers to obtaining contraceptive methods. Unprotected intercourse and repeat pregnancies can occur in these circumstances.

SLIDE H4-6

Risks to the unborn/newborn child

- Low birthweight (less than 2500 g)
- Higher perinatal and neonatal mortality
- Inadequate child care and breastfeeding practices

Talking points

Low birthweight: The effects on birthweight last beyond the first year of life.

Perinatal and neonatal mortality: This results from prematurity, low birthweight and infection.

Inadequate child care and breastfeeding practices: This is a problem, especially in single adolescent mothers.

SLIDE H4-7

Social and economic costs

- Possible early end to education
- Possible reduced earning opportunities

Talking points

Pregnancy and the responsibility of child-rearing could reduce the ability of the girl to continue with her education and with exploring employment opportunities.

ACTIVITY 4-2
PLENARY DISCUSSION

Put up Flipchart H4 and read the question aloud.

FLIPCHART H4

Why are the complications during pregnancy worse in adolescents?

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

Ask the participants to turn to the relevant pages of the module handout, which lists five reasons for this. Ask for volunteers to read aloud each paragraph in turn.

When you have covered the five points, stimulate a discussion by posing the questions:

- To what extent do these five points apply to your area?
- Are some groups of adolescents more vulnerable than others to these negative consequences and if so why (for instance are pregnancy and childbirth in unmarried adolescents associated with a greater level of risk than in married ones)?

Request one of the participants to write the key points raised on the flipchart.

Explain that having explored the scope of adolescent pregnancy and the factors and consequences to be taken into account, you will now move to the critical factors in caring for the adolescent.

Session 5
Caring for the pregnant adolescent: the critical factors

Aim of the session

- To discuss the critical aspects of caring for adolescents throughout pregnancy, labour and delivery, and the postpartum period.

ACTIVITY 5-1
GROUP WORK

Put up slide H5-1, and inform the participants that each of the four aspects shown on the slide will be examined in the group activity that follows.

The critical aspects in caring for the pregnant adolescent

- Early diagnosis of pregnancy
- Antenatal care
- Management of labour and delivery
- Postpartum care

SLIDE H5-1

Ask the participants to divide themselves into four groups. Inform them that you want each group to work on one of the critical aspects of patient care, and to follow that by presenting a "mini session" in plenary. Allocate one aspect to each group.

Present the following sample of options for a "mini session" on Flipchart H5, and tell them that they could choose any one of them.

Mini session options

- *Summarize the main points in each section from the handout using cards or on a flipchart*
- *Lead a plenary discussion*
- *Use a case study or scenario to help others focus on the appropriate negative or positive issues*

FLIPCHART H5

Explain that each group has 15 minutes to read the relevant section of the handout, and to plan their session, and a maximum of 10 minutes to present their session.

While the groups are working, move between them.

Encourage the participants in each group to consider the questions in the handout and include their responses to the questions in their presentation. Suggest scenarios that could illustrate the points they want to raise.

ACTIVITY 5-2
PLENARY REVIEW

When the 15 minutes are up (or as soon as possible afterwards), ask the group studying *Early diagnosis of pregnancy* to make the first presentation.

While they are doing this, keep a close eye on the points in the handout and be prepared to guide them if they have missed, or misinterpreted anything. Following the presentation, encourage a brief question and answer session between the group and the rest.

Follow the same process in relation to the other three groups.

When all the groups have completed their presentations, invite questions or comments and address them. Summarize the key points raised and inform the participants that in the next session, they will apply all this in practice.

Session 6
Applying the issues

Aim of the session

- To apply newly acquired information to some practical examples.

TIP FOR YOU

What you cover in this session will depend on how much time you have available. Ideally, you should cover the case study as well as some of the scenarios for role play, and in addition, go over the key points addressed in the module. If time is short, you may need to skip the case study and the role plays (activity 6-2) and go straight to the review of the key points (activity 6-3).

ACTIVITY 6-1
PLENARY DISCUSSION

Explain to the participants that now you suggest focusing on adolescent patient care issues.

Take the participants through the case study (Annex 2), paragraph by paragraph, inviting comments and questions as you proceed.

Do not forget to ask if the case study reflects the reality in the country/area of the participants. Even if it does not, stress that it highlights some important messages in terms of what health-care providers should and should not do.

ACTIVITY 6-2
ROLE PLAY

The focus of this activity is on implementing good practice in adolescent patient care.

Choose one or more scenarios for role plays from the list provided (Annex 3).

Invite volunteers to take turns in role playing.

In preparing participants, running the role plays and collecting feedback, follow the tips given in Part I of the *Facilitator Guide*.

In the discussion, ensure that the following issues are addressed.

The Role play scenario 1 highlights the following issue:

- The judgemental attitude and the disrespect of many health-care providers towards pregnant adolescents, especially towards those with premarital pregnancies.

The Role play scenario 2 highlights the following issue:

- The need to be on the lookout for anaemia in pregnancy;
- The need to involve families in the discussion on the dietary needs, because the content and portion-size of meals may be outside the control of adolescent girls – especially if they are living with their husband's family or in polygamous unions.

The Role play scenario 3 highlights the following issue:

- Unmarried adolescents try – and are often successful – in hiding the fact that they are pregnant, at least for some time.

The Role play scenario 4 highlights the following issue:

- The need for information provision and counselling on issues such as breastfeeding and contraception.

ACTIVITY 6-3
MINI LECTURE

Take the participants through Slide H6-1 to summarize the key points addressed in the module. Please note that no talking points are provided here, as all these points have been addressed earlier.

SLIDE H6-1

Care of adolescent pregnancy and childbirth

- Pregnancy in adolescents is not uncommon
- Many factors contribute to adolescent pregnancy
- Adolescents have higher maternal mortality than adults
- Their offspring also have higher mortality
- Many of the complications during pregnancy and delivery have worse outcomes in adolescents
- There are important issues for health-care providers to be aware of in caring for adolescents throughout pregnancy, labour, delivery and the postpartum period
- Promoting safe pregnancy and childbearing in adolescence requires concerted actions beyond the health sector. Three key actions in relation to this are increasing girls' access to education and job opportunities, enhancing their status of women and girls in society, and improving their nutritional status

Session 7
Module review

Aims of the session

- To review and discuss the answers to the spot checks completed during the first session
- To review the module's objectives and provide a summary of the key points
- To give participants an opportunity to reflect on – and note down – the messages they are taking away from the module, in their OP diaries
- To remind participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

Activity 7-1
Review of spot checks

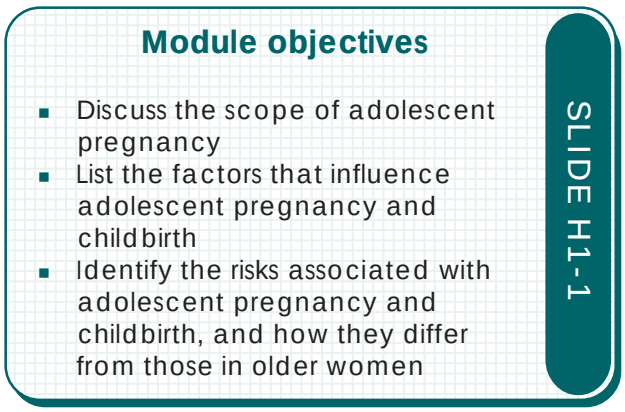
Ask participants to pull out the spot checks completed in the first session of the module.

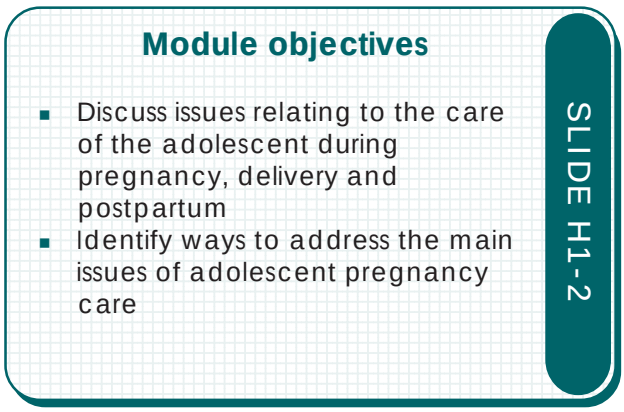
Ask them to review the answers they had put down and to see whether they wanted to make any changes to them.

Take each spot check and go over the answers to them, one at a time.

Activity 7-2
Review of objectives

Display the module objectives (Slides H1-1 and H1-2), invite participants to share any last questions or comments that they might have, and address them.





Activity 7-3
Orientation Programme Personal Diary (OPPD)

Ask the participants to bring out their Orientation Program Personal Diaries (OPPD).

Put up Flipchart H6 and ask the participants to write down the three key lessons they learned from this module and three things that they plan put into practice in their work with/for adolescents.

FLIPCHART H6

List three important lessons that you learned through participation in this module

List three things you plan to do in your work for/with adolescents

Explain to participants that it is important to update their OP diaries daily because they will use the information entered during the concluding module.

ACTIVITY 7-4
REMINDERS AND CLOSURE

Remind the participants to add their comments to the *Mood Meter*.

Ask them to review the issues listed in the *Matters Arising Board* and to add any new ones that they wish to.

Remind them that handout H provides further information on issues covered in this module and that it lists relevant resources.

Thank them for their participation in the module and for their contributions to the discussion.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

In developing countries, how does the rate of maternal mortality of pregnant girls under 18 years old compare with adults?

please mark your answer with a spot anywhere along the line

The rates are about the same	About twice as much as for adults	About three times as much	About four times as much	About five times as much

SPOT CHECK 2

Which factors could contribute to antenatal complications in pregnant young adolescents?

please write down one example each for married and unmarried adolescents

MARRIED

UNMARRIED

SPOT CHECK 3

What are the most common antenatal complications in young adolescents?

SPOT CHECK 4

In your opinion, what are the most important issues to raise in counselling sessions with pregnant adolescents?

please write down your answers

SPOT CHECK 5

What are the critical aspects in caring for the pregnant adolescent in the postpartum period?

please write down your answers

Orientation Programme on Adolescent Health for Health-care Providers

Annex 2

Case study

Session 6: ACTIVITY 6-1

CASE STUDY

Safina, a 15-year old adolescent girl was brought to the casualty department of a government hospital located in a sprawling district of an East African country. The accompanying relatives told the doctor on duty that she had been in labour for three days, and was being cared for at home, by a Traditional Birth Attendant (TBA).

This was Safina's first pregnancy. She had not attended any antenatal clinic for the entire duration of her pregnancy (which was at term). According to her relatives, labour had started three days earlier. The TBA who had been attending to her, gave her herbal potions to speed up the labour, to no avail.

Safina had complained of unbearable abdominal pain, had started bleeding from her vagina and had grown progressively weaker. That is why her relatives decided to bring her to hospital. Further enquiry revealed that Safina had been married a year ago to a man in his late fifties. She was his fourth wife.

Examination revealed a young woman with pregnancy at term. She was pale and dehydrated. Her abdomen was tender and firm. Foetal heart sounds could not be heard. There was moderate vaginal bleeding. Vaginal examination revealed a fully dilated cervix with marked caput. The foetal head was 3/5 and fixed.

A diagnosis of obstructed labour with intrauterine foetal death was made. Arrangements were made for emergency caesarean section.

At caesarean section, the foetus was found lodged in the abdominal cavity. It was evident that the uterus had ruptured at the fundus, extending to the left lateral side. There had been severe bleeding. The doctors considered uterine repair but decided against it. A sub-total hysterectomy was performed and the abdomen closed.

Safina had a stormy post-operation period. Her temperature remained high despite antibiotics and on day 5 she started to have urinary incontinence although a Foleys catheter had been left in place. Her fever settled after 10 days but the urinary incontinence continued. At the examination under anaesthesia three weeks later, the presence of a Vesico-Vaginal Fistula was confirmed. She was discharged and advised to return after three months for surgical repair of the fistula.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 3

Role plays

Session 6: ACTIVITY 6-2

ROLE PLAY 1

A doctor, the nurse in-charge and two other nurses are conducting a ward round in the maternity ward of a government hospital. There are around 25 patients in the ward. About a third of them are adolescents. The team arrive at the bedside of a 14-year old girl who has been admitted with severe anaemia (complicating her pregnancy). Her haemoglobin is 7gm%.

As they reach the bed the nurse in-charge, starts berating the girl loudly. "You had no business to have sex before getting married, and no business getting pregnant. You play around and we all have to work to take care of you." The girl starts weeping silently. Her mother hangs her head in shame. The doctor is clearly embarrassed by this outburst. He gently tries to intervene…

Roles: Doctor, nurse-in-charge, 14-year old girl, mother.

ROLE PLAY 2

A woman in her mid-fifties has come in to the weekly antenatal clinic in a municipal health centre with her 15-year old daughter-in-law, who is pregnant (about 24 weeks). The doctor elicits information and carries out an examination. Her conjunctivae and nail beds are very pale, but apart from that, she appears to be well. He sends her for a quick check of the haemoglobin level. According to the report, it is 9 gm%. He sets about explaining the diagnosis and its implications for the health of the mother and her unborn baby, and what remedial action needs to be taken…

Roles: Doctor, 15-year old pregnant girl (24 weeks), mother-in-law.

ROLE PLAY 3

A teacher at a boarding school comes in to the casualty unit of a district hospital with a 16-year old school-girl (who is in school uniform). The teacher says that the girl has been complaining of severe lower abdominal pains, and wonders whether she has menstrual cramps.

On examination, the clinical officer on duty confirms a full-term pregnancy. The girl has concealed her pregnancy from her family and from teachers at school by binding her abdomen tightly.

The girl is in labour. Her cervix is 4 cms dilated. After sending the girl to the labour ward, the clinical officer sends for the doctor on call, to help explain matters to the teacher.

Roles: Doctor, clinical officer, teacher.

ROLE PLAY 4

A 15-year old girl who delivered a baby boy three days ago at a maternity hospital in a city, is now ready to go home. The nurse responsible for this is filling in the discharge slip and then turns to speak with her about follow-up care.

Roles: 15-year old girl, 3-day old baby (doll), nurse.

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module I

Unsafe abortion in adolescents

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks	I-7	10 min	Handout for module I Slides I1-1, I1-2
Session 2 **The nature and scope of unsafe abortion** ACTIVITY 2-1 Buzz group ACTIVITY 2-2 Plenary review ACTIVITY 2-3 Mini lecture ACTIVITY 2-4 Plenary discussion ACTIVITY 2-5 Group work and plenary feedback	I-9	30 min	Flipcharts I1, I2, I3 Slides I2-1, I2-2
Session 3 **Factors contributing to unsafe abortion in adolescents** ACTIVITY 3-1 Group work and plenary discussion	I-12	25 min	Flipchart I4 Slide I3-1
Session 4 **The consequences of unsafe abortion** ACTIVITY 4-1 Mini lecture ACTIVITY 4-2 Plenary review ACTIVITY 4-3 Group work	I-14	25 min	Flipchart I5 Slides I4-1, I4-2, I4-3

Sessions and activities	Page	Time	Materials and resources
Session 5 **Diagnosis and management of unsafe abortion in adolescents** ACTIVITY 5-1 Group work ACTIVITY 5-2 Mini lecture ACTIVITY 5-3 Role play	I-17	50 min	Slides I5-1, I5-2, I5-3
Session 6 **Preventing unsafe abortion** ACTIVITY 6-1 Group work ACTIVITY 6-2 Plenary discussion	I-20	30 min	
Session 7 **Module review** ACTIVITY 7-1 Review of spot checks ACTIVITY 7-2 Review of objectives ACTIVITY 7-3 Orientation Programme Personal Diary (OPPD) ACTIVITY 7-4 Reminder and closure	I-21	10 min	Flipchart I6 Slides I1-1, I1-2, I7-1, I7-2
		180 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Ensure that the facilitators are clear about their respective roles during their designated session(s);
- Collect local data on unsafe abortion in your country/area, and prepare slides to complement the global data;
- If needed, adapt elements of the case studies and scenarios to suit your country/area.

Materials and audio-visual equipment

- Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

Module-Specific

- Local data on unsafe abortion in adolescents
- Module scenarios
- Module case studies.

- Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This module in the Orientation Programme (OP) on adolescent health, is one of four optional modules dealing with issues of sexual and reproductive health and the consequences of unprotected sex. The others are: module G. *Sexually transmitted infections in adolescents*, module H. *Care of adolescent pregnancy and childbirth*, and module J. *Pregnancy prevention in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

This module introduces health-care providers to an important public health issue among adolescents, i.e. pregnancy care in adolescents. It should be conducted after the core module C. *Adolescent sexual and reproductive health*.

For the sake of simplicity, we have assumed that the subject of adolescent pregnancy is being addressed for the first time. However, if you have already run the optional module H. *Care of adolescent pregnancy and childbirth* or module J. *Pregnancy prevention in adolescents*, you should be able to limit Session 2 of this module to a brief review, perhaps quickly running through the relevant slides. This would enable you to devote more time to the practical issues in the later sessions of the module.

As with the other modules, we recommend that adolescents be among the participants, to provide their perspectives to the discussion.

We recommend that you review Part I of the *Facilitator Guide* which provides information that you will need for conducting the modules. Part I provides detailed information on the teaching/learning methods used in the OP. It is important that you feel comfortable in understanding and applying these methods. This will help ensure successful facilitation and that the teaching/learning objectives are achieved.

[1] Under development

Session 1
Module introduction

Aim of the session

- To provide an overview of this module including the objectives.

ACTIVITY 1-1
MODULE OBJECTIVES

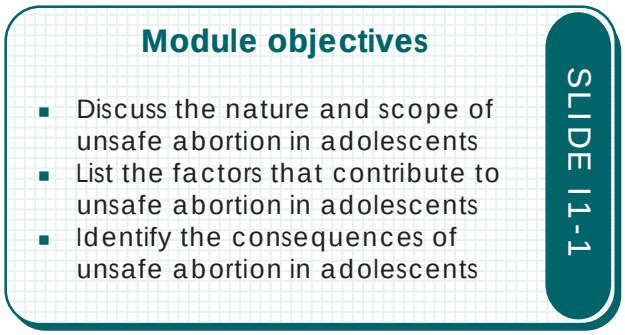
Welcome the participants to this module.

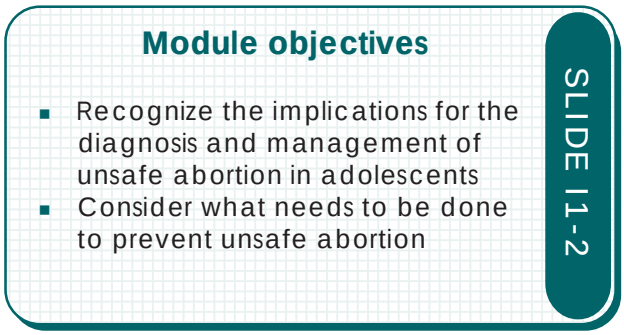
Explain that this module is one of four optional modules on adolescent sexual and reproductive health. The others are: module G. *Sexually transmitted infections in adolescents,* module H. *Care of adolescent pregnancy and childbirth*, and module J. *Pregnancy prevention in adolescents.* In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

Mention that this module contains seven sessions, which will explore different aspects of unsafe abortion in adolescents.

Mention that handout I provides additional information to complement what will be covered during the module.

Display the module objectives (Slides I1-1 and I1-2), and then read out each of them, in turn:





Explain that since abortion is often a controversial subject that raises strong views and feelings, participants will be able to consider some of the ethical and legal implications and what they think about them.

Explain that before exploring the nature and scope of unsafe abortion, participants should read the Section 1 entitled "*The nature and scope of unsafe abortion*" in the handout I. You could give them a few minutes to go over this section silently.

[1] Under development

ACTIVITY 1-2
SPOT CHECKS

Make sure that all the participants have copies of the spot checks (Annex 1).

Explain that the purpose of the spot checks is to help the participants assess their gains in knowledge or changes in their attitudes as a result of their participation in the module.

Inform them that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during the review session. Give them a few minutes to complete this task.

Inform the participants that you will discuss the answers to the spot checks during the last session of the module and that you will respond to any questions or comments they may have.

Explain the instructions provided on each spot check and make sure that the participants understand how to complete them.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* through the duration of the module to record any issues that they would like to follow up on. Make sure to indicate where the *Board* is located.

Session 2
The nature and scope of unsafe abortion

Aim of the session

- To discuss the nature and scope (both globally and locally) of unsafe abortion among adolescents.

ACTIVITY 2-1
BUZZ GROUP

Ask participants to form buzz groups of two or three and pin up this pre-prepared question on Flipchart I1.

Explain that you would like each group to discuss among themselves, and to come to a conclusion on how common unsafe abortion is in their area.

FLIPCHART I1

How common is unsafe abortion among adolescents in your country, region or community?

Very common | *Fairly common* | *Not at all common*

Each group should then place the symbol, "V" at an appropriate point along the line. If a group cannot agree, then each person in it should make their own mark with the symbol "X" to indicate the disagreement.

Give the participants a few minutes to complete this activity.

ACTIVITY 2-2
PLENARY REVIEW

Once all the marks are up, tailor your comments depending on the spread of marks between *"Very common"* and *"Not at all common"*.

If there is a wide spread of marks on the flipchat, indicating some level of disagreement, pose both the following questions (Flipchart I2).

FLIPCHART I2

Why do you think there is such disagreement about how common unsafe abortion is?

How do you – as health-care workers – become aware of the problem of unsafe abortion?

If there is general agreement, ask only the second question listed on Flipchart I2.

TIP FOR YOU

A wide spread of marks may be because the participants come from different places.

On the other hand, it may be because they have had very different experiences. Some of them may never have seen a case of unsafe abortion, whereas others may have treated adolescent patients with complications of unsafe abortion or have learned about the experiences of a friend or relative or someone else in the community.

At the end of the discussion summarize the range of responses and move straight on to the mini lecture.

ACTIVITY 2-3
MINI LECTURE

Put up Slide I2-1 and I2-2 and take the participants through it. Point out that the sources of the data presented in Slide I2-1, are listed in the handout.

SLIDE I2-1

Unsafe abortion among adolescents: A major public health problem

- 2-4.4 million estimated annually
- Accounts for up to 13% of all maternal deaths
- More adolescents than adult women resort to it
- 38%-68% of abortion complications are in women under 20 years of age
- 32%-93% of unmarried adolescent pregnancies are unwanted/mistimed
- Up to 61% of last births of married adolescents are unwanted/mistimed

SLIDE I2-2

Percentage of women aged 15-19 with unwanted or mistimed last births in the preceding five years

Country/survey year	Total (a)	Married (a)	Unmarried (a)
SUB-SAHARAN AFRICA:			
Botswana, 1988	81	39	88
Uganda, 1988/89	35	30	65
Ghana, 1993	68	61	90
Senegal,1992/93	31	23	78
MIDDLE EAST/NORTH AFRICA:			
Egypt, 1992	9	9	na
Morocco, 1992	15	15	na
Sudan, 1989/90	15	15	na
ASIA:			
Bangladesh, 1993/94	22	20	na
India, 1992/93	18	18	na
Pakistan, 1990/91	4	4	na
LATIN AMERICA/CARIBBEAN:			
Brazil, 1986	49	45	79 (b)
Mexico, 1987	33	51	88 (b)
Trinidad & Tobago, 1987	48	47	na

na = not available or based on fewer than 10 cases; a = includes both unwanted and mistimed births; b = values based on 10-25 cases.
Source: Singh S. *Adolescent child bearing in developing countries: A global review.* Studies in Family Planning, 1998, 29: 117-136.

Talking points

This slide contains data from a selection of countries in four world regions, on the percentage of adolescents aged 15-19 whose last births were either unwanted or mistimed.

The rates are higher in sub-Saharan African and Latin American countries in comparison with those from Asia and the Middle East.

In sub-Saharan African and Latin American countries, the rates are higher in unmarried than in married adolescents.

ACTIVITY 2-4
Plenary discussion

Ask if any of the participants have any facts and figures on the local situation. If so, invite them to share this data. If not, share with participants, any local data that you have been able to gather (on unsafe abortion in adolescents).

Lead a brief discussion about the local data that is presented. You may want to ask the following questions to open up the discussion:

- What does the local data suggest?
- Are there differences in abortion rates between areas/communities or among different groups of adolescents/women?

TIP FOR YOU

By now, you should have most people's agreement that unsafe abortion is a serious health problem and that a significant proportion of those having unsafe abortions are adolescents.

ACTIVITY 2-5
Group work and plenary feedback

Ask participants to form three or four groups to discuss the question posed in the flipchart. If there are adolescents in the group, ask if they would prefer to work in a separate group; their understanding of contemporary issues may well shock the adults present!

Why do adolescent girls often resort to unsafe abortion?

FLIPCHART I3

Show Flipchart I3 and read the question aloud.

Ask each group to come up with up to five important reasons in answer to the question. Ask them to write each answer on a separate card. Allow them up to 10 minutes, moving around to check how they are getting on.

When participants have completed their task, ask them to pin up their cards on a pin board (or to put them up on a wall using masking tape).

Ask a volunteer to read each card, out aloud. As this is being done, work through the answers to the question discussing possible categories to group the cards. Possible categories are:

- Social/cultural issues
- Economic issues
- Psychological issues.

To wrap up the session, ask the participants to turn to Section 2 in handout I, which is titled "*Factors contributing to unsafe abortion in adolescents*". Ask them to see how their answers relate to the information provided in the handout. Point both to issues that they have raised and to those that they have not raised.

Session 3
Factors contributing to unsafe abortion in adolescents

Aim of the session

- To discuss various factors which contribute to unsafe abortion in adolescents.

ACTIVITY 3-1
GROUP WORK

Ask participants to form groups of four or five (if participants come from different countries or states/districts within a country, consider asking them to form area-specific groups).

Give each group one marker of a different colour from the rest, and pin up this question and table on Flipchart I4.

FLIPCHART I4

How do the following factors affect unsafe abortion in adolescent girls in your country or state/district?

Factor	No impact	Adds to the problem	Reduces the problem
Access to contraceptive information and services			
Access to safe abortion services			
Attitudes and behaviours of health-care providers			
Community norms			
Laws and policies on sexual and reproductive health of adolescents			
Other factors			

TIP FOR YOU

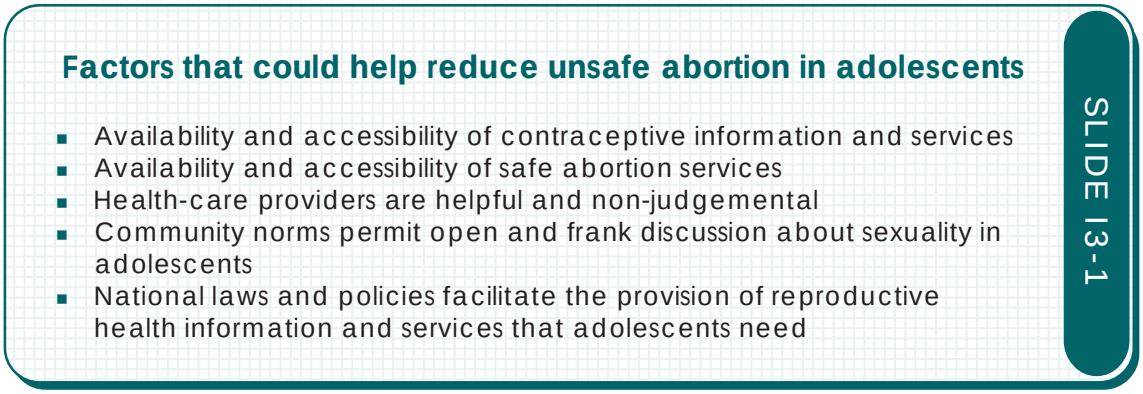
You may want to add other factors to the ones listed in Flipchart I4.

Explain that each group's task is to decide whether these factors add to or help reduce the problem, or perhaps have little impact either way. This will stimulate discussion, and possibly some debate.

Allow the groups 10 minutes to complete this activity, and then ask each group in turn to come forward and tick the appropriate columns, for each of the factors. Ask them to place the symbol "V" if everyone in the group agrees, and the symbol "X" in the appropriate columns if there is disagreement within the group.

Wrap up the discussion by going over Slide I3-1.

Finally, point the participants to Section 2 of the handout titled "*Factors contributing to unsafe abortion in adolescents*".



Session 4
The consequences of unsafe abortion

Aim of the session

- To identify the consequences of unsafe abortion among adolescents.

ACTIVITY 4-1
MINI LECTURE

SLIDE I4-1

Consequences of unsafe abortion in adolescents

- Medical – Morbidity and mortality
- Psychological – Depression and withdrawal
- Social – Ostracism
- Economic – Health-care costs and lost investments in education

Explain that so far you have considered the nature and scope of unsafe abortion and the many contributory factors. You are now turning to the consequence of unsafe abortion.

Present Slide I4-1, using the accompanying talking points. Invite comments and questions, and encourage other participants to respond to them, if they wish to.

Talking points

Medical consequences

- Risks of mortality and morbidity from unsafe abortion are high for women of all ages, but they are especially high for adolescents mainly because of the ways in which abortion is induced and because of delays in care-seeking;
- In many developing countries, serious complications due to unsafe abortion affect adolescents much more than they affect adults.

Psychological consequences are less well documented than physical consequences but are significant. They include depression and withdrawal.

- In many cases, these problems improve with time; a significant proportion of cases however, tend to linger and require specialized attention;
- Long-term, abortion-related psychological problems are frequently reported in girls who are pregnant for the first time.

Social consequences are borne by the girl herself and her family. Girls who survive may be forced to leave school. They may face disapproving attitudes, even ostracism. They risk being forced into early marriage or to be thrown out of their homes. In order to support themselves, they may take up poorly paid jobs or be tempted or forced into prostitution.

Economic consequences are immense for both the girl and her family, and also for the community and country. An extended hospital stay will cost the family a great deal. Likewise, treatment for

the sequelae of unsafe abortion drains the resources of hospitals, which are often already in short supply. These include safe blood, other intravenous fluids and antibiotics. In addition, investments made in the growth and development – including the education – of these girls are lost.

TIP FOR YOU

This is a lot of information to digest. Give the participants a few minutes to take all this in, and to share their reactions, if any. Then move on to the short- and long-term medical complications of unsafe abortion in adolescents (Slides I4-2 and I4-3).

Talking points

Major short-term medical complications

- Tetanus
- Haemorrhage
- Localized or generalized infection
- Injuries (genital lacerations, perforations of organs)

SLIDE I4-2

Tetanus can result from the insertion of materials like sticks, metal rods and other implements into the uterus: It can also result from the use of unsterilized surgical instruments.

Haemorrhage is a common complication leading to or aggravating pre-existing anaemia and can lead to death.

Post-abortion sepsis can rapidly develop into septicaemia and full-blown sepsis.

Physical injuries may vary from small vaginal or cervical lacerations to major perforations involving not only the reproductive organs but also the urinary and gastrointestinal systems.

Talking points

Major long-term medical complications

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

SLIDE I4-3

Long-term medical complications are those which happen a month or more after abortion takes place.

Many of these are exceptionally heavy lifelong burdens, particularly where a woman's status depends on her ability to bear children.

ACTIVITY 4-2
PLENARY REVIEW

Lead a plenary review by asking the questions listed on Flipchart I5. You could ask a volunteer to write up some important ideas or points on the flipchart.

Which of the listed consequences apply to your country or state/district?

Are influential gatekeepers (such as political and religious leaders) aware of these consequences?

If they are aware, what – if anything – are they doing to reduce the occurrence of unsafe abortion?

FLIPCHART I5

ACTIVITY 4-3
GROUP WORK

To illustrate a number of factors and consequences of unsafe abortion, divide the participants into two groups, and ask each group to read one of the two case studies (Annex 2).

Ask both the groups to discuss the first two questions only (they will have the opportunity to discuss the remaining questions in Session 5).

Allow them 10 minutes and inform them that they will have five minutes to report their findings to the other group.

While the groups are working, help each one to examine the many useful points that the case studies highlight.

As each group presents its findings, encourage questions and discussion.

As you wrap up this activity, remind the participants that they will be asked to consider the case studies again in the next session.

Session 5
Diagnosis and management of unsafe abortion in adolescents

Aim of the session

- To discuss the diagnosis and management of unsafe abortion in adolescents.

TIP FOR YOU

Stress that the session does not provide details about clinical management – this is beyond the scope of the module.

ACTIVITY 5-1
GROUP WORK

Ask participants to return to the two groups and discuss the case studies again, this time focusing on questions about diagnosis and management:

- for Case study 1, questions 3 to 7
- for Case study 2, questions 3 to 6

Allow participants 10 minutes to complete this activity and inform them that each group has five minutes to report their findings in plenary.

As the first group gets ready to present their findings, ask for a volunteer to note points of agreement and disagreement, as well as questions raised, on a flipchart. Address the matters raised and move to the mini lecture.

ACTIVITY 5-2
MINI LECTURE

As you go through slides I5-1 and I5-2 refer to key points brought up in the discussion.

Compared with adults, adolescents with an unsafe abortion are more likely to:

- Be unmarried and outside a stable relationship
- Be primi gravida
- Have a longer gestation up to the time of abortion
- Have used dangerous methods to terminate pregnancy
- Have resorted to illegal providers

SLIDE I5-1

Compared with adults, adolescents with an unsafe abortion are more likely to:

- Delay seeking help
- Come alone, or with a friend, rather than the partner
- Have ingested substances that interfere with treatment
- Have more entrenched complications

SLIDE I5-2

Talking points

To wind up the discussion on diagnosis, stress that it may be useful to keep the following points in mind.

- Adolescents may find it hard to describe their problem. This is especially so if they are accompanied by their parents or other relatives.
- Even if they want to, adolescents (especially younger ones) may be unable to give an accurate history.

Explain that you will now move on to some key issues in the management of unsafe abortion in adolescents.

Talking points

Emergency resuscitation: Many adolescents present in shock because they use dangerous means to procure termination and present late after complications arise.

SLIDE I5-3

Key aspects in the management of unsafe abortion

- Emergency resuscitation as necessary
- Evacuation of the uterus
- Treatment of any complications
- Post-abortion counselling
- Follow-up

Evacuation of the uterus: There is no difference between adults and adolescents in this regard. It is necessary to remove all the products of conception in order to arrest bleeding and remove the source of infection.

Treatment of any complications: This requires appropriate management of complications, such as bleeding, lacerations and infection.

Post-abortion counselling: This is important as adolescents are less likely to return for contraception or other follow-up. Counselling may extend to issues beyond the immediate problem.

Follow-up: Again, adolescents are more easily "lost to follow-up" than are adults. Establishing good rapport with the adolescent will facilitate follow-up.

ACTIVITY 5-3
ROLE PLAY

Select three or four scenarios (Annex 3) which participants could use for role play exercises.

Please refer to Part I of the *Facilitator Guide* for general guidelines on running role plays (pp 18-20).

The Role play scenario 1 raises the following issues:

- Whether abortion is legal in the setting;
- What is in the best interest of the adolescent;
- The rights of the adolescent for self-determination and the rights of parents to know about the health and well-being of their children;
- The tension between having strong view points and value systems and imposing them on others.

The Role play scenario 2 raises the following issues:

- That many young women seek abortion whether or not it is legally available;
- That in many places where abortion is illegal, there are many providers – both qualified and unqualified – who provide the service for a heavy fee.

The Role play scenario 3 raises the following issues:

- The importance of post-abortion counselling, especially in adolescents;
- The importance of tailoring advice to the reality of adolescents' lives.

The Role play scenario 4 raises the following issue:

- The vulnerability of health-care providers to disciplinary – and also to legal – action if they step outside the legal framework in their bid to help someone in need.

Briefly conclude this session on managing unsafe abortion in adolescents by highlighting some of the key points raised in the discussions.

Session 6
Preventing unsafe abortion

Aim of the session

- To consider what needs to be done to prevent unsafe abortion.

ACTIVITY 6-1
GROUP WORK

Explain that this session of the module returns to some sensitive legal and ethical issues. For example:

- Adolescents below the age of consent are minors in law
- In many communities adults do not recognize the rights of adolescents to confidentiality and privacy.

Divide participants into three groups, and inform them that you would like each group to read Section 6 entitled "*Preventing of unsafe abortion*" in handout I. Their task is then to debate one of the relevant numbered questions (Annex 4).

Give the groups about 15 minutes for discussion and five minutes to present their results to the other groups.

ACTIVITY 6-2
PLENARY DISCUSSION

Ask each group to present their perspectives and to then respond to questions and comments that other participants raise.

TIP FOR YOU

It is important to flag both points of agreement as well as points of disagreement,and to explore the latter further.

Wind up the session, pointing both to the major challenges that exist as well as to the possible ways of addressing them that the participants have proposed.

Session 7
Module review

Aims of the session

- To review and discuss answers to the spot checks completed during the first session;
- To review the module's objectives and provide a summary of key points;
- To give participants an opportunity to reflect on – and put down – the messages they are taking away from the module, in their OP personal diaries;
- To remind participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 7-1
Review of spot checks

Ask participants to pull out the spot checks completed in the first session of the module.

Ask them to review the answers they had put down and to see whether they wanted to make any changes to them.

Take each spot check and go over the answers to them, one at a time.

ACTIVITY 7-2
Review of objectives

Display the module objectives (Slides I1-1 and I1-2), invite participants to share any last questions or comments that they might have and address them.

Module objectives

- Discuss the nature and scope of unsafe abortion in adolescents
- List the factors that contribute to unsafe abortion in adolescents
- Identify the consequences of unsafe abortion in adolescents

SLIDE I1-1

Module objectives

- Recognize the implications for the diagnosis and management of unsafe abortion in adolescents
- Consider what needs to be done to prevent unsafe abortion

SLIDE I1-2

Summarize the key messages of this module, going over Slides I7-1 and I7-2.

Remember, unsafe abortion

- Occurs in many countries
- Is much more likely to occur where abortion is illegal and inaccessible (even if it is legal)
- Implies providers with inadequate skills working in inadequate conditions
- Occurs in adolescents for social, economic and cultural reasons
- Kills many adolescents, and leaves many others with serious life-long sequelae

SLIDE I7-1

SLIDE I7-2

Remember, unsafe abortion

- in adolescents is characterized by:
  - the use of more dangerous methods
  - late presentation
  - more entrenched complications
  - less likelihood of social and economic support being available

ACTIVITY 7-3
ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

FLIPCHART I6

List three important lessons that you learned through participation in this module

List three things you plan to do in your work for/with adolescents

Ask the participants to bring out their Orientation Program Personal Diaries (OPPD).

Put up Flipchart I6 and ask the participants to write down the three key lessons they learned from this module and three things that they plan to put into practice in their work with/for adolescents.

Explain to participants that it is important to update their OP diaries daily because they will use the information entered during the concluding module.

ACTIVITY 7-4
REMINDERS AND CLOSURE

Remind participants to add their comments to the *Mood Meter*.

Ask them to review the issues listed on the *Matters Arising Board* and to add any new ones that they wish to.

Remind them that handout I provides further information on issues covered in the module and that it lists relevant resources.

Thank them for their participation in the module and for their contribution to the discussion.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

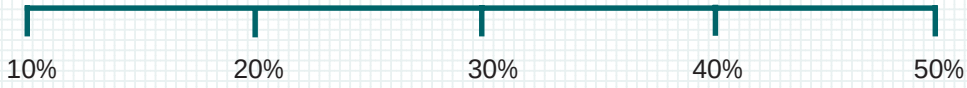
Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

In the developing world, roughly what percentage of all maternal deaths are caused by unsafe abortion?

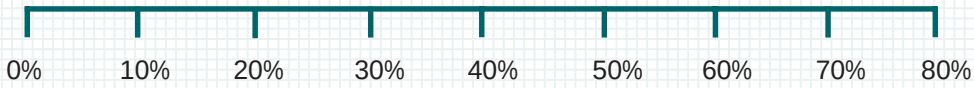
please mark your estimate with a spot anywhere along the line



SPOT CHECK 2

In the developing world, roughly what percentage of women who are hospitalized with abortion complications are under 20 years old?

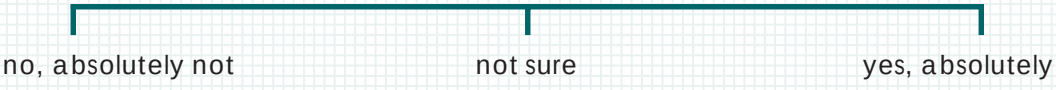
please mark your estimate with a spot anywhere along the line



SPOT CHECK 3

Some people say that if safe abortion services are made available and accessible to adolescents, it will encourage promiscuity. Do you agree with this?

please mark your answer with a spot anywhere along the line



SPOT CHECK 4

How confident do you feel about working with adolescents on the issue of abortion?

please mark your answer with a spot anywhere along the line

not very confident — ok — very confident

SPOT CHECK 5

A school-girl presents with complications due to unsafe abortion. Which of these best describes how you feel about her situation?

please answer with three spots

- I feel angry with her
- I feel angry with the boy or man who is responsible
- I feel pity for her
- I feel angry with the politicians for the restrictions on safe abortion
- I feel we have failed because she resorted to unsafe abortion
- I feel sadness that she didn't use safe abortion
- I feel pity for the life that has been aborted
- I feel angry with the person who did the abortion

SPOT CHECK 6

As health-care providers, what should we focus on to prevent unsafe abortion among adolescents?

please answer with three spots

- Train modern and traditional health-care providers in abortion care ○
- Support efforts to change the law to expand access to safe abortion ○
- Improve confidentiality for adolescents seeking abortion ○
- Improve access to safe abortion for adolescents ○
- Improve provision of contraception to all adolescents ○
- Encourage the authorities to stop untrained people carrying out abortions ○
- Emphasize abstinence from sex before marriage ○
- Encourage adolescents to go through with their pregnancies ○

SPOT CHECK 7

Realistically, is there more you could do with respect to unsafe abortion among adolescents?

please mark your answer with a spot anywhere along the line

no — perhaps — definitely

Orientation Programme on Adolescent Health for Health-care Providers

Annex 2

Case studies

Session 4: ACTIVITY 4-3

CASE STUDY 1

Nyako, a 14-year old school-girl, attended a boarding school on the outskirts of Kampala. One evening, she was admitted to Mulago Teaching Hospital with complaints of high fever and severe lower abdominal pain.

Nyako was brought to the hospital by one of her teachers. She had been found huddled up in bed and shivering in the school dormitory.

They were received by a nurse in casualty who asked Nyako a few questions about what had happened but did not get much information. Nyako was clearly very upset and mumbled or answered in monosyllables. The teacher, who appeared sympathetic to Nyako, told the nurse that another pupil had found Nyako very unwell in bed and that she had been terribly sick. She wondered if Nyako had eaten something and had a stomach upset.

The nurse thanked the teacher and asked her to wait while she took Nyako for an examination. Nyako was weeping while undressing and the nurse comforted her and asked if she would like to tell her a little bit about what had happened. Nyako confided that she had got pregnant, had had an abortion which had gone all wrong and, indicating the lower abdomen, said that her tummy hurt terribly.

The nurse called the doctor on duty and reported what Nyako had told her. On examination, the doctor found that her abdomen was tender with marked guarding. The uterus was bulky and there was a foul - smelling purulent discharge due to infected products of conception.

On further questioning, Nyako told the doctor that, seven days before, her best friend had taken her to an abortionist in a slum area of Kampala, who had inserted a rubber pipe deep into her vagina and instructed her to go to hospital when heavy bleeding started.

The doctor asked her about the date of her last period and how sure she was that she was pregnant. Nyako told him that her periods had started about two years ago but had always been irregular. She was having a love affair with a boy from a neighbouring school and they had started to have sex three months before. She was seven weeks late with her period and suspected she was pregnant. She did not do any test.

Following the abortion, bleeding had not, in fact been heavy but intermittent, with steadily increasing lower abdominal pain. The pipe dropped out after two days. Nyako had endured the pain and tried to keep going as best she could at school until that afternoon, when she could bear it no longer.

Despite the pain which was by then excruciating, the main concern Nyako expressed was that neither the school nor her parents should know about the pregnancy. She begged the doctor not to tell them. She also asked if she was going to die. The nurse reassured her, while the doctor went out to tell the teacher who had accompanied Nyako that she needed to be admitted to hospital for investigations.

She was admitted to the gynaecology ward with a diagnosis of septic incomplete abortion. She was started on parenteral antibiotics and taken to theatre for evacuation 12 hours later. Her temperature settled and she was put on haematinics. She was discharged after five days and given a return appointment to the gynaecology clinic a week later.

At the return visit she was given a cursory examination. She had apparently recovered completely; she was also extremely grateful to the doctor and nurse for not informing either the school or her parents except in vague terms about some abdominal disorder.

QUESTIONS FOR GROUP DISCUSSION

1. Who do adolescents turn to for advice and help when they have an unwanted pregnancy?

   - In the case of a "botched" illegal abortion, with serious consequences, where do they go?
   - How promptly do they seek help when problems arise?

2. How are adolescents treated if/when they go to a government health facility, a private practitioner or an illegal abortionist?

   - From an adolescent's point of view, what are the pros and cons of going to each of these places?

3. When seeing an adolescent in such circumstances, how can you make her feel at ease and encourage her to confide in you?

4. What are the things you need to be aware of when carrying out a physical examination of a young woman in such a situation?

5. What is the best way to communicate facts about abortion, its possible consequences and its implications, to adolescents?

   - Which of the adolescents' concerns must you address?
   - In this situation, what are the rights of minors to privacy and confidentiality?
   - What are the rights of parents to be informed and make decisions?

6. Do health-care workers deal with the social and psychological aspects of abortion effectively? What do they need to consider in order to deal more sensitively with these aspects?

7. What follow-up actions need to be undertaken following unsafe abortion?

   - How to coordinate with related services for contraception and STI prevention?
   - How can vital education and information on prevention best be provided?

CASE STUDY 2

Yolanda, an 18-year old girl had just completed her secondary school education. She went to the outpatient department of the district hospital in the town in which she lived, because she suspected that she was pregnant.

After waiting for several hours in a long queue, she was seen by a middle-aged male doctor. She told the doctor that she suspected that she was pregnant and wanted to have the pregnancy terminated. The doctor sent her for a pregnancy test at the hospital laboratory and told her to come back in two days.

The test confirmed that she was pregnant. On the next visit, she was examined and found to have a bulky uterus and to be 8-10 weeks pregnant. Yolanda again stated that she wanted the pregnancy terminated. The doctor asked her to explain why she could not continue with the pregnancy.

She explained that she had just completed her secondary school leaving certificate the year before and was due to go to nursing school in four months. She was the first-born in a family of six, both parents were school teachers and the father was a lay preacher at the local church.

She pleaded with the doctor to help her. She felt very ashamed about the pregnancy and could not bear the thought of giving up or postponing her nursing training, which would ruin her own employment opportunities and let her family down.

The doctor told her that termination of pregnancy was illegal under any circumstances. However, he offered to assist her at his private clinic. Yolanda saw the doctor privately and was told that the termination of pregnancy could be performed the following day for a heavy fee – to be paid before the operation. She had no way of doing this and left very frustrated.

Two months later, she was brought to casualty. By chance the same doctor was on duty at that time. She was wheeled in on a stretcher by her parents. They told him that she had been behaving strangely for the past several weeks. She had gone to visit an aunt up country 10 days before and stayed away one week. She had been extremely unwell for the past three days. Her parents suspected malaria. Yolanda herself was too unwell to provide any further information.

Physical examination revealed a very sick girl with marked pallor, jaundice, temperature of 36 degrees, rapid and weak pulse, and blood pressure 80/50 mm; the abdomen was tender and distended. There was foul smelling discharge from the vagina. The diagnosis of septic incomplete abortion with a foreign body in the vagina, causing septicaemic shock was made.

Resuscitation was started and the patient was admitted to the surgical ward. Broad spectrum antibiotics were prescribed but were out of stock. Only penicillin was available. The parents rushed out to buy the prescription that they were given. A blood transfusion was ordered; and the drip started.

Six hours later, there was no improvement; a surgical evacuation under anaesthetic (EUA) was planned. At EUA, a stick was found in the vagina, perforating through the pouch of Douglas into the abdominal cavity. There appeared to be leakage of faecal matter into the abdomen. The doctors decided to do a laparotomy and an evacuation. At laparotomy, they found uterine perforation, partial necrosis of the posterior wall of the uterus and perforation of the gut. They also found fulminating peritonitis and a pelvic abcess. Gut resection, colostomy, and subtotal hysterectomy were performed. The patient was taken to the intensive care ward where her condition steadily worsened. She died five days later.

QUESTIONS FOR GROUP DISCUSSION

1. What important issues pertaining to health services (availability and accessibility) are highlighted by this case study?

2. In your experience and practice, how often does this sort of event occur?

3. What do we need to do (as health-care providers) to prevent such tragedies from occurring?

4. What do you need to be aware of when carrying out a physical examination on a young woman in such a situation?

5. How frequently do basic supplies and other resources for resuscitation run out in your experience?

6. What could have been done differently to save the young woman's life after she presented at the hospital?

Annex 3

Role plays

Session 5: ACTIVITY 5-3

ROLE PLAY 1

A 14-year old girl, dressed in her school uniform, comes during school hours, to see the duty medical officer in the casualty department of a district hospital.

She explains to the doctor that she thinks she is pregnant and wants a termination. She does not want to talk about who the father might be, even on probing.

She tells him that she is the first-born in a family with six children. She attends a local Catholic secondary school and lives with an uncle who is her local guardian and is paying for her upkeep. Her parents are poor farmers living in a rural area.

The girl believes that her future education and her relationship with her family will be irrevocably damaged by carrying through with this pregnancy. She says that she depends on the support of the duty medical officer to find a solution…

The doctor seems willing to consider assisting her, but the nurse on duty is a staunch Christian who believes that abortion is murder.

Roles: Doctor, nurse, 14-year old girl.

ROLE PLAY 2

A young woman (18 years) has died in hospital from septic incomplete abortion (see Case study 2) in the care of a certain middle-aged male doctor.

Two months before her death, the woman had come to the hospital seeking an abortion. She had met with this doctor who had told her that he would be prepared to perform the procedure in his private clinic, on payment of a heavy fee (and had then refused to do so because she did not have the money required). This doctor now has to break the news of her death to the family, and he has in his office both her parents and her sister.

The sister breaks down sobbing and in anger reveals what had happened two months earlier when her sister came to the hospital for help.

The doctor wants to comfort the family but, of course, his own part in the affair makes this very difficult. He feels torn between his own guilt, genuine sympathy for the family and his real concerns about safeguarding his position . . .

Roles: Doctor, young woman's parents and 21-year old sister.

ROLE PLAY 3

A manual vacuum aspiration (MVA) programme has recently been introduced in the gynaecology ward of a busy regional hospital. This means that evacuations can now be performed in the treatment room rather than in the operating theatre.

The value of post-abortion counselling and contraception has been stressed during staff training.

Three girls of secondary-school age who have just undergone medical termination of pregnancy are in the office of the nurse in charge, waiting to be discharged. The nurse has only a few minutes to devote to them.

As she begins talking to them about preventing future pregnancy, one of the girls says that she does not want to take contraceptive pills as she is sure that her parents will find them. She and her family live in small 2-roomed quarters and she has no privacy. The other girls immediately nod in agreement.

Roles: Nurse, three girls of secondary-school age.

ROLE PLAY 4

At 8 a.m. on a Monday morning, a gynaecologist at a regional hospital is summoned to see the Hospital Superintendent urgently.

The Superintendent is not in a laughing mood! He accuses the gynaecologist of performing abortions in the hospital, abortions which he says are illegal. His accusations are based on reports from the nurse in charge of the gynaecology ward.

The Superintendent has ordered the confiscation of the MVA instruments and instructed that henceforth all evacuations are to be performed in theatre under general anaesthesia.

The nurse in charge of theatre has been instructed to release instruments only for sharp curettage if she herself has confirmed that they are to be used in cases of incomplete abortion.

The gynaecologist is very angry now too and threatens to resign. He tells the Superintendent that he has carried out only 10 terminations of pregnancy in the last 12 months, following assessment and recommendation by a psychiatrist. The psychiatrist's notes have been duly recorded in the case sheets. He points out that he receives 10 cases of incomplete abortion daily. Most of these are induced outside and have high rates of complications. He challenges the Superintendent to do something about that. He then realizes that angry words will not solve the problem . . .

Roles: Hospital superintendent, gynaecologist.

Annex 4

Questions

Session 6: ACTIVITY 6-1

1. Given societal norms, laws and policies, what can health-care workers do to prevent unsafe abortion?

Specifically, how can they:

- improve access to reproductive health information and services?
- create a climate conducive to contraceptive use for all sexually active adolescents?
- involve communities in discussions of the issues of unwanted pregnancy and the consequences of unsafe abortion, as well of their role in enabling adolescents to prevent these problems and to cope with them when they occur?

2. Given societal norms, laws and policies, what can health-care workers do to reduce the consequences of unsafe abortion when it occurs?

Specifically:

- how can a young person's confidentiality be respected in public hospitals where records and notes are difficult to protect from inquisitive eyes?
- if there are medical complications, under what circumstances should we inform parents or guardians?
- how should we build our own capacity to provide comprehensive abortion care including post abortion counselling and contraception?

3. What can health-care workers do to generate supportive norms and stimulate policy review and reform?

Specifically:

- to what extent should health-care workers conform to community beliefs and values if these conflict with principles such as availability and accessibility?
- how could you use existing legal avenues to expand access to safe abortion while pressing for review of existing laws?
- how could you involve communities in discussions of the issues of unwanted pregnancy and the consequences of unsafe abortion, as well of their role in enabling adolescents to prevent these problems and to cope with them when they occur?

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module J

Pregnancy prevention in adolescents

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks	J-7	10 min	Handout for module J Slides J1-1, J1-2
Session 2 **The support individuals need as they move into, through and out of adolescence** ACTIVITY 2-1 Brainstorming and plenary review	J-9	20 min	Flipcharts J1, J2
Session 3 **Adolescents' needs for sexual and reproductive health information and services** ACTIVITY 3-1 Mini lecture	J-11	30 min	Slides J3-1, J3-2, J3-3, J3-4, J3-5, J3-6
Session 4 **Medical eligibility and effectiveness of available contraceptive methods** ACTIVITY 4-1 Mini lecture	J-14	30 min	Flipchart J3 Slides J4-1, J4-2, J4-3
Session 5 **Responding to the specaial needs of different groups of adolescents** ACTIVITY 5-1 Group work ACTIVITY 5-2 Plenary feedback	J-16	50 min	Flipcharts J4, J5

Sessions and activities	Page	Time	Materials and resources
Session 6 **HELPING ADOLESCENTS MAKE WELL-INFORMED AND VOLUNTARY CHOICES** ACTIVITY 6-1 Mini lecture ACTIVITY 6-2 Role play	J-18	30 min	Flipchart J6 Slides J6-1, J6-2
Session 7 **MODULE REVIEW** ACTIVITY 7-1 Review of spot checks ACTIVITY 7-2 Review of objectives ACTIVITY 7-3 Orientation Programme Personal Diary (OPPD) ACTIVITY 7-4 Reminder and closure	J-20	10 min	Flipchart J7 Slides J1-1, J1-2, J7-1
		180 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Ensure that the facilitators are clear about their respective roles during their designated session(s);
- Collect local data on the onset of puberty and age of marriage (including changes over time) and prepare slides to complement the global data;
- If needed, adapt elements of the scenarios for role plays to suit your country/area.

Materials and audio-visual equipment

- Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

Module-Specific

- Local data on onset of puberty and age of marriage
- Scenarios for role plays.

- Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This module in the Orientation Programme (OP) on adolescent health, is one of four optional modules dealing with issues of sexual and reproductive health and the consequences of unprotected sex. The others are: module G. *Sexually transmitted infections in adolescents*, module H. *Care of adolescent pregnancy and childbirth*, and module I. *Unsafe abortion in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

This module introduces health-care providers to an important public health issue among adolescents, i.e. pregnancy prevention in adolescents. It should be conducted after the core module C. *Adolescent sexual and reproductive health*.

As with the other modules, it is recommended that adolescents be among the participants, to provide their perspectives to the discussion.

We recommend that you review Part I of the *Facilitator Guide* which provides information that you will need for conducting the modules. Part I provides detailed information on the teaching/learning methods used in the OP. It is important that you feel comfortable in understanding and applying these methods. This will help ensure successful facilitation and that the teaching/learning objectives are achieved.

[1] Under development

Session 1
Module introduction

Aim of the session

- The aim of the session is to provide an overview of this module including the objectives.

ACTIVITY 1-1
MODULE OBJECTIVES

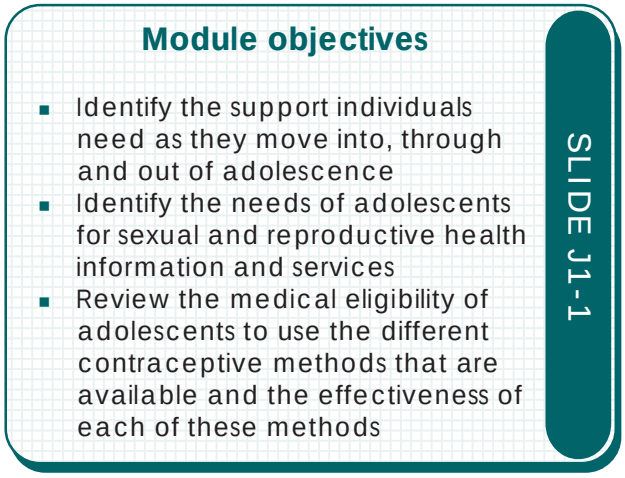
Welcome the participants to this module.

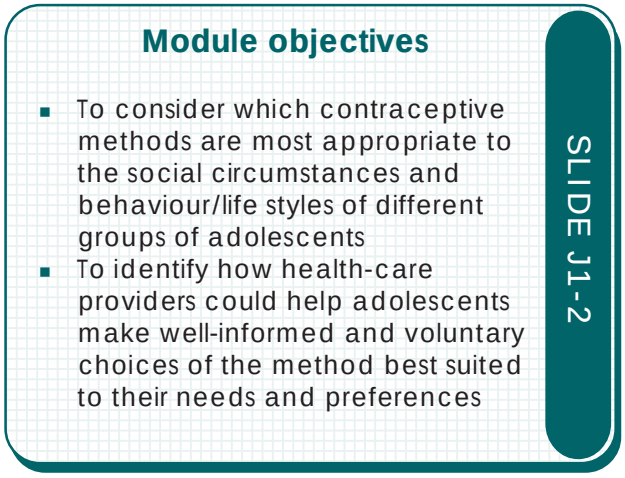
Explain that module J is one of four optional modules on adolescent sexual and reproductive health. The others are: module G. *Sexually transmitted infections in adolescents*, module H. *Care of adolescent pregnancy and childbirth,* and module I. *Unsafe abortion in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

Mention that this module contains seven sessions, which will explore different aspects of pregnancy prevention and fertility regulation in adolescents.

Mention that handout J provides additional information to complement what will be covered during the module.

Display the module objectives (Slide J1-1, J1-2) and read them out, in turn.





ACTIVITY 1-2
SPOT CHECKS

Make sure that all the participants have copies of spot checks (Annex 1).

Explain that the purpose of the spot checks is to help the participants assess their gains in knowledge and understanding as a result of their participation in the module.

[1] Under development.

Inform them that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during the review session. Give them a few minutes to complete this task.

Inform them that you will discuss the answers to the spot checks during the last session of the module and that you will respond to any questions or comments they may have.

Explain the instructions provided on each spot check and make sure that the participants understand how to complete them.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* through the duration of the module to record any issues that they would like to follow up on. Make sure to indicate where the *Board* is located.

Session 2
The support that individuals need, as they move into, through and out of adolescence

Aim of the session

- To identify the support that adolescents need in order to grow and develop in good health, and to avoid health and social problems; and who could provide them with the support they need.

ACTIVITY 2-1
BRAINSTORMING AND PLENARY REVIEW

In order to set the stage for this session, take a few minutes to remind participants of two key themes that were addressed in core module C. *Adolescent sexual and reproductive health*:

- The many different factors that affect the initiation of sexual relations in adolescents
- The consequences of too early and unprotected sexual activity in adolescents.

Recalling the points discussed and debated in that module, explain that you want the participants to come up with answers to the question posed on Flipchart J1. Ask each participant to put down one response on a card, and to come forward and put it up on the pin board or wall. Give them a few minutes to carry out this task.

What support do individuals need as they move into, through and out of adolescence?

FLIPCHART J1

Once the cards are all up, ask for volunteers to help cluster the points raised.

TIP FOR YOU

In reviewing the points raised, refer to the booklet "*Action for adolescent health*", which was discussed in module B. *Meaning of adolescence and its implications for public health*. This is a good opportunity to demonstrate how the framework could be applied to a specific issue. The talking points below serve as a reminder about the framework.

Talking points

Adolescents need:

- A safe and supportive environment, because they live in an adult world
- Information and skills, because they are still developing
- Health and counselling services, because they need a safety net.

FLIPCHART J2

Who could provide adolescents with the support they need?

Whom could adolescents turn to for support?

Using this framework, invite participants to add to the cards in order to fill in areas of weakness or gaps that are evident.

As the discussion winds down, put up Flipchart J2, and invite responses to the two related questions posed. Ask for volunteers to help you record points raised in the discussion.

Talking points

Many different "players" need to contribute to the health and development of adolescents. It is useful to think of them in concentric circles of contact and influence.

- At the centre is the adolescent himself or herself;
- Parents, siblings and some close family members are in immediate, everyday contact with the adolescent and constitute the first circle;
- The second circle includes people in regular contact with them such as they own friends, family friends, teachers, religious leaders;
- The third circle includes musicians, film stars, and sports figures who have a tremendous influence on them from afar.

Health-care workers need to be part of the second circle – competent and concerned adults who reach out adolescents, and who can be reached when necessary.

As you conclude the session, ask the participants to reflect on how the situation – both in terms of the support that adolescents need, as well as the support that is available to them – has changed over the last ten years.

TIP FOR YOU

The inability of adults to respond to the needs and problems of adolescents (e.g. because of communication problems with parents) and the fact that many communities/societies do not take the needs and problems of adolescents seriously, may well be raised in the discussion. If these issues are raised, encourage participants to consider how health-care providers in the places they come from, could respond.

Session 3
Adolescents' needs for sexual and reproductive health information and services

30 min

Aim of the session

- To identify the needs of adolescents for reproductive health information and services.

ACTIVITY 3-1
Mini lecture

Put up and lead the participants through slides J3-1 to J3-6, using the accompanying talking points.

Encourage the participants to stop you at any point with their questions and comments. Do not feel obliged to respond to all these questions and comments yourself. Invite other participants to do so, so there is a healthy exchange of viewpoints and perspectives. However, do not hesitate to counter comments that are technically inaccurate or inappropriate.

Talking points

Although a boy of 11 and a young man of 18 are both classified as adolescents, they are at very different stages of development.

A boy of 14 and a girl of the same age are also very different, both physically and psychologically.

A boy of 13 who is part of a caring and well-to-do family is likely to be growing and developing very differently from another boy of the same age who has run away from home to escape an abusive parent, and is fending for himself on the streets.

Different and changing needs for health information and services

- Adolescents have different needs depending on their stage of development, gender and circumstances
- In any adolescent, these needs can change rapidly

SLIDE J3-1

Two boys of the same age and in similar socio-economic situations may grow and develop at different "rates" and ways.

The different needs of adolescents in different stages of development and circumstances (as well as gender) need to be recognized and addressed. Finally, it is important to recognize that these needs change over time, and can do so very rapidly.

SLIDE J3-2

A hypothetical scenario...

...about fifteen-year old school-girls in a big city of the world

Out of 100 girls:
- 60 have never had sex
- 15 have had sex, but are not currently sexually active
- 25 are sexually active more or less regularly

Of those who have ever had sex:
- 8 have had health problems resulting from unprotected sexual activity
- 2 have been coerced into having sex

Talking points

All these adolescent girls have different needs for health information and services, and for social support.

Clearly, adolescents who are sexually active need preventive and curative sexual and reproductive health services.

Even those who are not sexually active may have needs, such as for information and possibly also treatment for conditions such as irregular and painful menstruation.

Talking points

SLIDE J3-3

Sexual relations in adolescents may occur within or outside marriage

Outside marriage, sexual relations:

- Are often unplanned, sporadic and sometimes the result of pressure or force
- Increasingly occur before adolescents have access to information and services

In some cultures, a significant proportion of adolescent females are married, so their sexual activity occurs within the context of a stable relationship.

In many other cultures, a growing number of adolescent males and females are having sex before marriage.

The circumstances and needs of these two groups are very different and therefore require a range of skills and services to address them.

Sexual relations outside marriage increasingly occur before adolescents have access to:

- Information and skills in self-protection
- Access to services and supplies (such as contraceptives and condoms).

Talking points

Some years ago, WHO conducted a review of the impact of sexual health education on the sexual behaviour of young people (and this has been updated by UNAIDS). The review concluded that none of the studies reviewed suggested that sexual health education leads to early or increased sexual activity. In fact, many studies suggest that they result in postponed initiation of sexual intercourse and the adoption of safer sexual practices.

"Sex education does not lead to early or increased sexual activity."

World Health Organization/UNAIDS

SLIDE J3-4

Talking points

Adolescents who are sexually active need contraceptive information and services to prevent them from having too early and unwanted pregnancies, with their attendant problems.

...but information provision alone will not prevent too early and unwanted pregnancies in those who are sexually active...

SLIDE J3-5

Talking points

When providing adolescent patients/clients with contraceptives, it is important for health-care providers to be aware of the issues listed on this slide. Each of these issues will be explored further in subsequent sessions of this module.

Providing contraception to adolescents

Important considerations:

- Medical eligibility
- Effectiveness in preventing pregnancy and HIV/STI
- Appropriateness to social circumstances and life style
- Conformity with the prevailing laws of the country

SLIDE J3-6

30 min

Session 4
Medical eligibility and effectiveness of available contraceptive methods

Aim of the session

- To review the medical eligibility of adolescents to use the contraceptive methods that are currently available, as well as their effectiveness in preventing pregnancy and HIV/STI.

ACTIVITY 4-1
MINI LECTURE

Take the participants through slides J4-1 and J4-2 using the accompanying talking points.

Talking points

SLIDE J4-1

Contraceptive methods

Available contraceptive methods	Available methods of emergency contraception
Abstinence and non-penetrative sex Male condom Female condom Spermicide Diaphragm with spermicide Combined oral pill Progestin-only pill Combined injectable Progestin-only injectable Progestin-only implant Intra-Uterine Device Fertility-awareness based methods Lactational amenorrhoea Withdrawal Sterilization	Combined oral pills Progestin-only pills

Begin by pointing out that a detailed discussion on these fifteen methods is beyond the scope of this module. The module will address medical eligibility, effectiveness for preventing pregnancy and STI/HIV and personal appropriateness.

With the slide on, go down the list beginning with the first item (Abstinence and non-penetrative sex), asking participants to indicate whether or not age restrictions forbid the provision of any of these methods to adolescents. In other words, do medical contraindications forbid the provision of these methods to adolescents?

FLIPCHART J3

Do medical contraindications forbid the provision of contraceptive methods to adolescents?

Ask a volunteer to note down the responses on the Flipchart J3.

You will possibly receive some clear answers and some doubtful ones. Hold your responses to them and put up Slide J4-2.

Talking points

WHO has worked with partner organizations to produce guidelines on *Medical eligibility criteria for contraceptive use* (which is updated regularly).

Healthy adolescents are medically eligible to use all currently available methods of contraception

SLIDE J4-2

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

- Sterilization: Early age is a key risk factor for subsequent regret, both for women and men.
- Progestin-only injectables (such as Depomedroxy Progesterone Acetate (DMPA), and Norethisterone Enanthate (NET-EN)) are not the first method of choice for those under 18, as there is a theoretical concern that bone development could be hindered.
- Intra-Uterine Devices are not the first method of choice for those under 20, as the risk of expulsion is higher in young, nulliparous women.

Invite comments and questions on the issue of medical eligibility. Do not feel obliged to respond to all of them. Invite other participants to do so. As the discussion winds down move to the next slide, which addresses the effectiveness of different contraceptive methods against pregnancy and HIV/STI.

Effectiveness of different contraceptive methods

Method	Effectiveness against pregnancy		Effectiveness against HIV/STI
	As commonly used	Used correctly and consistently	
Abstinence and non-penetrative sex			
...			
...			
...			

SLIDE J4-3

Talking points

As you put up the slide, point the participants to Table 1 in the handout. The table is titled "*Dual protection of available contraceptive methods*".

Lead them through the table and invite comments and questions. Then lead the participants to the next session with the comment that after looking at the advantages and disadvantages of the different available contraceptive methods, they will now look at how best to respond to the contraceptive needs of different groups of adolescents.

Session 5
Responding to the special needs of different groups of adolescents

Aim of the session

- To identify the contraceptive methods most appropriate to the social circumstances and behaviour/life style of different groups of adolescents.

ACTIVITY 5-1
GROUP WORK

Explain that this session will build on the previous one, by looking at which contraceptive methods are most appropriate to the special needs of different groups of adolescents.

Divide the participants into two groups. If adolescent participants are present, assign at least one adolescent to each group.

Assign a different role play scenario to each group.

Ask the two groups to read all the scenarios quickly, and to then focus their attention on the one assigned to them.

FLIPCHART J4

What method or methods of pregnancy prevention/fertility regulation would you recommend to your client/patient in your scenario?

What criteria did you use to arrive at your decision?

Indicate that the task for each group is to respond to the two questions posed on the flipchart. Put up Flipchart J4 and read out the questions written on it.

Allow the groups 15 minutes to carry out the assigned task, and to write up their responses on coloured cards.

Inform them that each group will have about five minutes to present their conclusions.

ACTIVITY 5-2
PLENARY FEEDBACK

Ask each group in turn to report its findings.

Invite comments and questions from the other participants.

As each group makes it presentation ask a volunteer to note down on a flipchart, the criteria that they have used in deciding what they believe is the most appropriate method in that situation. Once the groups have finished, put up Flipchart J5.

FLIPCHART J5

- *Does the method meet the needs of the adolescent for pregnancy prevention/ fertility regulation?*
- *Does the method meet the needs of the adolescent for HIV/STI prevention?*
- *Are special considerations regarding its provision likely to make it difficult for the adolescent to use the method?*[1]
- *Are special considerations regarding its utilization likely to make it difficult for the adolescent to use the method?*[2]
- *Are the side-effects of the method, likely to hinder its use by the adolescent?*[3]

TIP FOR YOU

As you work through this session, have Table 2 in the handout "*Medical, service delivery and counselling considerations for adolescents*" at hand. It will help you comment on the recommendations made by the groups.

In plenary, lead the participants through each of these questions listed on the flipchart, to examine the choice made by each group.

As you bring the session to a close, make the point that it has addressed the choice of the most appropriate method in each of these situations, from the viewpoint of a capable and concerned provider. However, it is equally important that the client is actively involved in this choice. Point out that this issue will be addressed in the session to follow.

TIP FOR YOU

If appropriate to your context, please stress that prevailing laws and policies may hinder the provision of contraceptives to adolescents in some situations (e.g. if they are below a certain age, or if they are unmarried). This issue is discussed in greater detail in the module F. *Concluding*.

1 A clinic visit is required for the insertion and removal of a Norplant implant. This may make it difficult for some adolescents to use this method.

2 Some adolescents may find it easier to use an injectable method (which requires a brief visit to a clinic every 2-3 months) than oral contraceptives (which requires a packet of tablets to be kept with the person, and taken every day).

3 For instance, the greater risk of expulsion of Intra-Uterine Devices in younger, nulliparous women means that this is not the most appropriate one for them.

30 min

Session 6
Helping adolescents make well-informed and voluntary choices

Aim of the session

- To identify how health-care providers could help adolescents make well-informed and voluntary choices of the method best suited to meet their special needs and preferences.

ACTIVITY 6-1
MINI LECTURE

Take the participants through Slides J6-1 and J6-2, using the accompanying talking points.

SLIDE J6-1

Provide information on all available methods to enable well-informed choices

- Effectiveness in pregnancy prevention
- Effectiveness in HIV/STI prevention
- Possible risks and benefits to health
- Common side effects
- Return to fertility after discontinuing method
- Obtaining supplies for use (where relevant)

Talking points

- Health-care providers need to provide information on different aspects of the contraceptive methods that are available, so that their adolescent clients can understand the strengths and weaknesses of each method, before making well-informed and voluntary choices.
- Giving clients the opportunity and support to make well-informed and voluntary choice, leads to increased acceptance and improved satisfaction.

SLIDE J6-2

Provide additional information on the chosen method(s)

- Correct use of method(s)
- Signs and symptoms, which will require a clinic visit
- Obtaining supplies for use in the future (where relevant)

Talking points

Once a choice has been made, clients must be informed about the points listed on this slide.

This will ensure that they use it correctly and act promptly if and when any problems arise.

ACTIVITY 6-2
ROLE PLAY

Invite volunteers for Role play scenarios 1 and 2.

Explain to the role players that you want the providers to address the issues listed in Flipchart J6.

FLIPCHART J6

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

In the discussion that ensues, highlight the following points:

- Role play scenario 1 addresses the contraceptive needs of an unmarried adolescent female, who has occasional sexual contact, outside the context of a stable relationship. Her need is to prevent pregnancy and to avoid HIV/STI.
- Role play scenario 2 on the other hand addresses the contraceptive needs of a married adolescent, whose need is to postpone pregnancy for some time.

As you conclude the session, point the participants again to Table 2 in handout J which is titled "*Medical, service delivery and counselling considerations for adolescents*".

TIP FOR YOU

In the interest of time, you could ask the role players to use the end-point of the scenarios as the starting point for their role plays.

Session 7
Module review

Aims of the session

- To review and discuss answers to the spot checks completed during the first session;
- To review the module's objectives and provide a summary of key points;
- To give participants an opportunity to reflect on -– and put down – the messages they are taking away from the module, in their OP personal diaries;
- To remind participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 7-1
REVIEW OF SPOT CHECKS

Ask the participants to pull out the spot checks completed earlier in the first session of the module.

Ask them to review the answers they had put down and to see whether they want to make any changes to them.

Take each spot check and go over the answers to them, one at a time.

ACTIVITY 7-2
REVIEW OF OBJECTIVES

Display the module objectives (Slides J1-1 and J1-2), invite participants to share any last questions or comments that they might have and address them.

SLIDE J1-1

Module objectives

- Identify the support individuals need as they move into, through and out of adolescence
- Identify the needs of adolescents for sexual and reproductive health information and services
- Review the medical eligibility of adolescents to use the different contraceptive methods that are available and the effectiveness of each of these methods

SLIDE J1-2

Module objectives

- To consider which contraceptive methods are most appropriate to the social circumstances and behaviour/life styles of different groups of adolescents
- To identify how health-care providers could help adolescents make well-informed and voluntary choices of the method best suited to their needs and preferences

Summarize the key messages of this module, going over Slide J7-1.

Talking points

In many places, adolescents enter their sexual and reproductive years ill-prepared to protect and safeguard their health, therefore health-care providers play an important role in helping adolescents to overcome this difficult period.

To enable adolescents protect themselves, health-care providers should:

- Provide them with information about the available contraceptive methods
- Help them consider the merits and demerits of each method
- Guide them to choose the method most suitable to their needs and circumstances (taking medical eligibility, personal appropriateness and legality into consideration)

SLIDE J7-1

ACTIVITY 7-3
Orientation Programme Personal Diary (OPPD)

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD).

Put up Flipchart J7 and ask the participants to write down three key lessons they learned from this module and three things that they plan to put into practice in their work with/for adolescents.

List three important lessons that you learned through participation in this module

List three things you plan to do in your work for/with adolescents

FLIPCHART J7

Explain to participants that it is important to update their OP diaries daily because they will use the information entered during the *Concluding* module.

ACTIVITY 7-4
Reminders and closure

Remind participants to add their comments to the *Mood Meter*.

Ask them to review the issues listed on the *Matters Arising Board* and to add any new ones that they wish to.

Remind them that handout J provides further information on issues covered in the module and that it lists relevant resources.

Thank them for participating in the module and for their contributions to the discussion.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

Which contraceptive methods should not be used by adolescents?

please mark all unsuitable methods

- Abstinence ○
- Male condom ○
- Female condom ○
- Spermicide ○
- Diaphragm with spermicide ○
- Combined oral pill ○
- Progestin-only pill ○
- Combined injectable ○
- Progestin-only injectable ○
- Progestin-only implant ○
- Intra-Uterine Device ○
- Fertility-awareness based methods ○
- Lactational amenorrhoea ○
- Withdrawal ○
- Sterilization ○

SPOT CHECK 2

Which contraceptive methods are protective against HIV/STI?

please write down two examples for each method

protective

not protective

SPOT CHECK 3

Which contraceptive methods are available in your local clinic?

please write down two examples

SPOT CHECK 4

Which contraceptive methods do not require the cooperation of the male partners?

please write down three examples

Annex 2

Role plays

Session 6: ACTIVITY 6-2

ROLE PLAY 1

You are a nurse-midwife in a district hospital. Along with the other members of your small Obstetrics-Gynaecology team, you run an antenatal outpatient clinic, twice a week (in the mornings). One Friday morning, as you walk into your clinic, you see two young women, in their late teens, huddled together in a corner of the waiting room. One of them is obviously crying, and the other appears to be trying to console her. You say to yourself that this is a sight you have seen several times before - yet another possible unintended, unwanted pregnancy… When it is their turn, your suspicions are proved right. The two young women are aged 15 and 16. They are students in a nearby secondary school. The one in tears tells you that her periods are delayed by four weeks, and she suspects that she is pregnant. On gentle questioning, she tells you that she had unprotected intercourse only once with a young man who is her neighbour. You carry out an examination and request a urine test for pregnancy. You ask them to wait for the results. An hour and a half later, a technician from the laboratory brings you the results: the urine test for pregnancy is negative. You call the two women into the room to share the news with them. Both of them start sobbing in relief.

Roles: Nurse-midwife, two adolescent girls 15 and 16 years old.

ROLE PLAY 2

You are a female doctor in your late 40s. Along with your husband, who is also a doctor, you run a private practice in a well-to-do suburb of a large city. Your clinic has been in operation for nearly 15 years and is a well-established one. Your husband and you are well-known in the neighbourhood, and in fact you live nearby. One evening, your nurse ushers in a young woman whom you have not seen before. The woman waits till the door is firmly shut and then leans forward to speak to you in a soft voice, which is almost a whisper. She says that she is 19 years old, just married and has moved into the neighbourhood to live with her husband and his extended family. She smiles when you congratulate her, and says that she is happy with her husband, but that she is under a lot of pressure from her in-laws to have a baby as soon as possible. She wants to wait for some time and asks for your advice. Apparently, her husband agrees but feels unable to resist the pressure of his parents…

Roles: Doctor, 19-year old young woman.

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module K

Young people and psychoactive substance use

Activities that are marked with * are optional and are not included in the 180 minutes for this module. The facilitators' decision to include the optional activities depends on the available time and whether the optional activities are covered in other modules.

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction**	K-7	10 min	Handout for Module K Slides K1-1 to K1-2
ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks			
Session 2 **Young people and substance use**	K-9	50 min	Flipcharts K1 to K2 Slides K2-1 to K2-12
ACTIVITY 2-1 Mini lecture ACTIVITY 2-2 Brainstorming ACTIVITY 2-3 Mini lecture by guest presenter * ACTIVITY 2-4 Mini lecture and brainstorming ACTIVITY 2-5 Group work ACTIVITY 2-6 Mini lecture ACTIVITY 2-7 Group work * ACTIVITY 2-8 Mini lecture		10 min * 20 min *	
Session 3 **Assessment of young people for substance use and related difficulties**	K-21	30 min	Slides K3-1 to K3-7
ACTIVITY 3-1 Mini lecture ACTIVITY 3-2 Group work * ACTIVITY 3-3 Mini lecture ACTIVITY 3-4 Mini lecture ACTIVITY 3-5 Role play Role play demonstration * ACTIVITY 3-6 Individual exercise *		10 min * 10 min * 20 min *	

Sessions and activities	Page	Time	Materials and resources
Session 4 **The Stages of Change model** ACTIVITY 4-1 Mini lecture ACTIVITY 4-2 Individual exercise * ACTIVITY 4-3 Group work	K-29	30 min 15 min *	Slides K4-1 to K4-5
Session 5 **Health worker action with young substance users** ACTIVITY 5-1 Mini lecture ACTIVITY 5-2 Mini lecture ACTIVITY 5-3 Mini lecture ACTIVITY 5-4 Role play ACTIVITY 5-5 Mini lecture ACTIVITY 5-6 Mini lecture by guest presenter *	K-36	50 min 10 min *	Slides K5-1 to K5-12
Session 6 **Approaches to acute problems for young substance users *** ACTIVITY 6-1 Brainstorming * ACTIVITY 6-2 Individual and group work *	K-43	25 min *	Flipchart K3 Slide K6-1
Session 7 **Module review** ACTIVITY 7-1 Review of objectives ACTIVITY 7-2 Review of spot checks and Matters Arising Board ACTIVITY 7-3 OPPD ACTIVITY 7-4 Key messages from Module and closure	K-47	10 min	Flipchart K4 Slides K7-1, K1-1 and K1-2
		180 min	**optional 120 min**

Module checklist

This Module Checklist contains important information that is needed to run this module. We recommend that you review this information well in advance.

Module advance preparation

- Collect local data and information on legal and illegal substance use by young people (e.g. national and local laws on substance use, the obligations of health workers working with minors and their responsibility to disclose illegal substance use to the authorities). It is recommended that you invite an expert in substance use and young people (e.g. from the Substance Use Programme, Ministry of Health) to make a 5-10 minute presentation to the participants in Activity 2.3. Another 5-10 minute presentation can be included in Activity 5.6 from a person working in a substance use programme (e.g. from a nongovernmental organization) to speak about the services available locally to young people.
- Decide whether this entire module will be presented or select the appropriate activities. This will depend on the expertise in the group of participants and on whether some activities are included in other OP modules that are part of this workshop (see the Table of Contents for optional activities).
- Check the scenarios to decide if it is necessary to adapt elements of them (names, situations, substances, etc.), to ensure they are appropriate to your country/local area
- Ensure that the facilitators are clear about their respective roles during their designated sessions.
- It is strongly recommended that young people and peer counsellors participate in the workshop. Meet with them before the workshop begins to ensure they feel included and that they understand you welcome their unique contribution.
- Make sure you have enough copies of the Substance Use Handout and any other documents that you will distribute to all the participants.
- Ensure that the flipcharts are ready for the group work and that the Mood Meter and the Matters Arising Board are prepared.
- Collect articles and advertisements from national newspaper on young people and substance use, to show participants and to stimulate discussion.

Materials and audio-visual equipment

- Materials:

Standard

- Handout (preferably given to participants the day before the module begins)
- Slides
- Prepared Flipcharts
- Mood Meter
- Orientation Programme Personal Diary (OPPD)
- Matters Arising Board.

Module-Specific

- Local data on substance use among young people
- Local newspapers articles on substance use among young people
- Examples of advertisements for tobacco and alcohol that target young people.

- Equipment:

  - Computer and projector, slide projector or overhead projector
  - Flipcharts with blank sheets
  - Sticking tape, pins or glue
  - VIPP cards
  - Name labels
  - Coloured markers
  - Notepads and pens.

Module overview

This optional module in the Orientation Programme on Adolescent Health for Healthcare Providers (OP) introduces a serious health issue among young people which is often little understood, i.e. their use of psychoactive substances, to healthcare providers (health workers).

In this module, we identify the different types of substance most commonly used by young people, the local situation of substance use, the factors contributing to such use among them and the consequences of their use. In addition, the module highlights what health workers can do in clinics and in the community to prevent and manage this problem.

We recommend that you review Part I of the OP Facilitator Guide which provides important information you must know before conducting any part of the Orientation Programme. The Guide also provides detailed information on teaching/learning methods used in the Orientation Programme. It is important to understand and become familiar with the methodology of this package in order to ensure successful facilitation and to optimize the benefit for the participants from the OP modules. We also recommend that you read through the whole module (the Facilitator Guide and the Handout) more than once to familiarize yourself with the material and the activities. The Tips sections in the Guide give more information for each activity. As they may be too long to read during the activity, we suggest that you read these carefully before the workshop so that you can be well informed and will not miss these important points or spend time reading them during the workshop.

Session 1
Module introduction

Aim of the session

- To provide an overview of the module and outline the module's objectives.

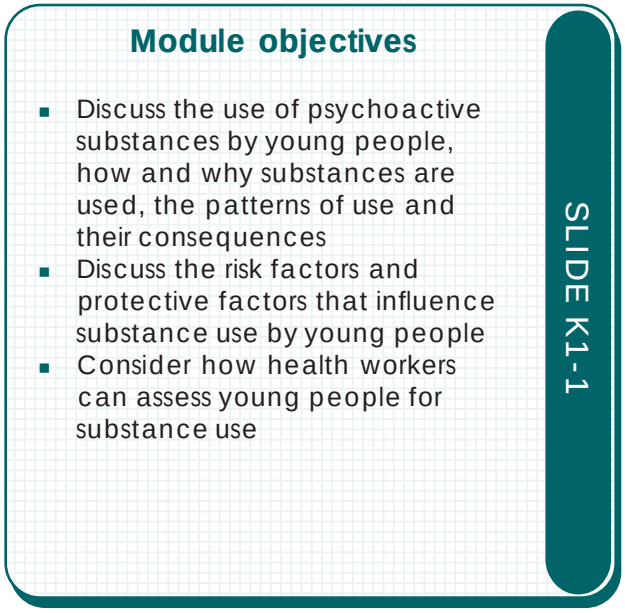
ACTIVITY 1-1
MODULE OBJECTIVES

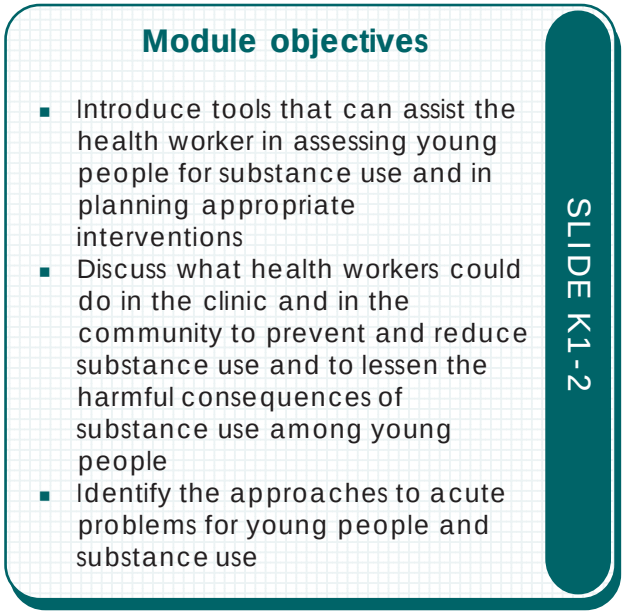
Begin by welcoming the participants to this module.

Explain that this module looks at psychoactive substance use by young people. Tell the participants that we will not always use the word psychoactive through the module, just substance use.

Tell them that this module focuses on young people (aged 10-24 years) rather than adolescents (10-19 years) because many of the issues discussed are important for people up to the age of 24 years.

Display the module objectives (Slides K1-1 and K1-2) and read them out, in turn:





Ask the participants to look at the Module Schedule in Annex 1 of the Handout.

Remind them that the Handout provides additional information to complement what will be covered during the module. It will be referred to during the module and participants are encouraged to read it carefully later.

Remind them to raise any issues on the Matters Arising Board. Encourage the participants to ask questions and to raise any concerns.

ACTIVITY 1-2
SPOT CHECKS

Ask the participants to turn to the Spot Checks in Annex 2 of their Handout.

TIP FOR YOU

Spot Checks are also given in Annex 1 of this *Facilitator Guide*.

If necessary, explain the purpose of the Spot Checks, which is to help the participants evaluate their gains in knowledge or changes in attitudes as a result of participation in this module.

Ask the participants to complete the Spot Checks to the best of their knowledge and to keep them for review in Session 7. Give them a few minutes to complete this task.

Stress that the Spot Checks will not be collected, graded or checked by the facilitators. Inform the participants that you will provide the correct answers during the last session of the module.

Session 2
Young people and substance use

Aims of the session

- To identify the substances that are used locally by young people.
- To discuss how they are used and the consequences of such use.
- To discuss the risk factors and protective factors that influence substance use by young persons.
- To identify the patterns of substance use.

ACTIVITY 2-1
MINI LECTURE: MEANING OF "SUBSTANCE"

Ask the participants: *What do we mean by a substance?*

Allow time for discussion and then display slide K2-1 and go over the accompanying talking points.

Talking points

"Substance" or "psychoactive substance" or "psychoactive drug" describes psychoactive material which, when consumed, can affect the way people see, hear, taste, smell, think, feel and behave.

The common psychoactive substances can be divided into:

- Depressants (e.g. alcohol, sedatives/hypnotics, volatile solvents);
- Stimulants (e.g. nicotine, cocaine, amphetamines, ecstasy);
- Opioids (e.g. morphine and heroin);
- Hallucinogens (e.g. PCP, LSD, cannabis).

What do we mean by a "substance"?

A psychoactive substance or psychoactive drug, when consumed, can affect the way people see, hear, taste, smell, think, feel and behave.

They are commonly divided into depressants, stimulants, opioids and hallucinogens.

They include medicines, tobacco products, alcoholic drinks, chemical products and other substances, both legal and illegal.

SLIDE K2-1

A psychoactive substance, legal or illegal, can be any of the following:

- Medicines (obtained with a prescription or over the counter);
- Drugs (obtained without a prescription);
- Tobacco products (e.g. cigarettes, chewing tobacco, cigars, bidis);
- Alcoholic drinks (e.g. spirits, beer, home brew);
- Chemical products (e.g. caffeine, glue, mouth wash with alcohol, aerosol);
- Other substances, which may be locally grown or produced (e.g. khat, cocaine leaves, cannabis).

ACTIVITY 2-2
BRAINSTORMING: LOCALLY USED SUBSTANCES

FLIPCHART K1

What substances are used by young people in your community?

Substance	Mode of use

Pin up Flipchart K1 and read the question aloud.

If necessary, remind the participants that young people are aged 10 to 24 years.

Explain to the group that you want them to brainstorm this first question: *What substances are used by young people in your community?*

Invite a volunteer to record the answers on Flipchart K1.

Ask the participants to use the common or street names for the substances.

Then ask the participants: *How is this substance commonly used? (i.e. What is the mode of use?)*

Ask the volunteer to write the mode of use beside the substance. There may be more than one mode for a substance.

As it comes up, discuss the following points:

- Some substances are legal and available to the general population.
- Some are legal at a certain age.
- Some substances are illegal (or can be obtained only with a prescription).
- Every country has laws about the possession, sale and use of substances; for some substances there is a permissible age for a person to be able to buy or use them.
- Several factors have a huge impact on the mode of use (e.g. available income, getting value for money, peer influences, curiosity and the desire to experiment).

TIP FOR YOU

It may not be possible for you or the participants to answer correctly all the legal questions; however, it is important to raise them. You may have been able to research the legal issues yourself (see Module Advance Preparation), or you may have someone with expertise in substance use (especially the use of illegal substances) present at the meeting, who is able to address the legal issues and disclosure. Health workers will need to know their responsibilities when working with minors and the need to disclose any illegal substance use. If necessary, write the question on the *Matters Arising Board* and ask someone to research a particular issue or do this yourself.

Point out that although it is important to know whether the substances used by young people are legal or illegal, in both cases the health worker's interventions with young people may be the same. This is because the interventions are about changing one's behaviour in order to reduce substance use, as well as to reduce the likelihood of harmful health outcomes. The intervention may be the same regardless of the legality of the substance used; however, the ease in developing the intervention is often influenced by the legality or illegality of the substance.

ACTIVITY 2-3
MINI LECTURE BY A GUEST PRESENTER (OPTIONAL) - 10 MINUTES: LOCAL SITUATION WITH YOUNG PEOPLE AND SUBSTANCE USE

Invite the guest speaker with expertise on substance use and young people to make a 5-10 minute presentation. He/she can use the following list as a guide to the issues for the presentation:

- Data on substance use in the region/country
- Data on substance use among young people in the region/country
- Most commonly used substances
- Most common mode of use
- Risk factors for substance use (locally) by young persons
- Data on the health and social problems associated with young substance users
- Activities to prevent substance use by young people and services to assist young people who are using substances.

Thank the presenter.

ACTIVITY 2-4
MINI LECTURE AND BRAINSTORMING: NEGATIVE CONSEQUENCES OF SUBSTANCE USE FOR YOUNG PEOPLE

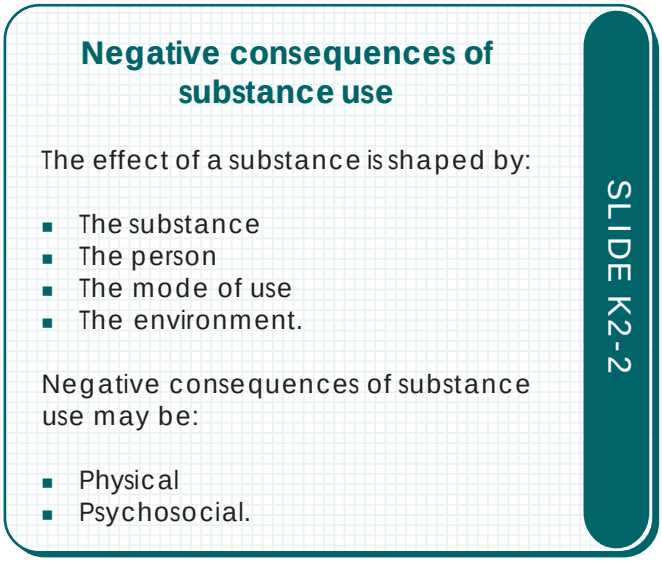
Tell the participants that during this module there will be situations when we shall discuss all substances as one, although some points may only be applicable to specific substances.

Show the next slide and go through the talking points.

Talking points

The effect on the young person of using a substance is shaped by four factors:

- The substance: its pharmacology or properties.
- The person taking it: the influences, personality, family situation, etc. of the individual.
- The mode: the way it is taken (orally, by injection, sniffing, etc.).
- The environment: the immediate environment in which the person takes the substance and the risk factors and protective factors of the wider environment in which the person lives.



The negative consequences of substance use can be physical or psychosocial.

Tell the participants that some scenarios explaining the negative consequences of substance use by young people will now be discussed.

FLIPCHART K2

Negative consequences of substance use

	Physical	Psychosocial
Mary		
Raffi		
Pablo		
Amma		

Put up Flipchart K2.

Then show slide K2-3.

SLIDE K2-3

Young people and substance use: Brief scenarios

- Mary is 11 years old and sniffs glue three or four times a week.
- Raffi, aged 17, drinks alcohol and passes out three or four times a month.
- Pablo is 14 and smokes about 15 cigarettes a day. He occasionally smokes cannabis and inhales (snorts) cocaine.
- Amma, aged 19, smokes tobacco and drinks alcohol most evenings with other students at college. She also sometimes takes pills that her boyfriend gives her. They make her feel good.

Ask four participants to each read aloud one of the brief scenarios.

Divide all the participants into groups of three or four persons.

For each scenario, ask the groups to consider the substance, the mode of use, the individual, and the environment, and to identify the negative consequences (physical, and psychosocial) that could occur for the young person.

Tell them they can speculate (or guess) the parts of the situation that are not included in the scenario.

Ask them to address important questions for the individual in their scenario (e.g. *What effect could the substance have on the individual's behaviour and mode of use? How may the individual feel about their situation? What role may the parents/school/community, etc. play in this situation?*).

Encourage the participants to look at the negative influences that may occur for this young person.

Tell them they have 5 minutes to write a list of negative consequences for each of the four individuals. Then we will report back in plenary.

When the time is up, ask each group in turn to speak about the negative consequences. Ask them to identify a new consequence. Go round the room and ask all the groups.

Write the consequences next to the name of the individual on Flipchart K2.

Then ask if there are any more consequences that any group can still add.

TIP FOR YOU

If the IDU Module is following this module, you will want to review this Flipchart K2 in Module X, Activity 2.5. Put the flipchart on the wall in an accessible place and ensure it will stay there.

When all the groups have reported back, ask for any general comments.

Ask them to stay in their small groups and put up the following slide. Go through the talking points and, where possible, relate them back to the brief scenarios.

Talking points

- **Physical consequences**

  Trauma (e.g. falls, road traffic accident, drowning), overdose (accidentally taking too much due to inexperience), blackouts, increase likelihood of other risky behaviour (e.g. unsafe sex, driving under the influence of substances, using other substances).

  Blood-borne infections (e.g. HIV, hepatitis) and local infections (e.g. abscesses, phlebitis).

  Damage to body organs (e.g. liver, lungs, nerves).

  The harmful consequences can affect others (e.g. second-hand smoke, road traffic accidents, violence).

Negative consequences of substance use for young people

1. Physical
Trauma, overdose, risky behaviour, blood-borne infection, damage to body organs, harm to others.

2. Interpersonal and social
Family dysfunction, social withdrawal, failure in school, income loss, violence, criminal behaviour.

3. Psychological
Anxiety, memory and concentration problems, psychotic episodes, depression, suicide.

SLIDE K2-4

- **Psychosocial consequences**

  Family dysfunction (e.g. family tension/violence, parental absence, lack of boundaries), social withdrawal of the young person, learning difficulties and school failure, job and income loss, violence towards family, friends or others, and crimes committed in order to obtain substances.

  Feelings of anxiety, memory and concentration problems, psychotic episodes (fixed false ideas, hallucinations), depression, and suicide.

Ask the participants to briefly look at Table 1 in section 1 of the Handout (on specific physical effects of some substances).

Then move on to the next activity.

ACTIVITY 2-5
GROUP WORK: REASONS WHY YOUNG PEOPLE USE SUBSTANCES

Ask the participants, while staying in their small groups, to identify some reasons that may cause the young person in each scenario to use substances.

Show slide K2-3 again.

Ask each group to look at all the brief scenarios and ask them the question: *What may be the reasons why the young person in each scenario uses substances?*

Again, ask some probing questions: *What about the parents/peers of this young person? Do they use substances? Are there any other reasons related to the substance/person/environment that you can speculate/guess?*

They have 3 minutes to write down a list of reasons.

When the time is up, once again ask each group to give reasons for one of the scenarios.

SLIDE K2-5

Young people use substances for a variety of reasons

- Time for discovery and experimentation
- Role model of other substance users
- Marketing of substances
- Easy access to substances
- Other immediate reasons.

Write these up in a column on the right of Flipchart K2, beside each name using a different coloured pen.

To conclude, put up Slide K2-5.

Review any of the following points that have not been addressed during the scenarios.

Talking points

- Young people are at the age of discovering themselves and others, and have time for experimenting with adult behaviours and questioning the social norms. However, they often lack the knowledge or understanding of the risks.
- Parents, other adults in close contact with young people, peers, TV personalities and sports stars who use substances can all serve as role models for young people's experiments with and regular use of substances.
- Marketing strategies for promoting substance use show images of wealth, glamour, adulthood and independence, which appeal to young people. This is especially evident in marketing of alcoholic beverages and tobacco, now increasingly in the developing countries.
- When substances are easily available and affordable to young people, substance use will increase.
- The reasons why young people use substances are many and varied and include:
  - for excitement and enjoyment;
  - to stay awake or to sleep;
  - to reduce pain (physical and emotional) and to bolster self-confidence.

We have been looking at the underlying reasons for substance use. However, like all people, a young person may use a certain substance or use it in a certain way spontaneously or purely when the opportunity arises.

ACTIVITY 2-6
MINI LECTURE: RISK AND PROTECTIVE FACTORS INFLUENCING SUBSTANCE USE BY YOUNG PEOPLE

Tell the participants that we will now discuss the risk and protective factors associated with substance use by young people.

Tell them that the discussion on risk and protective factors began in the *Meaning of Adolescence and its Implications for Public Health* module and that we will now review how these factors can influence young people's use of substances.

Ask the participants what they understand by the term: **Risk factors**. Then ask what they understand by the term: **Protective factors**.

Allow some discussion and then show slide K2-6 and go over the talking points if they have not been covered.

Talking points

- Risk factors are individual, social and environmental influences that either encourage or are associated with one or more behaviours that might lead to a negative health outcome. Risk factors can also discourage behaviours that might prevent a negative health outcome.

- Protective factors are influences that discourage one or more behaviours that might lead to negative health outcomes or that encourage behaviours that might prevent negative health outcomes. Protective factors can lessen the likelihood of negative consequences from risk factors.

Risk and protective factors

1. Risk factors
   - **encourage** or are **associated with** behaviours that might lead to a negative health outcome.
   - **discourage** behaviours that might prevent a negative health outcome.

2. Protective factors
   - **discourage** behaviours that might lead to negative health outcomes.
   - **encourage** behaviours that might prevent negative health outcomes.
   - lessen the likelihood of negative consequences from risk factors.

SLIDE K2-6

Use this example to clarify:

If a woman has parents who smoke, this is a risk factor that may encourage her to smoke. However, if she has peers who disapprove of smoking, this is a protective factor. The fact that her peers disapprove may not stop her from ever smoking, but their disapproval may make her smoke fewer cigarettes (i.e. reducing the negative effects) or play a role in her stopping smoking (i.e. reducing the negative consequences of the risk factor smoking by her parents).

The effect and impact of the risk and protective factors can be determined by: The person, the substance (or product) and mode of use, and the environment.

This is the *Who you are, what you do and where you live?* question which determines behaviour.

Ask if there are any questions, respond and then show slide K2-7.

Tell the participants: these are the 5 areas where risk and protective factors occur.

Risk and protective factors can occur in 5 areas

- Individual
- Family
- Peer group
- School
- Community.

SLIDE K2-7

TIP FOR YOU

If optional Activity 2-7 is not to be included, ask the participants to look at slide K2-7 and, in the plenary, identify some risk and protective factors for young people and substance use in these five areas. After some discussion, ask them to look at the list in their Handout, section 1.4 (Risk factors and protective factors associated with young people and substance use).

ACTIVITY 2-7
GROUP WORK (OPTIONAL) - 20 MINUTES:
RISK FACTORS AND PROTECTIVE FACTORS

Tell the participants that we will now consider the risk and protective factors in each of these five areas which may be relevant to a young person with a likelihood of substance use.

Leave slide K2-7 on view for the participants to refer to in this group work. Divide the participants into two groups.

Ask one group to consider the risk and protective factors for young people and substance use in the first 3 points (Individual, Family, Peer group). Ask the other group to consider the risk and protective factors for young people and substance use in the last 2 points (School, Community).

Ask each group to write the risk factors on one colour VIPP card (e.g. blue) and the protective factors on another colour (e.g. pink).

Ask them to identify one person to present the findings from each group.

Tell them they have 10 minutes to prepare their cards and then each group has 3 minutes to report back to the plenary.

TIP FOR YOU

Here are examples of the risk and protective factors for young people and substance use. They are included in the Handout in section 1.4.

a) The Individual

Risk factors

- Low personal expectations and low self-esteem
- Personal stress, feelings of hopelessness, distress, depression
- Abused as a child
- Expected positive outcomes of substance use.

Protective factors

- No tolerance for unacceptable behaviour
- Positive attitude towards health
- Religious belief or sense of spirituality
- Positive orientation to school, participation in school and community activities
- Expected negative outcomes of substance use.

b) The Family

Risk factors

- Role models for risk behaviour in the family
- Availability of substances in the home
- Tension/violence in the family
- Poverty.

Protective factors

- Parents as role models for conventional and healthy behaviour
- Parents provide boundaries, controls and regulations
- Parental expectations for academic achievement
- Parental presence and support in the home.

c) Peer group

Risk factors

- Friends and peers as role models for problem behaviour
- Greater influence of friends than of parents.

Protective factors

- Peer role models for conventional and healthy behaviour
- Peer disapproval of problem behaviour
- Peer controls against risky behaviour.

d) The School

Risk factors

- School role models for problem behaviour
- Harassment by other students
- Stress and poor safety in school.

Protective factors

- Student-peer disapproval of problem behaviour
- School regulations and controls
- Perceived teacher expectations for school behaviour
- Perceived student norms for school behaviour
- Availability of school activities
- Perceived parental involvement in school.

e) The Community

Risk factors

- Advertising/promotion, e.g. events in the community sponsored by the tobacco / alcohol industry
- Illegal substances available in the community
- Community gang activities
- Poverty and poor safety in the community.

Protective factors

- Community disapproval of problem behaviour
- Community social controls
- Community resources for young people (sports, recreation and art activities, etc.).

Conclude the activity by going through the VIPP cards and highlighting the important risk and protective factors. Add any points that have been missed.

Activity 2-8
Mini lecture: Patterns of substance use

Explain that you will now give a mini lecture on different patterns of substance use.

These patterns are a guide to the different ways that individuals use substances, based on the frequency and amount of substance use. However, people (and especially young people) can move back and forth between patterns of use over a period of time and in relation to different substances that they are using.

SLIDE K2-8

There are three patterns of substance use for young people

- Hazardous use
- Harmful use
- Dependence

Show slide K2-8 and read it aloud.

TALKING POINTS

These are the three patterns of use most frequently seen with young substance users.

Tell the participants that it is important for health workers to understand the patterns of substance use so that their management and strategies with a young person relates to that individual's substance use. Simply asking if a young person ever uses a substance does not give any insight into how much is being used or the frequency and any problems associated with this use.

Understanding an individual's pattern of substance use is a critical part of the initial assessment.

We will now discuss each pattern of use.

Display and talk through Slides K2-9 to K2-12 using the accompanying talking points, inviting questions or comments and encouraging discussion on important issues.

SLIDE K2-9

Young people and patterns of substance use

Hazardous use

- This is the most common pattern for young people
- Curiosity, desire for a new experience
- Age at first use may determine longer-term use
- No guarantee of "safe use"
- Usually does not see substance use as a problem.

Talking points

1. Hazardous use (or potentially hazardous use) is the most common pattern of substance use by young people.

2. Youth is a time for experimentation, curiosity and identity search, which may involve trying out new behaviours or risk-taking, especially behaviours that are perceived as adult. Young people may experiment with substance use, but after the first one or two occasions their substance use is no longer experimental.

3. Most young people who experiment with illegal substances do not become dependent and will not continue when they are adults. However, there is evidence that the younger the age at first experimentation, the more likely that a problem or dependence will develop. Even short-term substance use can have a negative effect on progress in school, or impair judgement and increase the likelihood of engaging in other risky behaviours (e.g. unprotected sex, driving when intoxicated, violence).

4. Some young people have serious adverse reactions to a substance or a mix of substances the first time they use it. There is no guarantee of "safe use" (i.e. even the first time of use can result in short- or long-term negative consequences).

5. The young person only sees the benefits of their substance use and none of the problems, and there is usually no motivation to stop such use. However, they can become motivated to change if a particular situation or some person causes them to question their substance use.

Talking points

Young people and patterns of substance use

Harmful use

- Use is damaging to physical and/ or mental health
- Negative effects on normal life
- Motivation needed to think about the level of substance use.

SLIDE K2-10

- Harmful use is defined as a pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g. hepatitis following injecting of cocaine) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Substance use can also exacerbate existing physical and mental health problems (e.g. asthma from smoking, depression from amphetamine use).

- Harmful use often has a negative effect on the young person's normal life. However, social consequences in themselves are not sufficient to identify a pattern of harmful use. Substance use can impact on personal relationships and on school, work and training. Substance use can also impact on poverty levels for an individual and his/her family.

- When problems increase, the individual may have some motivation to think about his/her level of substance use. However, they will still need support to stop.

Talking points

Young people and patterns of substance use

Dependence

Cluster of behaviours including:

- Use of consistently high doses
- Inability to function without the substance
- Discontinuation initiates a withdrawal syndrome
- Little or no motivation to stop.

SLIDE K2-11

Dependence is defined as a cluster of events behavioural, cognitive (i.e. related to thinking or memory) and physiological, which may develop after persistent substance use over a period of time.

- The substance is used in consistently high doses with a strong desire and craving to use it.

- The body is unable to function without the substance.

- When the substance use is discontinued, the young person experiences the withdrawal syndrome with physical reactions.

- At first, there may be little or no motivation to reduce or stop substance use. Motivation is reinforced when the young person experiences physical symptoms of withdrawal.

Point out that we use the term dependence as opposed to addiction because it better describes the relationship between the substance and the young person (see Handout, section 2.3 for more on this).

TIP FOR YOU

Tell the participants that there are criteria for substance use dependence in the International Classification of Diseases (ICD-10). The criteria are given in the Handout, section 2.3.

Show slide K2-12 and go through the talking points.

SLIDE K2-12

Patterns of substance use and motivation to change

- **Hazardous use:** Usually does not see substance use as a problem, with little or no motivation to change
- **Harmful use:** Some motivation to consider the level of substance use
- **Dependent use:** Little or no motivation to stop.

Talking points

Understanding a young client's pattern of substance use is an important part of assessment because it gives the health worker information on the nature of use and also an indication of motivation to change his/her behaviour. This means that the health worker's approach can be appropriate to this particular young person's readiness for change.

- During hazardous or potentially hazardous use, the clients do not usually see substance use as a problem, so there is no need to reduce or stop their use. However, a situation may arise that frightens or alarms the young person (e.g. contact with the police, a bad experience with the substance, or a significant person's concern), which can move him/her towards desiring a change.

- With harmful use, there is usually some motivation to consider their level of substance use because they are experiencing problems. Once again, it may be a particular incident that motivates them to change.

- Dependence is more complex. On the one hand, there may be motivation to change because the young person is experiencing problems; on the other hand, physical dependence may make the prospect of change difficult to face. There is also a strong fear that they will not be able to stop substance use, with uncertainty about how their life will be without it. There is usually little or no motivation to stop the dependence. However, the majority of young users are not dependent on substances.

Tell the participants that in Session 4 we will look at the different stages we all go through when we make a significant change in our lives. These stages are a measure of our readiness to make changes. We will link the stages of change with the patterns of substance use that we looked at in this session.

WRAP UP

Remind to participants the aims of Session 2 and review what has been covered in this session.

Session 3
Assessment of young people for substance use and related difficulties

Aims of the session

- To describe how health workers can assess young people for substance use.
- To identify and practise effective interviewing skills to assess young persons for substance use.

ACTIVITY 3-1
MINI LECTURE: ASSESSMENT OF YOUNG PERSONS FOR SUBSTANCE USE

Tell the participants that we will now discuss the assessment of young people for substance use.

You can begin by asking them the following question: *Do you assess young people for substance use in your clinic/health centre?*

Allow some time for discussion and for them to share their experiences. Then show Slide K3-1.

Talking points

Assessment of young people for substance use

- This should be done during all routine contacts with young people.
- Ensure confidentiality.
- Include questions about substance use during general history-taking.

SLIDE K3-1

- Substance use problems are common among young people. Early diagnosis and management can prevent further problems, including dependence. Therefore it is important, whenever possible, to conduct a brief assessment for substance use during all routine contacts with young people. If substance use is identified, the health worker can assist the young person to reduce or stop his/her substance use.

  There may be a national assessment tool available that is used for assessment of substance use. An example of such a tool (WHO ASSIST Substance Use Assessment Tool) is on the CD-ROM. If there is a history of regular substance use or if dependence is suspected, a comprehensive assessment and physical examination will be needed.

- Ensure confidentiality, as with all issues of a patient's history-taking and counselling. Health workers should be aware of the potential impact on individuals of a written record of their substance use.

- It is important to include questions on substance use during general history-taking because young substance users will often come to the health centre with different presentations (e.g. depression, headache, poor school performance, worries about pregnancy, STIs, injury, gastrointestinal symptoms). They may also be brought to you by a parent or guardian. These visits can provide an opportunity to discuss substance use and prevention. The health worker can discretely ask questions relating to substance use. It is important that the health worker is non-judgemental in the approach to the young person and the question of substance use. The HEADS assessment tool (introduced in the Meaning of Adolescence Module) includes physical and mental assessment, and a personal and family history.

The HEADS approach is in the Handout section 3.1.

ACTIVITY 3-2
GROUP WORK (OPTIONAL) - 10 MINUTES:
LISTENING SKILLS AND THE HEALTH WORKER

Tell the participants we will now do a group exercise about listening. Ask them to number themselves off by twos (i.e. 1, 2, 1, 2....).

Take all the number 1s out of the room. Outside, give them a topic that should generate a good conversation (e.g. the best day of my life, the worst day of my life, a news item of local interest).

Tell them that they will talk about this topic with their number 2 partner for about 4 minutes and ask them to think about what they will say. Ask them to wait outside until you are ready.

You return to the number 2s. Tell them that when the 1s come back they will start talking to their number 2 partners. At first, the 2s must act like they are not listening. Explain that after two minutes, you (the facilitator) will clap your hands. This is the signal and the 2s will now start to act as if they are listening.

Quickly brainstorm some ways that the number 2s can show that they are not listening (e.g. looking away, interrupting, asking inappropriate questions, fidgeting, no eye contact).

Ask the number 1s to come back and start to talk with their partners on the chosen topic. After two minutes, clap your hands and allow the discussion to continue for another two minutes. Tell them when the time is up.

Using the following questions, lead a discussion:

- How did the number 1s feel when their partners were ignoring them?
- What were the signs that the number 2s were not listening?
- How did it feel for the 2s to act as if they were not listening?
- What did the 1s notice that showed them the 2s were listening?
- How does this relate to talking with young people?

ACTIVITY 3-3
MINI LECTURE: LISTENING SKILLS AND ASKING QUESTIONS

Tell the participants that counselling requires training and practice and we do not aim to include counselling training here. However, we will now address one of the most important skills of counselling, i.e. ability to listen effectively.

SLIDE K3-2

Health worker goals in talking with a young person about substance use

To assist them in:

- Self-exploration
- Self-understanding
- Decision-making with consequent action.

Talking points

When the health worker is talking with young persons about their substance use, there are three goals in assisting them:

- Self-exploration: assist them in examining how they use substances and how their substance use affects their life.
- Self-understanding: assist the young person in understanding how they feel about using substances.
- Decision-making with consequent action: assist the young person in coming to a decision on the changes they choose to make (reducing, stopping) and how they can take responsibility and action to make the changes happen.

There are techniques that can help the young person to talk and to explore his/her feelings, as well as explore the facts and circumstances of their situation. These techniques include effective listening skills.

Talking points

Effective listening skills

- Eye contact and body language
- Remain attentive, show empathy
- Use "encouragers"
- Reflecting
- Affirmations
- Summarizing

SLIDE K3-3

- By maintaining appropriate **eye contact**, the young person knows you are paying attention (keep within cultural norms). One of the most significant forms of communication is by the body. Ensure your body language shows you are listening.

- **Remain attentive**, do not interrupt, ask appropriate questions, be genuine, and use plain language. The young person will feel you understand their situation if you show empathy (empathy is when you are able to feel the other person's position and understanding their point of view).

  Example:
  "My father hit me last night."
  "What did you do to make him angry?" (lacks empathy)
  "How did that make you feel?" (shows empathy)

  Example:
  "I don't have any money for cigarettes but I really want a smoke."
  "It's better for your health if you don't smoke." (lacks empathy)
  "That must be hard." (shows empathy)

- Every culture has **"encouragers"**. These are the small signals (like nodding the head) or sounds (like *mm* or *hm*) and words ("I see" or "Go on"), which indicate to the young person that you are listening and interested.

  Ask: *What are the encouragers here in this culture?*

- **Reflecting** is when you repeat what the young person has said, using your own words, to confirm that you have understood. Reflecting can be about facts (something that happened, e.g. "So you went to the party anyway") or feelings (in a certain situation, e.g. "So you say that you felt angry at your mother because she said you were drunk").

  This can be a useful technique to encourage someone to keep talking. It is important that the health worker is accurate in reflecting what the young person has said. Do not change the meaning.

- **Affirmations** are when the healthcare worker recognizes the effort that the young person has already made. This is particularly important in helping a young person to reduce or stop the use of a substance.

Examples:

"Well done. It must have been hard to walk away from the party without having a drink."

"I'm impressed that you were able to refuse to smoke cannabis with your friends."

Be sure to be genuine and sincere.

- **Summarizing** is similar to reflecting but can cover more of what the young person has said. It is a useful way to close a topic and change the subject in the least disruptive way. It is shorter than what the young person said, but includes all the important points.

  Ask if there are any questions and then move on.

Tell the participants that another important listening skill is asking questions.

Show slide K3-4.

Talking points

SLIDE K3-4

Asking questions

- Open-ended questions
- Closed questions

Open-ended questions are ones that cannot be answered with a "yes" or "no" or a brief answer.

They are useful to explore the opinions and the feelings of the young person. These questions are usually effective in determining what the young person needs. They often start with *What? Could? Would? How?*

Closed questions are usually answered by a very short response, often one word. They are useful questions for determining the client's condition and medical history at the start of the interview, but they do not give the client an opening to talk.

The following are examples of open-ended and closed questions to assist participants to understand the difference. Lead the participants through the following questions:

For example if I ask:

1. *Do you play football?* Is this an open-ended or closed question? (closed)
   How could this be asked as an open-ended question?
   Answer: *How do you spend your leisure time?*

2. *Do you get on well with your family?* Is this an open-ended or closed question? (closed)
   How could this be asked as an open-ended question?
   Answer: *Would you like to tell me about your family?*

Ask them to change the following examples from closed to open-ended questions:

- *Have you ever drunk so much that you have vomited?* (Could you tell me about the worst experience you have had with drinking too much?)
- *Do you use cocaine because your friends do?* (What do you like about using cocaine?)
- *Do you know that smoking is bad for your health?* (Could I tell you about some of the effects smoking has on your body?)

Remind them that open-ended questions often start with *What? Could? Would? How?*

Now show the next slide.

Talking points

Tell the participants that these are specific questions that are useful to ask when assessing substance use. These questions aim to help the young person to think about changing their substance use behaviour.

Change can happen when the person sees a conflict between their current situation and the situation that they wish in their life.

Specific questions on substance use

- What are the good things about smoking cigarettes?
- What are the less good/bad things about smoking cigarettes?
- What would be different if you cut down/stopped smoking cigarettes?

SLIDE K3-5

- Good things/perceived benefits of substance use
  Explore what the young person sees as the "good things"
  (a) "What are the things you like about smoking cigarettes?
  (b) "What are the good things that you get out of smoking cigarettes?

- Less good/not so good things about substance use
  Explore the young person's concerns about the "less good things"
  (a) "What are the 'not so good things' about smoking cigarettes?"
  (b) "Can you give me some examples of that?"
  Have the young person argue for change by asking questions, e.g. "But aren't you used to having no money because you spend it on cigarettes?"

- Cost of making the change
  Explore what would be different for them if they gave up or reduced their substance use.
  e.g. "What would be different in your life if you stopped/reduced your smoking?"

ACTIVITY 3-4
MINI LECTURE: THE GATHER APPROACH

Explain that the GATHER approach can be used to interview young people.

Show slide K3-6.

Ask if the participants are familiar with this approach.

The GATHER approach

G Greet
A Assess
T Tell
H Help
E Explain
R Return visit/Refer

SLIDE K3-6

Talking point

The letters of GATHER can remind the health worker of the steps during the interview. In this session we will focus on assessing the young person by considering the G and the A components. In Session 5, we will look at the THER components (see below).

Show slide K3-7.

SLIDE K3-7

G – Greet

- Greet the client and offer a seat.
- Introduce yourself.
- Ensure confidentiality and privacy.

Talking point

This is a simple but crucial first step because this is when the health worker starts to establish a rapport with the young person.

Confidentiality is essential to establish a trusting and professional relationship. The health worker needs to tell the young person that they will not tell others about what is said in the interview. If possible, have a quiet and private space where you can talk with the young person without being disturbed, as discussed in the Adolescent Friendly Health Services module.

Show Slide K3-8.

SLIDE K3-8

A – Assess

- Ask the client what you can do for him/her.
- Obtain personal information.
- Assess whether he/she is using substances.
- Assess the pattern of substance use and the feelings/concerns about such use.

Talking points

On the first visit, use open-ended questions and make general enquiries to begin talking about substances. The first questions can be "Have you ever used a substance (e.g. alcohol)?" The questions can then become more specific - about when and how much is used of this and other substances. Remember that the health worker should not criticize the young person's use of substances. However, the health worker can assess the young person's feelings, opinions, knowledge, concerns and difficulties associated with substance use.

Ask if there are any questions on this matter. Tell the participants that GATHER is described in their Handout, section 3.4. We will use this approach in the next role play.

ACTIVITY 3-5
ROLE PLAY: USING EFFECTIVE LISTENING SKILLS AND THE GA(THER) APPROACH

TIP FOR YOU

Optional: Demonstration of role plays (additional 10-20 minutes)

Before the participants start the role play themselves, you can demonstrate a pre-prepared role play to show how effective listening can be done. This requires you (as facilitator/s) to demonstrate the skills. If you are not confident to do this, you may have to invite someone else to demonstrate the skills in order to ensure that the participants have a good model to follow. Alternatively, there may be a video available which demonstrates effective listening and counselling skills.

Explain to the participants that the purpose of this exercise is to practise effective listening skills and the G and A parts of the GATHER approach in role play situations with young substance users. Count the participants off into groups of three persons (1, 2, 3). The number 1s will be the young person, the 2s will be the health worker, and the 3s will be the observer. Allocate a scenario to each triad (group).

Tell the young person and the observer (numbers 1 and 3) to look at Annex 4 of their Handout and read the scenario that has been allocated to them.

The health worker (number 2) does not read the scenario but will find out the situation with their young person by using listening and assessment skills. In this exercise, do not spend much time on the presenting complaint. Focus on the Greeting and the Assessment of the young person. The observers (number 3s) will watch the role play, at the end of which they will comment on the interview with the other two participants.

Remind them to come out of their roles at the end of the role play.

Tell them they have 2 minutes to prepare, 5 minutes for the interview, and 3 minutes to report back in their triad.

TIP FOR YOU

Ideally and if time allows, each participant should have an opportunity to role play the health worker (number 2). They can use the next scenario. This would take an additional 20 minutes.

ROLE PLAY 1

Benni

You are a young man of 16 years living at home with your family. Your mother asked you to go to the health centre because you often complain of headaches before going to school.

If the health worker asks you, you say that you like to smoke cannabis with your friends and at the weekend you drink alcohol at parties. You were badly scared last weekend when you got drunk and had sex at a party with a girl in your class. You are concerned that you did not feel in control of what you did and are worried about what you may do another time. You also feel embarrassed to see the girl as you do not particularly like her. You did use a condom.

ROLE PLAY 2

Mohamoud

You are a young man of 18 years. You have come to the health centre because you have had a gash on your leg for two weeks that will not heal. Tell the health worker that the orderly has dressed the wound and does not think you need antibiotics. The orderly has sent you to see the health worker to check that this is the correct treatment.

If the health worker asks you, you can say that you ran away from home a year ago; since then, you have been living on the street with a group of friends. You find work as a casual labourer and are able to make enough money to support yourself. You snort (inhale) cocaine daily, you smoke cigarettes and cannabis, and you drink alcohol when you can afford it. Sometimes you cannot work because you are too slow and sleepy. If you don't use cocaine every day you feel bad. You injured your leg when you were high and have noticed that you are falling at work more often. You like sharing the pleasure of drugs with your friends but you dream of owning something one day (e.g. a cycle rickshaw or a motorbike or something else you can choose). At the moment you do not save any money but you would like to save some of the money that you spend on drugs. You did stop using cocaine for a month but it was hard.

ROLE PLAY 3

Chekkie

You are a young person (boy or girl) of 12 years. You have come to the health centre because you have had a cough for the last three weeks and you find it hard to breathe at night.

If the health worker asks you, you say that you have been smoking cigarettes for the last one year. You mostly take them from home where both your parents smoke. You think smoking makes you look cool and feel grown-up. You have friends who smoke. You do not have a boy/girl friend. You used to be good at sports (you choose which one) and wish you had continued. Now you find that you get too breathless.

ROLE PLAY 4

Shasta

You are a 15-year-old girl. You have come to the health centre because you feel that your breasts are too big. You think people are always looking at them and are hoping there is some medicine or operation you can have to make them smaller.

If the health worker asks you, you say that you have a boyfriend, Freddo who belongs to a gang. They all smoke cigarettes and cannabis, drink alcohol and hang out together. Freddo wants you to join in but you are afraid that smoking cannabis or drinking will make you crazy or want to have sex or something.

Your parents and your girl friends do not like Freddo or his gang.

Keep the time for the groups. When they have completed the exercise, bring them back to plenary.

Ask them what they have learnt through this exercise.

TIP FOR YOU

If you are not including the next activity (3-6), point the participants to the exercise in Annex 7 of the Handout and ask them to go through it on their own.

ACTIVITY 3-6
INDIVIDUAL EXERCISE (OPTIONAL) - 20 MINUTES:
EXPLORE HEALTH WORKER ATTITUDES AND VALUES ON SUBSTANCE USE

Ask the participants to turn to Annex 7 of the Handout. Here they will find an individual exercise that can help them to explore their own attitudes and values on substance use.

Ask a participant to read aloud the introduction. Then ask them to go through, individually and privately, the questions. Ask them to write their responses on a paper. Tell them they will not be asked to share these responses unless they choose to do so.

Give them time to complete the questions. Remind them that there are no correct answers to these questions. Then ask for any comments on this exercise. Were there any questions they had trouble in answering? Let the participants lead the discussion.

The purpose of the exercise is to encourage them to think about their own attitudes and values towards substance use. Suggest that the participants look at this exercise again later at home.

Then move on to Wrap Up.

WRAP UP

Go through the aims of the session, reminding the participants about what was covered here. Respond to any questions.

Tell the participants that the next session introduces another tool in assessment, the Stages of Change model.

Session 4
The Stages of Change model

Aims of the session

- To introduce and discuss the Stages of Change model.
- To understand how the model can help health workers assess a young person's readiness to change his/her substance use.

ACTIVITY 4-1
MINI LECTURE: STAGES OF CHANGE

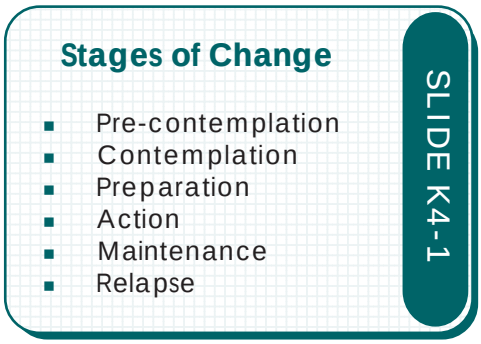
Explain that we have already seen how the patterns of substance use give the health worker an insight into how the young person uses a substance. We will now look at the Stages of Change model, which helps the health worker to understand whether the young person is motivated to change their substance use.

Display and talk through Slides K4-1 to K4-4 using the accompanying talking points, inviting questions or comments, and encouraging discussion on important issues.

Talking points

Tell the participants that the idea behind the Stages of Change is that change of behaviour does not happen in one step. People usually progress, at their own pace, through different stages on their way to successful change.

People have to be willing to change and feel able to change. They also have to take responsibility to make the change happen.



Slide K4-1 shows the stages of change. It is helpful to use an example to understand the changes. Let's consider a young man who is overweight and think of what he may feel or do at the different stages.

Go through the stages using this example of an overweight man, who initially denies there is a problem with his weight and then begins to find his clothes are tight, his wife is nagging him, friends are teasing him, and he thinks etc., going through the stages. Elaborate on the story and bring out the points that correspond to each of the stages of change.

- **Pre-contemplation** (he does not acknowledge there is a problem with his weight and makes excuses)
- **Contemplation** (he now acknowledges that there is a problem with his weight, but he is not yet ready or sure that he wants to make a change)
- **Preparation** (he starts to get ready to change and tells some people of his plan)
- **Action** (he begins to carry out his plan - eating less, eating well, and exercising)
- **Maintenance** (he stays with his diet and exercise schedule for many weeks, even though it is sometimes hard)
- **Relapse** (one weekend, he goes to a family wedding and eats too much rich food. The next morning he feels bad and regrets that he broke his diet). This "weekend" can happen at any stage.

At this point he may return to any stage of change; he may be so discouraged that he goes back to his former eating habits and abandons his diet (pre-contemplation), or he may spend some days thinking that he really should get back to his diet (contemplation), or he may make plans to return to his diet on Monday (preparation/action), or he may get straight back to his proper diet (maintenance stage).

Tell the participants that the stages of change can be applied to many situations and is a useful way of determining an individual's readiness for change. However, it is a model and may not always provide an accurate assessment of a young person and his/her stage of substance use.

We will now look in more detail at each stage, with the example of a young person who smokes cigarettes and consider the stages of change that he may go through.

Go through the slides using a young tobacco smoker to illustrate the stages.

SLIDE K4-2

Stages of Change 1
(from the perspective of the young person)

Pre-contemplation
- advantages of behaviour far outweigh the disadvantages;
- no desire to change.

Contemplation
- beginning to think about change;
- often triggered by something external;
- often characterized by uncertainty.

Talking points

- Pre-contemplation
  This model sees young people as rational and thus if they perceive little or no problems with their substance use they are unlikely to want to change the behaviour.

  They may also see some benefits of substance use (e.g. smoking is seen as "cool" and makes them appear older).

- Contemplation
  External forces (e.g. parents, school, and authorities) may compel the young person to change or may remove the advantages of the behaviour (e.g. the young person may have been picked up by the police for being drunk or suspended from school for smoking cannabis).

  They are still not sure they want to change but the incident has alerted them.

SLIDE K4-3

Stages of Change 2
(from the perspective of the young person)

Preparation
- moves towards change and makes a decision to change.

Action
- begins to feel the benefits of change are greater than maintaining the behaviour.

Talking points

- Preparation
  Here the young person is "ready to act" but has yet to put together any plans on how best to do this. He may talk with others about the planned change (e.g. telling friends he plans to cut down or stop smoking).

- Action
  In this stage, the young person begins to make changes (e.g. stops buying cigarettes). This is most successful if he has a practical and reasonable plan of action, including a good supportive environment.

Talking points

Stages of Change 3
(from the perspective of the young person)

Maintenance
- maintains changed behaviour;
- works to keep from lapsing.

Relapse
- returns to use;
- common initial outcome;
- may occur at any stage ;
- needs support to try again.

SLIDE K4-4

- Maintenance

  Here the young person continues to keep to the plan of action and to maintain the changed behaviour (e.g. even if he/she may find it hard to be at a party where friends are smoking).

- Relapse

  This may occur at any stage of the change process. The young person may relapse and return to an earlier stage (e.g. takes a cigarette at a party, buys a pack). Which stage they return to will depend on how they perceive their relapse.

  For example, if they believe all their efforts have been in vain and they are back at the starting point, then they may be more likely to return to a stage of pre-contemplation. Or, if they see the relapse as part of the process and are able to see what they can learn from it, then they are likely to move back into a stage of action. This is why it is important to prepare the young person for relapse, so that they can see it as part of the process and not as a failure.

Tell the participants that the importance of the model for the health worker is that the stage of change and the offered intervention have to match. For example, if a young person is at the "pre-contemplation" stage, then it may be useless for a worker to give them a referral to a counselling service because they have no desire to change their behaviour.

ACTIVITY 4-2
INDIVIDUAL EXERCISE (OPTIONAL) - 15 MINUTES:
UNDERSTANDING THE PROCESS OF CHANGE

If you do not do this exercise now, suggest that the participants read it later, alone. It is a useful personal exercise to understand and empathize with the process of change.

Explain to the participants that the exercise (see below) is to help them understand the process of change; the questions in 1) to 5) are about the stages of change, and in 6) about the relapse.

This exercise will help participants to understand the stages of behaviour change and the needs of the individual at each stage, through thinking about their own feelings towards behaviour change. The sequence of the questions also helps us to understand the difficulty in changing and maintaining the outcome, and the reasons behind refusing any help at certain stages.

Ask the participants to turn to the questions in Annex 2 of their Handout. They should read through all the questions on their own and consider their feelings about their behaviour. Then they should choose one of the questions that reminds them of a personal behaviour and write down their responses.

They will have 5 minutes to do this. Then there will be a short plenary discussion.

Tell the participants that they will not be asked to reveal the personal behaviour change that they have considered (unless they wish to tell), but only the thoughts, reactions and feelings provoked by the questions.

Personal exercise to understanding the process of change

1) Think of something in your behaviour (e.g. eating, smoking, exercising, etc), that people around you have asked you to change, but you don't think is important to change.
   a) What do you think of those who ask you to change?
   b) How do you react to them?

2) Think of something in your behaviour that you know you should change and that people are asking you to change, but you have not yet taken any steps towards change.
   a) Have you told anyone that you intend to change? Who?
   b) What do you think of those who ask you to change?
   c) How do you react to them?
   d) Why haven't you changed?

3) Think of something in your behaviour that you have decided to change, but have not yet taken any action or have not decided when you will act.
   a) Have you told anyone that you intend to change? Who?
   b) What do you think of those who ask you to change?
   c) How do you react to them?
   d) What would make you move towards change?

4) Think of something in your behaviour that you are now in the process of changing or have changed just recently.
   a) What is it that primarily made you change?
   b) How do you feel about the change?
   c) How easy is it to maintain the change?
   d) What challenges are there to maintaining the change?

5) Think of something in your behaviour that you have changed some time ago.
   a) How do you feel about the change?
   b) How easy is it to maintain the change?
   c) What are the challenges to maintaining the change?
   d) How do you cope with the change?

6) Think of something in your behaviour that you recently changed, but later something caused you to return to the previous behaviour.
   a) How do you feel about returning to the previous behaviour?
   b) What made you return to the previous behaviour?
   c) Did you try to resist?
   d) What were you thinking about at the moment you were getting back to that behaviour?
   e) How did people who have known you before and after the change react? And how did you react to them?

Invite the participants to comment on the exercise.

ACTIVITY 4-3
Group work: Stages of change

Divide the participants into three groups. Allocate a scenario to each group from Annex 5 of the Handout.

They should look at their scenario and decide what the pattern of use and the stage of change the young person appears to be at in relation to each of the substances used.

One participant from each group will give a brief presentation. Tell them that they will have 10 minutes to work together and pick a presenter, and 3 minutes for each presentation.

SCENARIO 1

Yasmine

Yasmine, an 18-year-old woman, has come to the health facility for a follow-up contraception visit. After discussing and meeting her contraceptive needs, you ask her about her family, her friends and work. She tells you that she has recently lost her job. After some discussion she tells you that she is often drunk or feels too ill to go to work. She also frequently injures herself or has arguments with her boyfriend when she is drunk.

She also complains of gastric pain most mornings, which prevents her from eating regular meals. She has recently realized that her alcohol use is a problem and she has been trying to reduce the amount and frequency of her drinking.

On further discussion, you find that she has been inhaling (snorting) cocaine at parties. In the morning after cocaine use she has often felt very ill and she says she wants to stop using it. She also tells you that she has been smoking about 30 cigarettes a day for about 2 years. She says she needs to smoke this number of cigarettes and does not see smoking as a problem.

SCENARIO 2

Hoang

Hoang, a 17-year-old man, comes to you with a genital ulcer and urethral discharge. As you begin to examine him closely, you realize that his eyes are bloodshot and he smells of cigarette smoke. When you have given him the treatment for his STI, he tells you that he smokes cannabis and tobacco. When you ask him about his cannabis use, he states that he smokes every weekend with his friends and has done so for over a year. However, he is thinking about giving it up because he had a bad fright the last time he was high. He thinks it would be hard to stop because getting high is something he likes to do with his friends.

He used to have a job after leaving school and could afford to smoke a pack of cigarettes a day. At that time he often had a bad cough. Now he cannot afford to buy cigarettes and he only smokes when they are given to him (about 3 a day). He has taken methamphetamine a couple of times with his friends. He liked the feeling and sees no problem with trying new substances occasionally.

SCENARIO 3

Samir

It is late in the evening and you are working in your hospital's casualty department. A young man is brought in with minor cuts on his face and arms. You attend to his cuts.

After a few questions you realize that he seems sleepy and his pupils are dilated. After some discussion, he tells you that he has been using heroin for about three years and smokes it every day. He got hurt earlier that evening when he was in a fight with some men over a drug deal. He says his family are very worried about his substance use and the troubles he gets into, but he says he has no desire to stop using heroin.

He said that a year ago he was drinking alcohol most evenings until he passed out once. After he lost his job, he managed to stop drinking. Now he has another job and wants to keep it. He says that now he only drinks alcohol with his friends at parties about once every few months.

Bring the discussions to a close and ask each group presenter to briefly outline their scenario, identify the pattern of use, and state the stage of change their young client appears to be at in relation to each of the substances used.

Ask a volunteer to write the main points on a flipchart, under the name of each individual (scenario), substance, pattern of use and stage of change.

TIP FOR YOU

Responses to pattern of substance use and stages of change for each scenario

Explain to the participants that the pattern of use and the stage of change for each person are not always clear. What is important is that there is awareness of the stages and that there is a match between the stage of change and the intervention that is offered.

Yasmine
Yasmine's use of alcohol was harmful and has become worse recently (injuries and gastric problems). She is in the contemplation/action stage of change with her alcohol use.
Her use of cocaine is hazardous. She is in the contemplation stage of change with her cocaine use.
Her use of cigarettes is probably dependent and she is in the pre-contemplation stage of change.

Hoang
Hoang's use of cannabis is hazardous; however, why was he frightened? If there is evidence of damage to his mental health (or physical health), his use could be harmful. He is in the contemplation stage of change with his cannabis use.
His use of cigarettes is hazardous; when he could afford them, it may have been harmful. His stage of change may be pre-contemplation or maintenance (the change has been forced by economics).
Consider: if he had the money today, would he spend it on cigarettes? Relapse stage.
His use of methamphetamine is hazardous. He is in the pre-contemplation stage of change with his use of methamphetamine.

Samir
Samir's use of heroin is very likely to be dependent after 3 years of daily use. He is in the pre-contemplation stage with his use of heroin.
A year ago his pattern of alcohol use was harmful. Today his use is hazardous. He is usually in the maintenance stage of change, with bouts of drinking as relapses.

WRAP UP

To conclude, show slide K4-5.

Talking points

Patterns of substance use matched with possible stages of change

- **Hazardous use:** May not see substance use as a problem (pre-contemplation stage) or may see a need to change (pre-contemplation, contemplation, preparation, action stage)
- **Harmful use:** Some motivation to consider the level of substance use (contemplation, preparation, action stage)
- **Dependence:** Little or no motivation to stop (pre-contemplation, contemplation)

SLIDE K4-5

This slide shows a matching of the patterns of use with the possible stages of change for the young person. This is important information for the health worker because it indicates the young person's readiness for change. Once they begin the process of change, they may be able to move through other stages of change.

- During hazardous use (or potentially hazardous use), young persons may consider that they are "experimenting" with substance use and see no problem with this and no need to change their use. After the first one or two occasions, their use is no longer "experimenting". The young person is probably in the pre-contemplation stage. However, a situation may frighten or alarm the young person, which can move them towards considering or working towards change. The young person may be in the pre-contemplation stage, but could be in contemplation, preparation or even the action stage.

- With harmful use, there is usually some motivation to consider their level of substance use because they are experiencing more problems with the substance. Once again, it may be a particular incident that motivates them to change. The young person is probably in the contemplation, preparation or action stage.

- Dependence is more complex. On the one hand, there may be motivation to change because the young person is experiencing problems; on the other hand, physical dependence may make the prospect of change difficult to face. There is usually little or no motivation to stop the dependence. There is also fear and doubt that they can succeed in stopping their substance use. However, as we have said, the majority of young people are not dependent on substances.

TIP FOR YOU

- **Pre-contemplation:** not yet acknowledging that there is a problem behaviour that needs to be changed
- **Contemplation:** acknowledging that there is a problem, but not yet ready or sure of wanting to make a change
- **Preparation:** getting ready to change
- **Action:** changing the behaviour
- **Maintenance:** maintaining the behaviour change
- **Relapse:** returning to previous behaviours.

Tell the participants that we have seen how important it is to link the stages of change with the patterns of substance use.

Young people need to feel ready for change and willing to take responsibility to make the change happen. This readiness for change is more usual when the young person is in the hazardous pattern of substance use.

Health workers need to match the young person's pattern of use and stage of change with an appropriate response and action.

In the next session we will discuss actions by the health worker.

50 min

Session 5
Health worker action with young substance users

Aim of the session

- To identify the actions the health worker can take in the clinic and in the community with young substance users.

ACTIVITY 5-1
MINI LECTURE: THE AIMS OF HEALTH WORKER ACTION

Remind the participants that the health worker has now completed an assessment on the young person and is now aware of his/her pattern of substance use and stage of change. We shall now look at what the health worker is able to do in the clinic and in the community for and with young substance users.

Show Slide K5-1.

SLIDE K5-1

Aims of health worker action with young substance users

- Prevent young people who are not substance users from beginning to use them.
- Advise and assist young people who are using substances to stop or reduce their use.
- Advise and assist on ways to reduce the harmful effects for young people who do not stop using substances.

Talking Points

- If the young person is not a substance user, the health worker can provide information to support and encourage them in their behaviour and to prevent them from starting to use substances.
- The health worker aims to advise and assist young substance users and support them to stop or reduce their use.
- With young people who do not stop using substances, the health worker can advise and assist on ways to reduce the harmful effects of their substance use.

ACTIVITY 5-2
MINI LECTURE: THE (GA)THER APPROACH

SLIDE K5-2

The GATHER steps

G Greet
A Assess
T Tell
H Help
E Explain
R Return visit/Refer

Now we will look at the rest of the GATHER approach during the interview.

Show slides K5-2 to K5-6 and go through the talking points.

This slide reminds us of the letters of GATHER.

Remind the participants that earlier we examined the G and A components in the assessment. Now we will look at the rest (THER).

Talking points

The health worker has determined in the assessment whether the young person is using substances or not. The following actions are valuable both for the young person who tells the health worker that they are using substances and for the young person who says that they are not using substances. The specifics of the information provided will be different.

T - Tell

- Ask permission to give information
- Discuss dangers/problems with substance use
- Give information on preventing/reducing/ stopping substance use
- Respond to concerns/ questions.

SLIDE K5-3

- The health worker asks the young person for permission to give him/her information on substance use.
- It is important to discuss the dangers and problems with substance use in general and the dangers and problems with the specific substance that the young person is using.
- The health worker gives the young person information on preventing, reducing or stopping substance use and responds to the young person's concerns and questions. The information needs to be given in a factual and non-judgemental manner.

Talking points

H – Help

- Help the young person to decide what to do about substance use.
- Encourage the young person to identify possible options.
- Discuss the possible outcomes of the options.
- The young person makes a decision on action.

SLIDE K5-4

- The health worker helps the young person find out what he/she wants to do about their substance use. If the young person is not using substances, the health worker can reinforce and encourage behaviour that will prevent substance use.
- Encourage him/her to identify what options are available.
- Discuss the possible positive and negative outcomes of each option.
- It is for the young person to make a decision on what action he/she will undertake. Young people need to feel ready for change and willing to take responsibility to make the change happen. Reinforce that whatever action they decide to take, they will have the health worker's support. Young people will not respond well to being lectured or told what to do.

Talking points

E - Explain

- Identify other possible options.
- Explain the young person's responsibility to make the action happen.
- Identify other sources of support.
- Provide supplies or services.

SLIDE K5-5

- The health worker can identify other options that have not come up.
- It is important to explain that it is the young person's responsibility to make the action happen. The health worker can encourage them to feel confident that they are able to make the change happen.
- Together they can identify other people who can support the young person to make the action happen.
- The health worker can provide other supplies (e.g. needles and syringes, condoms) or services (e.g. STI management, contraception).

SLIDE K5-6

R - Return Visit/Refer

- Schedule a return visit.
- Refer for other services.
- End the session with a positive message.

Talking points

- It is important to schedule a return visit and write it down for the young person.
- If required, refer the young person for other services.
- End the session by thanking the young person for coming, acknowledge the progress made during the session, and review the plan.

Ask if there are any questions on this. Remind them that GATHER is described further in the Handout in section 3.4.

ACTIVITY 5-3
MINI LECTURE: ACTION MATCHED TO EACH STAGE OF CHANGE

Explain to the participants that you are going to discuss how health worker actions can be matched to each stage of change of the young substance user.

These actions can be carried out through a range of services that may be offered to the young person. Acknowledge that obviously not all of these services can be offered by any one service provider; however the health worker can make an important contribution at each stage.

Remind them that the key to understanding the Stages of Change model is that there needs to be a match between the stage of change and the intervention offered. The following slides offer some actions that match with each stage.

SLIDE K5-7

Action with young substance user at the pre-contemplation stage

- Raise awareness of the risks
- Provide information
- Discuss ways of reducing the risk and harm of substance use.

Talking points

Remember that at the pre-contemplation stage the young person has not yet acknowledged that there is a problem behaviour that needs to be changed, so they are not ready to hear about reducing or stopping their substance use. At this stage the health worker can:

- Raise awareness of the risks. Routine assessment provides an important opportunity to identify substance use in the early stages.
- Provide information. Use plain language; be factual, professional and non-judgmental.
- Discuss ways of reducing the risk and the potential harm of their substance use (e.g. eating before drinking alcohol, smoking only half of a cigarette, not injecting drugs).

Talking points

Remember that at the contemplation stage the young person may acknowledge that there is a problem but may not yet be ready or sure of wanting to make a change.

At this stage the health worker can:

- Continue to raise awareness of the risks of substance use.
- Assist the young person in making informed choices.
- Listen to what the young persons are saying about why they like using the substance and what they see as problems with reducing or stopping their use. This will give you important information on how to assist them towards change.
- Avoid too much focus on "action". Do not tell or suggest what they can do too early. If they come to the decision to act by themselves, they will be more likely to succeed.
- Aim to tip the balance in favour of change by pointing out the positive points they have made in support of change.

Action with young substance user at contemplation stage

- Continue to raise awareness of the risks
- Assist in making informed choices
- Acknowledge the perceived positives of use and the perceived negatives of change
- Avoid too much focus on "action"
- Aim to tip the balance in favour of change.

SLIDE K5-8

Talking points

Remember that at the preparation and action stage the young person is preparing to act or is already acting on making a change. At this stage the health worker can:

- Decide that an assessment may be appropriate at this time. An assessment tool for substance use may be available nationally. There is an example of an assessment tool on the CD-ROM.
- Advise the young person on the options that have been identified during the GATHER assessment.
- Assist the young person in making a plan, and help him/her in skill development and strategies to support the plan.
- Assist the young person in maintaining motivation.
- Prepare the young person for the possibility of relapse. If they are not prepared for this, then they may feel very disappointed and discouraged if they return to substance use. Their disappointment may cause them to feel all is lost and to return to their previous level of use. If they are prepared for relapse, they can see this as a single event and maintain the progress they have made towards behaviour change. This is why the health worker should prepare the young person for the possibility of relapse before relapse occurs.

Action with young substance user at preparation and action stage

- Assessment
- Advise on options
- Assist in making a plan
- Assist in maintaining motivation
- Relapse prevention.

SLIDE K5-9

SLIDE K5-10

Action with young substance user at at maintenance stage

- Provide support in difficult times
- Teach self-reinforcement skills
- Monitor relapse prevention skills
- Teach self-monitoring skills
- Self-help groups and peer support.

Talking points

Remember that at the maintenance stage the young person is maintaining the behaviour change.

At this stage the health worker can:

- Provide support in difficult times and assist the young person to maintain their status
- Teach the young person to recognize their own strengths and draw on positive experiences that they have in maintaining their behaviour change.
- Monitor relapse prevention by reminding them that relapse may happen and by not making them feel bad when or if a relapse occurs
- Teach self-monitoring skills by helping them to take responsibility for their behaviour and raising their awareness of early detection of their feelings and of situations they are entering (e.g. asking them: What makes you feel you want a drink and how can you help avoid the situation or plan for this situation in advance?)
- Self-help groups and peer support may be useful because the experience and situations of peers may reflect their own situation.

SLIDE K5-11

Action with young substance user at at at the relapse stage

- Prepare for possible relapse
- Support to renew decision for change
- Support to identify and try different strategies.

Talking points

Remember that at relapse the young person has returned to the previous behaviour.

- It is important with relapse that the young person is prepared in advance; explain that relapse may occur and it does not mean that all they have gained in behaviour change is worthless. The health worker can help the young person identify the "lessons learnt" from relapse and to help minimize the harm from relapse.
- The health worker can support the young person to renew their decision for change.
- Support them to identify and try different strategies (e.g. strategies to reduce the risk of getting into situations where substances are commonly used, or to assist them with peer pressure to use substances, or to find peer support for their changed behaviour).

ACTIVITY 5-4
ROLE PLAY: ACTION IN THE CLINIC USING GATHER

Tell the participants that we will now do a role play. Get them into groups of three persons each, assuming the roles of young person, health worker and observer. You can select by asking them, e.g. "Who was born in January … February … etc.?" and make up the groups of three persons based on this criterion – or some other – until you have the right number of people in the groups.

Ask the participants to sit in their groups of three around the room and to decide who will be the young person, the health worker and the observer. See that a participant who has not played the role of health worker has the opportunity now.

Tell them to turn to Annex 5 of the Handout (scenarios of Yasmine, Hoang and Samir), which was used for the Stages of Change (Activity 4.3, see above). Go round the groups and allocate each group a scenario.

Ask them to go through the interview in their role play using the GATHER approach, but focusing less on the G and A and more on the THER components, in identifying actions for this young person.

Ask them to read the instructions in the Handout, Annex 5, for Session 5: Activity 5.4.

Tell them they have 2 minutes to prepare, 5 minutes for the interview and 3 minutes to report back in their group.

Remind them to come out of their roles.

When they have finished, ask for any general comments.

ACTIVITY 5-5
MINI LECTURE: ACTION IN THE COMMUNITY

If there is time, ask the participants: *What action can the health worker take in their community to address the issues of young substance users?*

You can write the responses on a flipchart or just listen to the suggested community actions.

If there is not enough time for a plenary discussion, show the following slide (K5-13), go through the talking points, and then ask the participants to add their comments and additional activities that can happen in the community.

Talking points

- Raise family and community awareness of substance use and young people by discussing the local situation. Raising awareness of substance use in the community can enhance the protective factors and minimize the risk factors for young people. The involvement of parents is vital.

- Involve the community in planning and implementing the community prevention programmes so that the target community will have ownership of the programme, which is a key ingredient to the success of any initiative. Programmes should make use of existing networks and links between community organizations, both governmental and nongovernmental.

Action by the health worker in the community with young substance users

- Raise family and community awareness.
- Involve the community in planning and implementing a community prevention programme.
- Contribute to prevention programmes.
- Provide community links.
- Support harm-reduction strategies.

SLIDE K5-12

- Contribute to prevention programmes that aim to reduce supply and demand. For example, working with the community to examine and promote change in the supply of illegal and legal drugs in the community and to ban tobacco and alcohol advertising.

- Provide community links. Link young people with support services within the community. Provide them with connections and encourage them to seek support, especially from peer counsellors and peer support groups. If appropriate, encourage them to ask their family, relations and friends for help.

- Health workers have a role to raise public awareness on the importance and benefits of harm reduction for individuals and communities. Harm reduction strategies are often opposed by community members who think they will encourage substance use. Harm reduction strategies aim to reduce the negative consequences of drug use rather than reducing or stopping drug use itself.

TIP FOR YOU

If the IDU module is going to follow this module, tell the participants that harm reduction will be discussed further at that time.

ACTIVITY 5-6
MINI LECTURE BY GUEST PRESENTER (OPTIONAL) - 10 MINUTES
LOCAL SUBSTANCE USE PROGRAMMES FOR YOUNG PEOPLE

A 5-10 minute presentation can be included here from a person working in substance use, to inform the participants about the local services available to young substance users.

WRAP UP

To wrap up, show Slide K5-1 again. Remind the participants that these are the aims of all activities for young people and substance use.

Actions that contribute to these aims can help to prevent, reduce and stop substance use.

Session 6
Approaches to acute problems for young substance users (optional session)

Aims of the session

- To discuss the acute problems young people may experience as a result of their substance use.
- To identify the ways health workers can respond to acute problems.

ACTIVITY 6-1
BRAINSTORMING: ACUTE PROBLEMS

Tell the participants that you would now like them to think about what acute problems young substance users might experience. Help them to brainstorm on the following question (Flipchart K3).

What acute problems do young substance users experience?

FLIPCHART K3

Have a volunteer note down the answers on flipcharts.

Allow time for discussion and then conclude with the following slide.

Talking points

Acute substance use problems include:

Acute substance use problems include:

- Episodes of intoxication and related problems:
  - Agitation
  - Aggression and violence
  - Confusion, delusions, hallucinations.
- Overdose
- Withdrawal.

SLIDE K6-1

- Episodes of intoxication and related problems (agitation, aggression and violence, confusion, delusions, hallucinations).
- Overdose occurs when a substance is used in an amount that brings about a physical or mental crisis. Accidental overdose can occur with inexperienced substance users. Deliberate overdose is a common means of suicide or attempted suicide, especially for young people.
- Withdrawal occurs when the administration or use of a drug is discontinued (whether by choice or not). The syndrome includes strong urges and craving for the substance. When an individual is dependent on a substance, discontinuation is extremely painful with many physical and psychological symptoms.

Direct the participants to section 6 of the Handout for further information on the particular signs and symptoms of substance-specific intoxication, withdrawal and overdose.

Direct the participants to section 6, Table 2 in the Handout and go through the immediate responses to acute problems.

Tell the participants that we shall now look at scenarios dealing with acute problems.

ACTIVITY 6-2
INDIVIDUAL AND GROUP WORK: ADDRESSING THE IMMEDIATE NEEDS OF YOUNG PEOPLE WITH ACUTE PROBLEMS

Ask the participants to turn to the case studies in the Handout, Annex 6. Allow them 10 minutes to read each case study and individually note their immediate responses to the situations.

Next, divide the participants into groups of about four and tell them they have 10 minutes to discuss their answers. Ask them to pay particular attention to the different responses they had noted for each scenario and the reasons for these.

SCENARIO 1

Tung

Tung, a 19-year old client whom you know well, staggers into your health centre. He smells very strongly of alcohol and is bleeding from a cut above his eye. You know him to be a pleasant young man who has been diagnosed with depression; however, he can become aggressive when intoxicated.

What would your immediate responses be?

Examples:

- Say something like "Tung, I am worried about your eye, let's have a look at it."
- Attend to the cut above his eye if possible (while doing this, try and gauge the level of intoxication, any other substances used, etc.); if this is not possible, tell him you think he needs to go to hospital. Offer him the option of either you or a friend going there with him.
- If Tung becomes highly aggressive, call the police/security as a last resort in order to maintain safety – yours, other clients and his own.
- If you are concerned that Tung may be suicidal, assess the lethality of this and encourage contact with his regular health worker or other support people; and as a last resort, if he does not cooperate, disregard his wishes and contact security or the crisis team for his own safety.

SCENARIO 2

Nhat

Nhat, a 15-year old boy, comes running into your health centre. He starts screaming in the waiting room, "You are all out to kill me", "I know that the cameras are in my head taking pictures". He seems to be breathing fast and is very jittery, wide-eyed and staring. Because of this behaviour you believe you believe that he is possibly under the influence of methamphetamines. You have seen him in the centre once or two twice before. There is currently no one else in the room. As you approach him he picks up a chair and holds it above his head threatening you.

How would you respond?

Examples:

- Say something like "Nhat, I can see that you are very upset and angry. Please put the chair down, so we can talk about whatever is worrying you and sort things out."
- Remind him of your previous good relationship and that you are here to help.
- If Nhat becomes more aggressive (e.g. swinging the chair), call the police/security as a last resort (to maintain safety – yours, other clients and his own).
- Do NOT attempt to take the chair from him as this could result in serious injury and he may perceive this as a threat and respond by becoming more violent.

SCENARIO 3

Ravi

The young people from your health centre are participating in a festival at a local park where there are ball games, activities and food. You notice that four of the young people have gone missing. You walk down to the river where you find them inhaling from a plastic bag. Three of the young people seem a little bit intoxicated but manageable; however, the fourth young person, Ravi, is quite unsteady on his feet and yells something about you spying on them and that he is going for a swim.

What would your immediate responses be?

Examples:

- Seek assistance of colleagues.
- Direct a colleague to take the other young people away; if there is no colleague, encourage the three other young people to move away so that you could talk more privately with Ravi.
- Reassure Ravi that you simply want to see that he is all right. Tell him that swimming right now is not a good option, and suggest an alternate activity (e.g. going for a walk).
- If he was hallucinating, explain this as being a part of the substance effect. Try to be as supportive as possible, asking him what he would like you to do. If he orders you away, ask a colleague to take over the situation as he may see you as a threat.
- If he becomes threatening and abusive, try to remind him of your past good relationship.
- If matters get worse, call for assistance.
- For Ravi's own safety, do NOT leave him alone.
- When he is stabilized, refer him for appropriate medical and other investigations.

SCENARIO 4

Young woman

You come across a young woman who is lying unconscious in the street near your health centre. There is a syringe beside her.

What would your immediate responses be?

Examples:

- Assume that the woman has had an overdose of some form of opioid.
- Call for medical assistance while reporting an overdose.
- Apply basic first aid.
- Get the support of co-workers.
- While doing this, ask the people around if they know what she had taken, and ask them to assist the medical team.

When 10 minutes is over, bring the participants together and have a general discussion on the responses in the groups.

WRAP UP

Conclude with the following comments:

- The signs and symptoms of intoxication and withdrawal from various psychoactive substances may overlap.
- It is necessary to focus on the presenting syndrome in order to plan immediate action.
- Once the life-threatening situations are dealt with, the health worker can assess the substance use patterns and problems and identify the main substance which caused the problem.
- Later, it will be possible to make a long-term plan with the patient and his/her family and try to address the underlying causes of the substance use.
- The patient should be referred to other services if needed.

Refer the participants for more information to the Handout in section 6 (*Approaches to acute problems for young substance users*). Here they will find information on intoxication with specific substances.

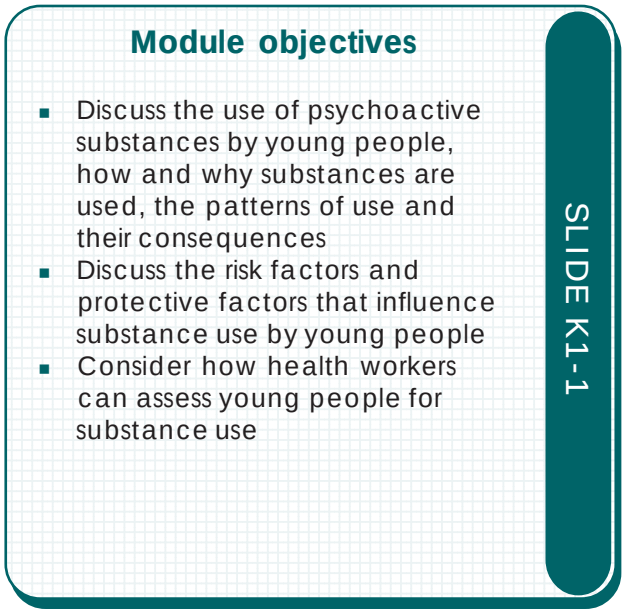
Session 7
Module review

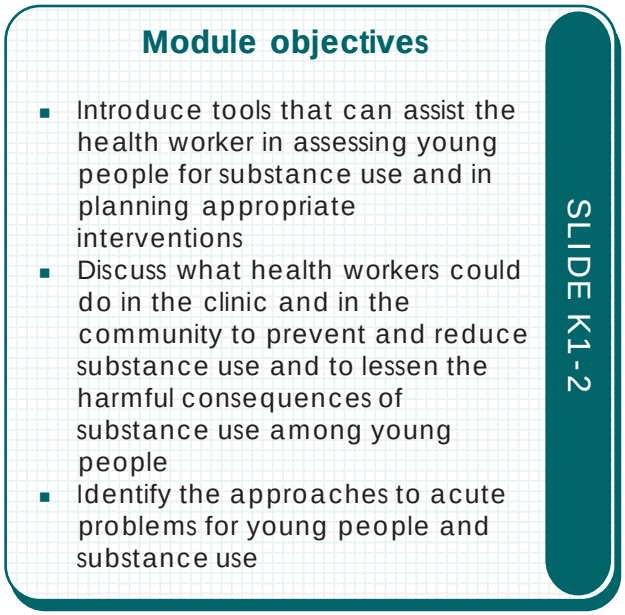
Aims of the session

- Review module objectives
- Complete Orientation Programme Personal Diaries
- Review Matters Arising Board and Mood Meter
- Summarize key messages from the module.

ACTIVITY 7-1
Review of objectives

Display the module objectives once again. Go through each objective and remind the participants of what was covered. Ask for any final questions or comments and address them.





ACTIVITY 7-2
Review of Spot Checks and Matters Arising Board

Ask the participants to turn to their Spot Checks which they completed in Session 1.

Go through the Spot Checks and address each one of them in turn.

The answers to the Spot Checks are given below:

1. Protective and risk factors for young substance users can occur in 5 areas (the individual, family, peer group, school, and community).

   The most common *protective factors* are:
   - A positive relationship with parents
   - Parents who provide structure and boundaries
   - A positive school environment
   - A spiritual belief.

   The most common *risk factors* are:
   - Individual feelings of hopelessness and distress
   - Conflict in the family
   - Friends who are substance users
   - Local advertising and promotion of substances.

   The full list of risk and protective factors is given in section 1.4 of the Handout.

2. The *three patterns* of substance use for young people are:
   - Hazardous
   - Harmful
   - Dependence.

3. The stages of change are:
   - Pre-contemplation
   - Contemplation
   - Preparation
   - Action
   - Maintenance
   - Relapse - which can be considered a "state" that may occur at any stage of the change process.

4. The aims of the health worker in relation to young people and substance use are to:
   - **Prevent** young people who are not using substances **from beginning** to use them
   - Advise and assist young people who are using substances to **stop or reduce their use**
   - Advise and assist on ways to **reduce the harmful effects** for young people who do not stop using substances

5. Tell the participants that there is no right or wrong answer to these statements. Ask them to look at their responses at the beginning of the module and reflect on any changes they would make now. Ask if anyone is willing to share their changes.

Allow a few participants to share different answers that reflect gains in their knowledge and/or changes in their attitudes as a result of participating in this module.

Address any questions and comments on the Matters Arising Board that have not been covered.

ACTIVITY 7-3
Orientation Programme Personal Diary (OPPD)

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD). This can be a notebook which they have designated as the OPPD.

Put up and read Flipchart K4. Ask the participants to write down three key lessons they learnt from this module and three things that they plan to do in their work for/with young people, putting into practice the new knowledge acquired as a result of their participation in this module.

FLIPCHART K4

List three important lessons that you learned through participation in this module

List three things that you plan to do in your work for/with young people

ACTIVITY 7-4
Key messages from the module and closure

Summarize the key messages of this module by going over Slides K7-1 and K7-2 and the talking points.

SLIDE K7-1

Young people and substance use module

- Most substance use begins during adolescence
- Substance use by young people is common
- Family relationships and peer associations are important
- Early detection and intervention are important.

Talking points

- Most substance use begins during adolescence.
- Substance use by young people is common.
- Family relationships and peer associations are both important risk factors and protective factors which can determine substance use for young people.
- Early detection and brief intervention can prevent harmful use and dependence.

SLIDE K7-2

Young people and substance use module

- Four patterns of substance use
- Stages of change assist in assessment
- Aims of health worker action (prevent, stop, reduce the use, and reduce the harmful effects)
- Important role for health workers with young substance users.

Talking points

- There are three patterns of substance use with young people (hazardous, harmful and dependence), which indicate how the young person uses a substance. Understanding an individual's pattern of use is a critical part of the initial assessment and appropriate action.
- Understanding the stages of change can assist the health worker to assess a young person's readiness for change.
- Action by the health worker aims to prevent young people from starting to use substances, to stop or reduce their use of substances, and to reduce the harmful effects of substance use by young people who do not stop.
- Health workers have an important role with young people and substance use, both in the clinic and in the community.

Remind the participants to complete the Mood Meter before they leave.

Remind the participants that the Handout provides more detail on the subject areas covered in this module and that it lists additional resources for their interest.

Thank the participants warmly for their hard work and participation in this module.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Sessions 1 and 7

SPOT CHECK 1

Name three protective and three risk factors for young people and substance use

Protective factors

Risk factors

SPOT CHECK 2

What are the three patterns of substance use for young people?

SPOT CHECK 3

What are the stages of change?

SPOT CHECK 4

What are the aims of health workers' actions with young substance users?

SPOT CHECK 5

Read each statement and tick the box that reflects your point of view

	I agree	I disagree
There is no way of stopping young people from getting drunk - it is part of their growing up	◯	◯
As a health worker, I should ask all young people about the substances they use	◯	◯
Scaring young people is a good way to stop them from using substances	◯	◯
It is acceptable for boys to smoke cigarettes	◯	◯
It is acceptable for girls to smoke cigarettes	◯	◯
A drug addict is anyone who has ever injected drugs	◯	◯
Our health services should not waste money on treating young people who inject drugs	◯	◯
Girls and boys need to have information on substances so that they can make sensible choices	◯	◯
If I spend 5 minutes talking with a young person about substance use, I may make a difference	◯	◯
If a boy of 15 years came to me with an alcohol problem, I would need to tell his parents	◯	◯
Talking about substance use makes me uncomfortable	◯	◯
If I thought I had a problem with substance use, I would never discuss this with anyone	◯	◯

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module N

Young people and HIV

Activities marked with * are optional activities and are not included in the half-day planned for this module as part of the Orientation Programme. The facilitators' decision to include the optional activities depends on the available time and whether the optional activities are covered in other modules.

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks	N-8	10 min	Handout for Module N Slide N1-1
Session 2 **The situation of HIV among young people** * ACTIVITY 2-1 Mini lecture * ACTIVITY 2-2 Mini lecture * ACTIVITY 2-3 Mini lecture by guest presenter *	N-10	40 min * 10 min * 10 min * 20 min *	Slides N2-1 to N2-3
Session 3 **How HIV affects young people** ACTIVITY 3-1 Mini lecture and brainstorming ACTIVITY 3-2 Mini lecture ACTIVITY 3-3 Brainstorming * ACTIVITY 3-4 Brainstorming ACTIVITY 3-5 Mini lecture	N-15	35 min 20 min *	Flipcharts N1 and N2 Slides N3-1 to N3-5
Session 4 **HIV prevention and young people** ACTIVITY 4-1 Mini lecture ACTIVITY 4-2 Group exercise * ACTIVITY 4-3 Mini lecture * ACTIVITY 4-4 Plenary discussion ACTIVITY 4-5 Group work ACTIVITY 4-6 Condom demonstration *	N-23	45 min 20 min * 10 min * 30 min *	Slides N4-1 to N4-6

Sessions and activities	Page	Time	Materials and resources
Session 5 **HIV TESTING AND COUNSELLING AMONG YOUNG PEOPLE** ACTIVITY 5-1 Mini lecture ACTIVITY 5-2 Mini lecture ACTIVITY 5-3 Mini lecture ACTIVITY 5-4 Plenary discussion ACTIVITY 5-5 Group work	N-33	40 min	Flipchart N3 Slides N5-1 to N5-4
Session 6 **MANAGEMENT OF HIV IN YOUNG PEOPLE** ACTIVITY 6-1 Mini lecture ACTIVITY 6-2 Mini lecture ACTIVITY 6-3 Mini lecture ACTIVITY 6-4 Mini lecture ACTIVITY 6-5 Mini lecture ACTIVITY 6-6 Mini lecture ACTIVITY 6-7 Group work	N-42	40 min	Slides N6-1 to N6-9
Session 7 **MODULE REVIEW** ACTIVITY 7-1 Review of Spot Checks and Matters Arising Board ACTIVITY 7-2 Review of objectives and key messages ACTIVITY 7-3 OPPD ACTIVITY 7-4 Reminders and closure	N-55	10 min	Flipchart N4 Slides N1-1 and N7-1
		180 min	**optional 120 min**

Module checklist

The module checklist contains important information that will assist you in planning and running the module. We recommend that you read this information well in advance.

Module advance preparation

- Plan which sessions will be included in your HIV workshop. This will depend on the available time and on whether any of the activities are included in other modules that are part of this workshop (see Table of Contents for optional activities).
- Decide if optional Session 2 is to be included. If possible, find out the participants' level of knowledge about HIV before the workshop in order to assist you in planning for Session 2. Prepare country-specific slides for Activity 2.3 and/or invite a person who works with HIV and knows the national HIV situation to make a presentation. Tell the presenter the time allocated for this (10 minutes) and give guidance on suggested content (see slide N2-3). Also request that they bring information or leaflets on local HIV services and programmes.
- Find out about existing policies and local attitudes to address difficult situations the health workers may face with HIV and young people (e.g. unaccompanied minors requesting HIV testing, confidentiality, and distribution of condoms). Are there any national guidelines on consent and confidentiality for young people? What happens in practice?
- Ensure you have copies of Handout N for distribution to all the participants. Review the additional publications (from the CD ROM) and national documents that you will make available to them. Decide which publications you will print for them and when in the module you will distribute these.
- Read through all the scenarios. Choose the most appropriate ones and make changes to adapt them to the local scene (names, locations, situations, etc.). It is important that the participants should feel that the scenarios relate to real situations they may experience in their work.
- Ensure that the flipcharts are written up for the group work.
- Confirm that the facilitators are clear about their respective roles during their designated sessions. Ensure that they have read the entire module and are very familiar with the material in their sessions. Some of the talking points are long and contain important information.
- Check that you have enough male and female condoms available for distribution to all participants. If the condom demonstration is to be included (Activity 4.6), prepare yourself for this activity or identify two participants who are willing and qualified to do the demonstration role play of correct condom use. Decide whether you will demonstrate male or female condoms, or both if there is time. You may have small prizes for participants who are prepared to do a demonstration. Ensure you have wooden penises and/or vegetables for the demonstration.

MATERIALS AND AUDIO-VISUAL EQUIPMENT

- Materials:

STANDARD

- Handout N
- Slides or overheads
- Prepared flipcharts
- VIPP cards
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

MODULE-SPECIFIC

- Local data, local guidelines and other information on HIV and young people
- Sufficient copies of additional publications, printed from CD ROM and national documents, for distribution to each participant.

- Equipment:

- Computer and projector, slide projector or overhead projector
- Flipcharts with blank sheets
- Sticking tape, pins or glue
- VIPP cards
- Name labels
- Coloured markers
- Notepads and pens
- Male and female condoms, wooden penises or vegetables
- Red ribbons on pins to give to all participants to promote solidarity with people living with HIV (see *www.redribbon.com*).

Module overview

The aim of this module is to assist health-care providers (health workers) in dealing with HIV prevention, care, treatment and support for young people. Module N is an optional module in the Orientation Programme (OP) on Adolescent Health for Health-care Providers. We recommend that this module is used in conjunction with the core modules, as well as the optional STI Module, to provide a framework for working with the issues of HIV and young people. In addition, the Psychoactive Substance Use and the Injecting Drug Use modules may be added to fully encompass HIV-related issues and young people.

We recommend that you review Part I of the OP Facilitator Guide which provides you with important information that you need to know before conducting any of the Orientation Programme modules. The OP Facilitator Guide also provides you with detailed information on teaching/learning methods used in the Orientation Programme. It is important that you understand and become familiar with the methodology of this package to ensure successful facilitation and to optimize the benefit to the participants from the OP modules.

The module aims to address the main issues of HIV and young people globally. As there is a large age range in the term young people (10-24 years), the issues around HIV prevention, care, treatment and support will change within this age range. What is important about HIV for most 10-year-old girls or boys (e.g. delaying sexual activity) will be different for a 24-year-old woman or man. The module does not specifically address HIV issues that are important for young people aged 10-15 years. However, there is a need to address specific HIV issues and concerns for especially vulnerable 10-15-year-olds (e.g. young sex workers, young drug injectors, adolescents living with HIV from perinatal transmission). Health workers meet young people of all ages and different social situations in their clinic and community work. This module aims to encourage health workers to use every opportunity to provide HIV services to all young people.

When people living with HIV (who agree to identify themselves as such) participate in the module, they add depth and understanding to the discussions, reducing the "us" and "them" mentality. They need to prepare themselves and the facilitator for when and how, during the workshop, they will tell the participants they are living with HIV. The facilitator should also be aware that there may be participants attending the module who are concerned or know that they are themselves living with HIV, or have loved ones who are living with HIV. The participants may choose not to tell others of their personal situation but may become emotional during the workshop and may need support. It is important to remind participants that any personal information that is shared in the workshop is confidential.

As with the other modules, we recommend that young people and peer counsellors should be included among the participants in order to provide their perspective to the discussion. During small group discussions, the facilitator should try to ensure that people living with HIV (PLHIV) and young people are equally distributed among the groups.

Throughout the module the facilitator should encourage the participants to use appropriate language to discuss HIV. The words we use to talk about HIV and people living with HIV (PLHIV) should show respect and understanding. The choice of words needs to be accurate, non-stigmatizing, non-judgemental and empowering.

Session 1
Module introduction

Aim of the session

- To provide an overview of the module and to outline its objectives.

Welcome the participants to the module.

Ensure that everyone has a copy of Handout N and tell the participants that the schedule of the sessions is in Annex 1 of the Handout.

Ask if there are participants who have experience with HIV through working with the National AIDS Programme, or PLHIV networks, nongovernmental organizations, AIDS activists, etc. This will help you to know who in the group has experience with HIV.

Invite everyone to share their knowledge and skills throughout the discussions. Remind them that all personal information that is shared must remain confidential.

Tell the participants that Handout N provides additional and more detailed information on the issues discussed in this module.

If you have printed documents for the participants from the CD ROM, tell them that they will be given additional documents during the workshop. These documents will be referred to during the sessions but are mainly provided for the participants to take away to read.

ACTIVITY 1-1
MODULE OBJECTIVES

Display slide N1-1, showing the module objectives. Read the objectives aloud or ask a participant to read them.

SLIDE N1-1

Module objectives

- Explain the global and local situation of HIV among young people.
- Discuss issues specific to HIV and young people.
- Identify key factors that impact on young people's risk of acquiring HIV.
- Explore HIV prevention strategies among young people.
- Recognize the importance of provider-initiated HIV testing and counselling.
- Understand the special considerations in the management of HIV among young people.

Ask if there are any questions on the objectives and then move on.

ACTIVITY 1-2
Spot checks

Ask the participants to turn to their Spot Checks in Annex 2 of the Handout.

TIP FOR YOU

Spot Checks are also given in Annex 1 of this *Facilitator Guide*.

If necessary, remind the participants of the purpose of the Spot Checks (i.e. to help them assess their gains in knowledge and understanding through participation in this module) and that their answers will not be collected, graded or checked by any of the facilitators. They are merely for personal use.

Ask them to complete the Spot Check questions to the best of their knowledge. Give them a few minutes to complete the task. Be sure they understand how to do this correctly.

Inform them that during the very last session of the module, you will discuss the answers to the Spot Checks and respond to any questions or comments they may have.

Remind the participants of the Matters Arising Board, which is available for recording any issues that arise throughout the module and which require further follow-up. Indicate where the board is located.

Point out the Mood Meter and remind the participants to place a spot on it during the break and again at the end of the module.

TIP FOR YOU

You can ask the participants to place only one spot at the end of the module, rather than two spots. Alternatively, you can use same Mood Meter during the five days of the workshop, asking the participants to place one spot each day.

Session 2
The situation of HIV among young people *

Aim of the session

- To present and discuss the global and local situation of HIV among young people.

ACTIVITY 2-1
MINI LECTURE (OPTIONAL) - 10 MINUTES
BASIC HIV

TIP FOR YOU

This activity covers basic HIV information. It is for the facilitator to decide if this information is necessary for this group. However, it is crucial that this basic information is understood by all participants.

You could begin by asking some questions on basic HIV information, to assess the knowledge level of the group (e.g. Can someone tell me the difference between HIV and AIDS? How can HIV be transmitted?). Then you can decide if this activity is necessary.

Tell the participants that you will begin with some basic information on HIV and that all this information is in their Handout (Section 1).

Give them each a blank piece of paper and say that if they prefer to put any questions relating to HIV in writing, they can do so on the paper anonymously. These will be gathered and you will respond to them at the end of this session. Tell them they can also put their questions on the Matters Arising Board.

You can present this information quickly or take more time depending on how the participants respond.

Go through the information in the Handout, Section 1.

After the presentation, ask the participants if they have any questions on this information.

TIP FOR YOU

Remind the participants that the meaning of terms they may not know can be found at the back of the Handout.

ACTIVITY 2-2
MINI LECTURE (OPTIONAL) - 10 MINUTES
YOUNG PEOPLE AND HIV GLOBALLY

Explain that you will now present some data on the global situation of HIV among young people.

TIP FOR YOU

Other current HIV data can be found at: *www.unaids.org/en/HIV_data/2006GlobalReport/default.asp*

Show slide N2-1. Do not read the slide; instead go over the talking points outlined below.

Global data on HIV and young people

- Estimated 39 million PLHIV worldwide.
- Estimated 10 000 new infections daily in adults aged 15 years and older:
  - 40% are among young people (15-24).
  - almost 50% are among women.
- In highly affected regions, about 75% of young PLHIV (aged 15-24 years) are female.
- Over 13 million drug injectors worldwide. In some countries more than 50% are PLHIV.

(From: UNAIDS/UNICEF/WHO, 2004/2006)

SLIDE N2-1

Talking points

- The global data show that young people are central to the HIV epidemic. Some data do not give individual age breakdown, which makes it difficult to separately identify young people in the statistics (check that they understand the acronym PLHIV).
- In countries with high HIV prevalence rates, young people and especially young women are at particular risk of contracting the virus as soon as they become sexually active. In recent years, almost half of all new HIV infections - approximately 5000 every day – are among women and 40% are among youth aged 15-24 years. With so many new infections, young people are a key population group on which to focus prevention, care and support.
- HIV prevention efforts need to pay particular attention to issues of gender. For example, in sub-Saharan Africa women aged 15-24 years are about three times more likely to be affected than young men of the same age.
- Sharing injecting equipment is a highly effective way of transmitting HIV. In some regions of the world, injecting drug use plays a major role in the HIV epidemic. In some countries, there have been dramatic increases in the number of young people who inject drugs, the majority of whom are young men.

To conclude, point out that the figures represent global estimates and that there is much variation between and within countries.

Explain that you will now look at the nature of the epidemic in different regions of the world in order to understand the various HIV epidemics that are evolving around the world.

SLIDE N2-2

HIV epidemic: Dynamic and diverse

- Generalized
- Concentrated
- Low level

Show Slide N2-3.

Talking points

HIV epidemics are dynamic and diverse. They do not start in the same way in all countries and the epidemic within a country can change over time. The course of the HIV epidemic depends on the people's pattern of behaviour, which increases or reduces their risk of HIV, and also on the local political, economic and social situation. Within a country there may be differences in the epidemic from one region to another, and between rural and urban areas.

- **Generalized** epidemics are those where HIV prevalence is over 1% in the general population.
- **Concentrated** epidemics are those where HIV prevalence is over 5% in any sub-population at higher risk of infection, but where the prevalence in the general population remains below 1%.
- **Low-level** epidemics are those where relatively little HIV is detected in any group in the population.
- Young people are at the centre of transmission in both generalized and concentrated epidemics.

BOX 2 - HANDOUT N

Examples to illustrate global diversity of HIV epidemic

- The HIV epidemic in many Southern African countries – with some of the highest reported HIV prevalence rates in the world – is **generalized** with transmission occurring mainly heterosexually within the population as a whole.
- In settings in Eastern Europe, HIV began as a **concentrated** epidemic, primarily through needle sharing among drug injectors; but recently, HIV infections have moved into the wider community, through sexual transmission.
- The high number of single male migrant workers going to urban areas of Asia and frequenting sex workers has led to increased HIV infection levels. These men then sexually transmit HIV to their partners when they return to their rural areas.
- In other countries in Asia the HIV epidemic began as serious localized epidemics arising primarily through injecting drug use and unsafe blood donations, but now sexual transmission is rising.
- In many industrialized countries, men having sex with men continues to be a major part of the epidemic.
- Drug injecting is also important for HIV transmission. In 2002, IDU accounted for more than 10% of all reported HIV infections in Western Europe and for 25% of HIV infections in North America.
- In some Latin American countries, the epidemic was concentrated among drug injectors and men who have sex with men, before moving to the general population.
- In countries experiencing conflict, HIV can spread rapidly among internally displaced people, increased by the violence associated with war (rape, breakdown of family structure and societal norms).

Ask participants to look at Box 2, Section 2 in the Handout .

Explain that the information in this box is purely to illustrate the different epidemics and is not intended to point fingers at any country, region or sexual behaviour or preference.

Tell the participants we will look at the issues raised by this information.

Ask a participant or participants to read aloud the information.

Ask for comments and respond.

Conclude by telling the participants that:

- Worldwide, the population affected by the epidemic is young, poor and includes more women each year.
- Even when the HIV epidemic is generalized in a country, some groups within the population remain highly vulnerable and deserve specially focused attention. For example, women, particularly young women, are especially vulnerable to HIV infection as they may be less able than men to avoid non-consensual sexual relations.

Young people represent a large proportion of these highly vulnerable groups.

TIP FOR YOU

Gather up all the papers with the written questions from the participants (maintaining their confidentiality) and prepare the responses.

ACTIVITY 2-3
MINI LECTURE BY GUEST PRESENTER (OPTIONAL) - 20 MINUTES
YOUNG PEOPLE AND HIV – THE NATIONAL SITUATION

The aim of this presentation is to show that HIV is an important health issue for young people in this country. Tell participants that this information is not in the Handout.

Show the national slides that you have already prepared or ask your guest speaker to make their 10 minute presentation.

Suggested content for slides and presentation by guest presenter

- HIV rates nationally/regionally (general population and young people) (available at *www.unaids.org/en/HIV_data/2006GlobalReport/default.asp*)
- STI rates (general population and young people)
- Pregnancy rates and abortion rates (general population and young people)
- Studies of knowledge about HIV and about sexual and injecting drug use behaviour (general population and young people)
- Condom use and availability
- Availability of HIV testing and counselling (general population and young people)
- HIV treatment, care and support services (general population and young people)
- Situation regarding HIV stigma, discrimination and denial
- Other available data, studies, national guidelines, etc.

SLIDE N2-3

Ask the participants if they have any questions or comments on the local situation of HIV among young people.

Ask them to share any information they may have on the local HIV situation among young people. Let the participants control the direction of the discussion. But if necessary, ask questions that build on the discussion, for example:

- Are there specific groups of young people here who are more likely to be infected with HIV?
- What factors may contribute to HIV infection locally for young people?
- Is there a difference in the rural and urban situation for youth?
- Is there a difference in the issues for young men and women locally?

TIP FOR YOU

Encourage the participants to share any facts and figures they have, as well as their opinions, view and impressions. Encourage them to direct their questions to the guest presenter.

Put any unresolved issues on the Matters Arising Board.

Encourage a relaxed environment in which they will feel at ease to talk about topics that may normally make them feel uncomfortable.

If there are participants from the national AIDS programme, from an NGO, a network of PLHIV or an AIDS activist, you can ask them to bring in their knowledge to this discussion that focuses on young people and HIV locally.

Thank the guest presenter.

WRAP UP

In this session we have seen that young people are central to the HIV epidemic.

Respond to the questions that participants wrote on the papers.

Tell the participants that now they are aware of the global and local situation of HIV among young people. Fortunately, most young people are not infected with HIV. In fact, during early adolescence HIV rates are the lowest of any period during the life-cycle. The challenge is to keep them this way. Focusing on young people is likely to be the most effective approach to confronting the epidemic, particularly in high prevalence countries.

Tell them that we will now move on to Session 3 in which they will look at how HIV affects young people.

Session 3
How HIV affects young people

Aims of the session

To discuss and understand the features of HIV which are special in the ways they affect young people, and the implications of these in regard to:

- risk factors and protective factors directly linked to HIV transmission;
- biological susceptibility to infection following exposure;
- HIV-related stigma and discrimination;
- natural history of HIV infection.

Tell the participants that in this session we will begin to talk about some of the difficult issues around HIV - issues that may challenge people's moral and societal values.

When working with HIV, we need to be able to talk openly about sensitive issues, in particular about sex. Health workers need to be able to discuss with young people behaviours that carry a high risk for HIV transmission. These behaviours and the young people who practise them may provoke strong feelings in us. As health workers, it is important to maintain a professional and respectful manner, without using blame or personal values to judge a situation.

Tell the participants that we need to consider the infection history when we discuss how HIV affects young people living with HIV. A young person with HIV was either infected around birth and survived into adolescence or was infected during adolescence, usually through unprotected sex or through injecting drug use.

The infection history has an impact on many features of how HIV affects a young person and on his/her HIV management (e.g. progression of HIV disease, treatment with ARV drugs, knowledge and disclosure of HIV status, and access to care).

Activity 3-1
Mini lecture and brainstorming: Risk and protective factors

Tell the participants that we are now going to talk about risk factors and protective factors for HIV transmission among young people.

Remind them that we discussed risk and protective factors in the Meaning of Adolescence module. Ask them to give you a definition of:

- Risk factors
- Protective factors.

Then show slide N3-1 and go through the Talking points.

SLIDE N3-1

Risk factors and protective factors

Risk factors
- encourage or are associated with behaviours that might lead to negative health outcomes.
- discourage behaviours that might prevent a negative health outcome.

Protective factors
- discourage behaviours that might lead to negative health outcomes.
- encourage behaviours that might prevent negative health outcomes.
- lessen the likelihood of negative consequences from risk factors.

Talking points

- Risk factors are individual and contextual influences that either encourage or are associated with behaviours that might lead to a negative health outcome. Risk factors can also discourage behaviours that might prevent a negative health outcome.
- Protective factors are individual and contextual influences that discourage one or more behaviours that might lead to negative health outcomes or that encourage behaviours that might prevent negative health outcomes. Protective factors can lessen the likelihood of negative consequences from risk factors.

For example, the negative health outcome is acquiring HIV. The risk factors are the influences that encourage behaviours that might lead to HIV transmission (e.g. influences that encourage early and unprotected sex, influences that encourage young people to have many sexual partners, or influences that encourage drug injecting) and discourage behaviours that might prevent HIV (e.g. discourage condom use or make it difficult to delay sex).

Another risk factor for HIV is lack of knowledge about HIV transmission. This may be because sexuality is not discussed in the family, or there is no teaching of sexuality in the school, or because the young person may receive inaccurate information from their peers.

SLIDE N3-2

Vulnerability to HIV

When there is:
- Inability to control the risk of HIV infection.
- Absence of choice to engage in behaviour that puts them at risk of acquiring HIV.
- Increased likelihood of negative health outcomes.

Ask if there are any questions and respond. Then show the next slide and go through the Talking points.

Talking points

- Vulnerability is a measure of an individual's or community's inability to control the risk of infection.
- Vulnerability recognizes that young people may not have a choice as to whether they engage in behaviour that puts them at risk of acquiring HIV.
- Vulnerability increases the likelihood of negative health outcomes. There are social and contextual risk factors that make many young people vulnerable to HIV infection. These include gender norms, relations between different age groups, race and other social or cultural norms and value systems, location, and economic status.

For example women, especially young women, are especially vulnerable to HIV infection as they may be less able than men to avoid non-consensual sexual relations.

Refer the participants to Box 3, Section 3 in the Handout.

ACTIVITY 3-2
MINI LECTURE: BIOLOGICAL SUSCEPTIBILITY

Tell the participants that we will now look at biological susceptibility.

These are the biological factors (factors about the young body) which can decrease a young person's defences against HIV infection following exposure through sexual intercourse. In other words, this refers to the ease with which the HIV virus can enter the cells of the person following his/her exposure to the virus.

Show Slide N3-3. Instead of reading it aloud, lead participants through the talking points.

Biological issues that increase the likelihood of HIV transmission for young people

Upon exposure to HIV, young people are more likely to acquire HIV because of:

- Immature genital tract in young girls.
- Undeveloped genitalia more easily damaged during forced sex.
- Presence of STI.
- Genital mutilation.
- Risk of anal abrasions.

SLIDE N3-3

Talking points

- In young girls, inadequate mucosal defence mechanisms and the immature lining of the cervix provide a poor barrier against infection. Once exposed to the virus, girls and young women are more susceptible than young men or adults due to the anatomy of the developing cervix and vagina. Also in young girls, the thin lining and relatively low acidity in the vagina facilitate transmission.
- Non-consensual sex with undeveloped genitalia can lead to trauma and therefore increase the chance of transmission if exposed to HIV. In many settings, young girls are subjected to a high rate of coerced sex.
- STIs among sexually active people increase the chance of contracting and transmitting HIV.
- Female genital mutilation causes damage to the genital area and can increase the risk of HIV transmission during intercourse. In addition, use of the same instrument to carry out genital mutilation on several girls without sterilization of the instrument could also cause the spread of HIV.
- The tissue around the anus of young girls and boys is fragile. During anal sex (boys with men, girls with older men or girls with boys) by force or consensually, anal abrasion can occur, making transmission more likely in the presence of HIV. Anal sex may be chosen over vaginal sex to preserve the virginity of the girl or to avoid the risk of unwanted pregnancy.

Ask if there are any questions on this slide and respond. Then show the next slide.

Male circumcision and HIV

- Potential link between male circumcision and HIV.
- One trial found circumcision reduced risk by 60%.
- Addressing consent and confidentiality.
- Circumcision must only be part of a comprehensive prevention package.
- Safe procedure for trained health workers.

SLIDE N3-4

Talking points

Male circumcision, the removal of the foreskin of the penis, is very different from female "circumcision" which also referred to as genital mutilation. Circumcision is an opportunity to make contact with adolescents and provide them with information and counselling about their sexual and reproductive health.

- Trials are in progress in high prevalence countries to examine the potential link between male circumcision and a lower risk of acquiring and transmitting HIV during sexual intercourse. The trials have shown promising protective effects of adult male circumcision in reducing HIV acquisition.
- One trial in South Africa found that circumcising HIV-uninfected adult men reduced their risk of becoming infected with HIV by 60%. More research is underway in Kenya and Uganda to confirm the reproducibility of these findings and whether or not the results have more general application. A companion trial in Uganda is following the female partners of the male participants, to determine if circumcising men reduces the risk of HIV transmission to women, as suggested by observational data.
- Health workers need to know how to respond to an adolescent's request for circumcision in ways that respect his rights to privacy and confidentiality but do not place the health worker in conflict with the law. Ideally, an adolescent should be accompanied by a responsible adult who can give consent to the operation. However, in practice this is not always possible. All adolescents have a right to use health services, and health workers should act in the best interests of the adolescent, with an understanding of his evolving capacities and his increasing ability to make independent decisions.
- If male circumcision is confirmed to be an effective intervention in high prevalence countries to reduce the risk of acquiring and transmitting HIV, this will not mean that men will be prevented from becoming infected with HIV during sexual intercourse through circumcision alone. Nor does male circumcision provide protection for sexual partners against HIV infection. It will therefore be essential that it be part of a comprehensive prevention package, which includes correct and consistent condom use, behaviour change, and voluntary counselling and testing.
- When performed by a trained practitioner, male circumcision is a safe procedure, and analgesia effectively mitigates pain. However, concerns have been raised about the safety of circumcision procedures performed in resource-limited community settings. The feasibility of such an intervention, particularly with respect to its cost-effectiveness, safety and acceptability, is still to be demonstrated.

ACTIVITY 3-3
BRAINSTORMING (OPTIONAL) - 20 MINUTES
RISK FACTORS AND PROTECTIVE FACTORS

Tell the participants that we will now do a brainstorming. We will look at the risk factors and protective factors in scenarios with young people and HIV.

TIP FOR YOU

Pick the most appropriate scenarios that you will use from the six below. If you have extra time available, this exercise can be a group or an individual exercise using VIPP cards.

Ask the participants to turn to Annex 3 in the Handout: Brief scenarios – Risk and protective factors.

Put up Flipchart N1 and read the questions aloud.

Ask a participant to read aloud the first scenario you have chosen.

Ask all the participants to consider the issues in this scenario. Ask them to identify the risk and protective factors which may occur in this scenario. Encourage them to call out their responses, one at a time, and you can write these down as a list on the flipchart. Ask the participants to use their imagination about some of the facts in the scenario.

FLIPCHART N1

*What are the **risk factors** that could influence HIV transmission in this scenario?*

*What are the **protective factors** that are present in this scenario?*

When the flow of ideas from the participants slows down, move on to the next scenario and ask another participant to read it aloud.

Brief scenarios: Risk and protective Factors

SCENARIO 1

A girl in a secondary school of a large town has sex with older men in exchange for money or favours.

SCENARIO 2

A young man at university in a medium-sized town is persuaded by his class mates to join them for an evening out. The evening includes viewing an X-rated film, dinner and drinks, and a visit to the town's red light area.

SCENARIO 3

A young man in a big city occasionally injects drugs with his friends. He uses their needles and syringes. He sees no problem in this because he says they are all healthy and he has known these friends all his life.

SCENARIO 4

A young married woman lives in a rural area. Her husband, a factory worker in a big city some 50 km away, returns home periodically. Like many of his co-workers, he occasionally visits a brothel.

SCENARIO 5

A young woman, a migrant worker, is employed as a domestic servant. She is forced into having sex with her employer. When she raises this matter with the madam of the house, she is slapped across her face and is threatened with more violence.

SCENARIO 6

A young man is part of a gang in a big city. He occasionally has anal sex with men, while continuing his relationship with a young woman.

Go through all the scenarios that you have chosen to use in this activity.

Conclude by summarizing the risk and protective factors that have been identified on the flipchart.

Ask if there are any comments, respond and then move on to the next activity.

ACTIVITY 3-4
BRAINSTORMING: YOUNG PEOPLE, HIV, STIGMA AND DISCRIMINATION

Ask the questions:

- *What is HIV related stigma?* Let the participants respond and then ask:
- *What is HIV-related discrimination?*

Let the participants respond. If they are having trouble, suggest they look at the Definition of Terms in the Handout.

TIP FOR YOU

Definitions of Terms (in section 8 of the Handout):

Stigma: HIV-related stigma includes all unfavourable or discriminatory attitudes, beliefs, and policies that are directed towards people who are perceived to be living with HIV, and also towards their families and loved ones, their social groups and their communities.

Discrimination: when there is action or inaction that is based on stigma that results in an infringement (disrespect) of human rights. This is often evident as some form of abuse against an individual or group. Discrimination results when actions treat people differently based on stigma (e.g. a confirmed or suspected HIV serostatus). Persons associated in the public mind with HIV or AIDS (e.g. men who have sex with men, sex workers, drug users, haemophiliacs, and the family members and associates of HIV-positive people or people suspected to live with HIV) may also face discrimination.

FLIPCHART N2

Think of incidents or situations that represent a young person living with HIV experiencing stigma or discrimination. How might these be different from an adult's experiences?

Then show Flipchart N2 and read it aloud.

Ask the participants to respond.

Ask them to assume that, for whatever reasons, other people may already know or suspect that this young person is HIV-positive.

Encourage them to give examples by asking them questions, for example:

- How may (their peers, school teachers, health workers, family) react when they walk in to a room?
- What about when they go to the clinic for health care, or to the dentist? Or when they sneeze? Or fall in love?
- Will there be differences in the way young males and females are dealt with? Will the reaction be different for a young person who had been infected through perinatal transmission, compared with a young person infected through injecting drug use or sexually?
- What about the words people use? Do you think stigma and discrimination affect HIV prevention? If so, what effect and why?

Ask them to remember what is especially important for young people and to think about their stage in development, need for support, etc. and how living with HIV can change these aspects of a young person's life.

Write the key words on Flipchart N2. Group them together if possible.

After a few minutes and when the suggestions slow down, bring the exercise to a close. Summarize the points you have written on the flipchart.

Now ask the participants to identify which incidents or situations they, as health workers, can make an impact in order to lessen the stigma or discrimination for the young person. Mark these with a sign (e.g. a star).

Bring the exercise to a close and conclude with the following comments:

- Stigma and discrimination towards PLHIV exist in all sectors of our society and is a serious barrier to HIV prevention and care.
- We all have a personal and professional responsibility to address issues of HIV stigma and discrimination that occur around us and in our society at large.
- Health workers should examine their personal attitudes, the language they use, and their behaviour towards all people living with HIV. They should also be aware of the special needs of young PLHIV.
- It is the responsibility of health workers to address issues of HIV stigma and discrimination that occur within the health service and with their colleagues.

Refer them to Box 8, Young People and HIV Related Stigma and Discrimination (Section 3) of the Handout for more information.

ACTIVITY 3-5
MINI LECTURE: YOUNG PEOPLE AND THE NATURAL HISTORY OF HIV

Tell the participants that we will now look at what is important for young people in the natural history of HIV infection.

Young people differ from adults in the natural history of HIV infection and can differ from each other depending on their infection history (infection around birth OR adolescent infection through unprotected sex or injecting drug use).

Show Slide N3-5 and go through the Talking points.

Young people differ from adults in the natural history of HIV infection

When HIV is acquired prior to puberty, young people:
- may be marked by slower physical development.
- may have delayed pubertal development and irregular menstruation.
- may show rapid or slow progression of HIV disease.

When HIV is acquired after puberty has begun:
- the infection may remain asymptomatic for a longer period of time.
- young people may not get sick as quickly as adults due to their immune resiliency.

SLIDE N3-5

Talking points

- Young people who are infected before entering puberty can present with slow skeletal growth, delayed pubertal maturation and irregular menstrual periods in girls. This is due to the effect HIV has on metabolic and endocrine functions. This delay in growth and sexual maturation may also have an impact on the psychosocial development of the individual.

  In young people who were infected around birth and have survived into adolescence, HIV disease may have a rapid progression or a slow progression. In rapid progression they are likely to have begun ART in childhood.

- For young people infected after puberty, the infection can remain asymptomatic for a longer period of time than for adults. There appears to be an inverse correlation between the age of infection and the length of the asymptomatic period (i.e. the younger the age at infection (after puberty), the longer the individual remains asymptomatic).

Ask if there are any questions on this slide and then move on to conclude the session.

WRAP UP

Remind the participants that in this session we discussed how HIV affects young people by considering:

- The risk factors and protective factors for HIV among young people.
- Young people's biological susceptibility to HIV.
- How stigma and discrimination can impact on PLHIV and on HIV prevention.
- What is special in the natural history of HIV for young people.

In the next session we will discuss HIV prevention among young people.

Session 4
HIV prevention and young people

45 min

Aims of the session

- Highlight the importance of HIV prevention among young people.
- Understand the factors that influence the behaviour of young people.
- Discuss how to use this knowledge in HIV-prevention strategies.
- Explore HIV-prevention strategies for young people in the clinic and in the community.

ACTIVITY 4-1
MINI LECTURE: INTRODUCTION

Remind the participants that HIV prevention is the key to reducing infection rates and slowing the epidemic.

Tell them that in this session we will look at how health workers can help to reduce young people's risk of acquiring and transmitting HIV.

Show Slide N4-1 and go through the Talking points.

There is an urgent need for HIV prevention strategies that work for young people because:

- Nearly half of the global population is less than 25 years old.
- Of the new HIV infections annually, about 40% are among young people (15-24 years old).
- HIV prevalence among young people is rising rapidly in some countries.
- The future epidemic will be shaped by the action and behaviour of young people.
- A variety of factors place young people at the centre of HIV vulnerability.
- Young people can protect themselves and others if they receive support.

SLIDE N4-1

Talking points

- Today's youth generation is the largest in history: nearly half of the global population is less than 25 years old. They have not known a world without AIDS.
- Of the new HIV infections annually, 40% are among young people (15-24 years).
- HIV prevalence among young people is rising rapidly in some countries.
- The future epidemic will be shaped by the action of young people. Young people between the ages of 15 and 24 are both the most threatened and the greatest hope for turning the tide against HIV.
- A variety of factors place young people at the centre of HIV vulnerability. An individual's vulnerability to HIV is determined by the factors that increase their risk of acquiring HIV and the factors that limit the young person's ability to make healthy decisions.
- It has been shown that young people can protect themselves and others if they receive support. The 2006 Report on the Global Aids Epidemic documents behaviour changes, e.g. delaying the first sexual experience, increasing use of condoms by young people, and resulting decreases in HIV prevalence in young people in some sub-Saharan countries.

ACTIVITY 4-2
GROUP EXERCISE (OPTIONAL) - 20 MINUTES
COMMUNITY MIX

This exercise can get participants up and moving and can raise some issues on HIV risk and transmission. The purpose of this exercise is to look at how HIV can be transmitted in a community and to consider the feelings of people who acquire and transmit HIV.

The mixing of, for example, beans or lentils, rice, etc. represents unprotected intercourse. A few people are given beans (or lentils, rice, etc.) of a different colour, representing HIV.

- Group A represents young people who are abstinent.
- Group B represents young people who have unprotected sex with one faithful partner.
- Group C represents young people who have unprotected sex with many partners.

TIP FOR YOU

If possible, you can make this exercise relevant to the local HIV prevalence rates (i.e. divide the groups to approximate the local statistics on young people practising abstinence etc. and give the beans of a different colour to approximate the local estimated HIV prevalence rate).

Divide the participants into 3 groups in different corners of the room.

Meet with each group and quietly give the group their different instructions.

Instructions for Group A:
Give each participant a small container of beans. Tell them to walk around in the main group and greet people but not to mix the contents of their container with anyone else.

Instructions for Group B:
Give each participant a small container of beans. Give 1 or 2 participants beans of a different colour but do not draw anyone's attention to this. Tell them to walk around in the main group and greet people. They can mix their beans with only one other chosen person.

Instructions for Group C:
Give each participant a small container of beans. Give 1 or 2 participants beans of a different colour but do not draw attention to this. Tell them to walk around in the main group and greet people. They should mix a few of their beans with as many people as they can.

Give them a few minutes to mingle together. After some minutes, bring the whole group back together.

Ask anyone with beans of a different colour in their container to move to one side of the room. Tell them that these beans represent HIV and they represent young people who are HIV-positive.

Try to get the participants to identify some feelings, e.g.

- If possible, identify a person who was faithful to one person and yet is still HIV-positive. How do they feel?
- No one knew what receiving or giving the other colour bean would mean. How do they feel now that they know (transmitting and acquiring)?

Tell the participants the purpose of the exercise was to look at the transmission of HIV in a community and to consider the feelings of people who acquire and transmit HIV.

Tell them that this is only an exercise and represents a simplistic view of sexual risk and transmission in a community and does not allow for other options, for example safer sex with one or several partners.

Conclude the exercise by asking if there are any comments.

ACTIVITY 4-3
MINI LECTURE (OPTIONAL) - 10 MINUTES
OVERVIEW OF HIV PREVENTION

Tell the participants that in order to prevent HIV transmission it is necessary to know where transmission is occurring and understand the factors that influence the choices (or lack of choice) of an individual's behaviour.

Tell the participants we will begin by looking at HIV and the general population.

Show the slide N4-2. Go through the Talking points and indicate on the slide the group of people of whom you are speaking.

Talking points

- Currently, in most countries the majority of people (estimated globally as 90% in developing countries) do not know if they are HIV-positive or HIV-negative because they have not been tested. They have no access to HIV testing or they decide that they prefer not to know their status.
- There are some people who have been tested for HIV (estimated that only 12% of people who need testing and counselling services have access). Some of these people have found that they are HIV-positive and others that they are negative.
- However, this is changing as a number of countries are moving towards massive HIV testing campaigns, which will result in an increasing number of countries where the majority of people will know their status.
- Some young people are particularly vulnerable and at highest risk of acquiring HIV. This includes groups such as young sex workers, young injectors, young girls who have unprotected sex with older men, young males having unprotected sex with males, young people who have unprotected sex with multiple partners, young migrant workers and young prisoners.
- Again within these vulnerable groups there are young people who have been tested and found they are HIV-positive, people who have been tested and found they are HIV-negative, and people who do not know their HIV status.
- HIV transmission is occurring within and between these groups.

Population and HIV

Not tested for HIV (most people)
- HIV positive but do not know
- HIV positive and know

Tested for HIV
- HIV negative but do not know
- HIV negative and know

SLIDE N4-2

Tell the participants that in this session we are going to explore prevention strategies for young people who are HIV-negative or of unknown status, both in the general population and in high-risk and highly vulnerable groups. As we have said, in many countries the majority of young people do not know their HIV status.

Later we will discuss prevention for young PLHIV.

Ask if there are any questions and respond. Then show the next slide.

SLIDE N4-3

Aims of HIV prevention

- To prevent transmission of HIV.
- To help those who know they are HIV-negative to stay negative.
- To promote testing and counselling.

In planning HIV prevention, we need to consider the aims of prevention strategies. These aims are to:

- Prevent transmission of HIV for all people who are HIV-negative or HIV-positive (whether they know their status or not) to reduce the number of new infections.
- Help people who are HIV-negative (whether they know their status or not) to stay negative.
- Promote testing and counselling for people that do not know their status.

Then tell the participants that some situations are beyond the scope for health sector strategies to respond.

For example: A young person who is a migrant worker may have unprotected sex with a sex worker while away from home. Health workers can give the young person condoms and promote correct and consistent use, but the sustainable way to reduce the risk for this person is for the migrant worker to be able to live with his family. To achieve the sustainable solution is beyond the scope of the health worker. It is important to understand the wider contextual factors and to use our knowledge towards influencing changes in society.

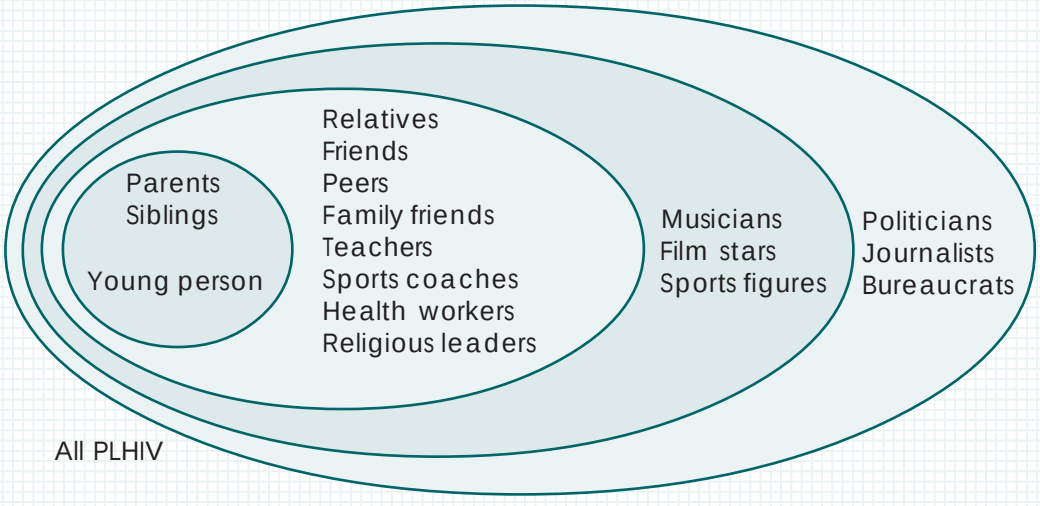
Tell the participants that HIV prevention is the responsibility of many people in society.

We will now identify who in society has a role in HIV-prevention strategies and then we will focus on the strategies that are within the scope of the health worker.

Show the next slide.

SLIDE N4-4

Who has a role in HIV prevention?



Talking points

This slide shows all the people who have a role to play in HIV prevention.

HIV prevention requires a broad response from all members of society to ensure an environment where young people feel safe and supported, and are able to protect themselves from HIV at home, school, work and in their community.

- **Young people**

  HIV prevention must focus on young people because young people have an essential role in slowing the epidemic. Many young people listen to their peers and believe their peers, giving peer educators and counsellors an essential role in HIV prevention among young people.

- **Parents and other adults in the community**

  All adults have a role to play in their personal capacity as parents, members of extended families, and as adult role models. They may also have a professional role as teachers, sports coaches and religious leaders.

  Health workers in all departments of the health service have a critical role in developing and providing HIV prevention services to ensure that effective health strategies are available for all young people.

- **Public idols who are role models for young people**

  Musicians, film stars and sports figures provide role models for young people through their personal lives and through their performances. The images and messages they portray should encourage young people to adopt and maintain healthy behaviours.

- **Government leaders and the media**

  Politicians, journalists and bureaucrats can affect the factors (social, legal, economic, political and normative) that determine the risk environments for HIV infection in which young people live and work. Structural strategies (e.g. free schooling for all girls and boys) challenge and change factors that increase the vulnerability of young people to HIV. The media has a role and responsibility to show the public image of sexuality and HIV that will encourage young people to prevent HIV transmission.

- **People living with HIV**

  PLHIV have a role in HIV prevention. They have a personal role to ensure they do not transmit HIV to any other person. They may also choose to have a public or community role as an HIV activist, an educator or speaker on living with HIV, or an advocate for the rights of PLHIV.

ACTIVITY 4-4
PLENARY DISCUSSION: HIV PREVENTION AND THE HEALTH WORKER

Tell the participants that, as we have said, HIV requires a broad response from all members of society. We will now focus on prevention strategies that the health worker can provide.

If there is time, ask the participants the question: *What are the key HIV prevention strategies that can realistically be provided by the health worker?*

Allow time for brief discussion. Write the answers on a flipchart and then put up Slide N4-3 and compare the lists.

If time is short, show and read out Slide N4-5.

SLIDE N4-5

Key HIV prevention strategies for young people that can be provided by the health worker

- Information and education on HIV and safer sex
- HIV testing and counselling
- Provision of male and female condoms
- Harm reduction strategies for injecting drug users
- STI management

Tell the participants that HIV prevention services must be offered to young people when they attend every department of the health services (tuberculosis clinics, STI clinics, ante-natal clinic, family planning clinics, and sexual and reproductive health clinics and services). These services need to be youth friendly (i.e. available, accessible, acceptable, appropriate and effective) for all young people.

Remind the participants that these key prevention strategies for young people cannot be the same for all but need to be adapted to the different needs of many young people. For example, the different needs of boys and girls, those in and out of school, younger and older adolescents, and those young people who are married and unmarried.

Talking points

- Young people need more information and education on sexuality and HIV prevention to help them practise responsible sexual behaviour. Postponing the first sexual activity (for young people who are not yet sexually active) and reducing the number of sex partners can significantly protect from HIV. The messages and the way the messages are given are very important for young people. They do not only want to hear what they cannot do, but also what they can do.

  In some settings, health workers have held group counselling sessions for young people (PLHIV or others) to discuss difficult situations in HIV prevention. This method can create a good interaction because the group looks for solutions to situations, taking the focus away from the individual.
- Provider-initiated HIV testing and counselling need to be available in all health services and in the community. Client-initiated or voluntary counselling and testing (VCT) services are also needed.
- The use of latex condoms to prevent the exchange of body fluids during sex is an essential element of all HIV prevention. Safer sex depends on the correct and consistent use of condoms. Female condoms offer women an option that may give them more control. Female condoms require more counselling and assistance with respect to their proper use. They are also more expensive.
- Young injecting drug users need skills, clean equipment and motivation to help them understand the risks, and to assist them to reduce or stop injecting. They are often particularly at risk of acquiring HIV because they may not have the knowledge or skills to protect themselves from HIV and hepatitis C infection through contaminated injecting equipment. Harm reduction reduces the harmful effects of IDU for those who do not stop injecting. Strategies include education programmes, counselling, drug substitution and needle-syringe programmes.
- Some STIs greatly facilitate HIV transmission between sexual partners. Effective prevention and early, correct treatment of STIs are essential parts of HIV prevention for young people.

ACTIVITY 4-5
GROUP WORK AND PLENARY: HIV PREVENTION IN THE CLINIC AND COMMUNITY

Explain that we will now do group work in order to identify practical ways in which health workers can develop strategies to prevent HIV transmission among young people.

Divide the participants into 3 evenly sized groups. You can use an interesting method (e.g. by groupings of birth month, favourite movie star, food, etc).

Ask the participants to turn to Annex 4 of the Handout (Scenarios for HIV Prevention in the Clinic and Community).

Ask a volunteer to read aloud the following task to all the participants.

Task

You have recently arrived as the health worker in charge of the municipal health centre in a small town. After attending a course on HIV and young people organized by your national AIDS programme, you decide to map the situation of young people in your community.

Based on your findings, as described below, how would you respond in order to contribute to HIV prevention among these targeted groups of young people?

Write a list of possible approaches, discuss their advantages and disadvantages. Then choose one approach that can be applied:

- Within your clinic
- Within your community.

One participant should summarize the group's discussion and present in plenary the approach that they have considered and the approach they have chosen. They should present one approach the health worker can use in the clinic and an approach for use in the community.

Ask the participants if there are any questions regarding the task.

Assign one of the three scenarios to each group.

Tell them that they have 10 minutes to discuss the situation within the group and answer the proposed question. Remind them that one participant will be asked to present their approaches to the entire group once time is called.

SCENARIO 1

You learn from a reliable NGO that injecting drug use is occurring among some young people in the community. The boys involved are aged 15-18 years, some attend the secondary school and some do not. Some of the boys have girlfriends at the school. Their practices are relatively unknown (or are ignored) among leading members of the community. Nothing is currently being done to address the matter. You are told that the young people want to avoid contact with the authorities for fear of getting into trouble with the law or with adults in the community.

SCENARIO 2

In the course of your work, you realize that some of your STI patients are students from some nearby secondary schools. When you ask, you learn that there is no health education on sexual and reproductive health offered in these schools. You decide to approach the principals of the schools to explore the possibility of working with them to start a collaborative sexual education programme.
The principals respond with extreme resistance. They feel that such a programme will only encourage the young people to engage in premarital sex, which is exactly what they and their staff have been trying to work against. They say they have enough of a problem with teenage girls who had to be expelled from school because they got pregnant. The principals have strong opinions about this and feel they are speaking on behalf of the parents as well.

SCENARIO 3

You discover that there is a red light area in a poor backstreet not far from your health centre. From discussions with the nurses in the health centre, you learn that young women from the brothels are sometimes brought to the centre by an older woman and a tough looking man. The nurses tell you that many of these young women cannot speak the local language. They seem sure that these women have been 'trafficked' from other parts of the country. "There is nothing we can do", one of the nurses says to you, "Powerful people are involved".

As the groups are working, go round the room to ensure that they understand the task and are on the right track.

When it is time, bring the participants together.

Choose which group will report back first.

Ask each presenter, in turn, to read aloud their scenario and then summarize the discussion on the advantages and disadvantages of different approaches which they had discussed in their group. They should then present the HIV prevention approaches which the group had agreed would be the most effective in the clinic and in the community.

Ask the rest of the group if they have anything they wish to add and then ask the other participants if they have any comments or questions.

Record the main points on a flipchart so that you can summarize what has been discussed at the end of the activity.

TIP FOR YOU

As always, be aware of time constraints. Encourage discussion but keep the participants on the topic in order to cover all the issues in the allotted time. Allow each group 5 minutes maximum for presentation and questions.

If there is time, ask the participants if they know of local examples of successful prevention programme for young people. Lead a brief discussion on what the participants think could be the elements that make these programmes successful.

ACTIVITY 4-6
CONDOM DEMONSTRATION (OPTIONAL) - 30 MINUTES

If you planned for this activity (see Module Advance Preparation) you can do the demonstration. Ask your prepared participants to do the demonstration or ask for two volunteers. This can be done as a role play counselling session with two participants or facilitators playing the role of health worker and young client.

Decide whether you will demonstrate male or female condoms, or both if there is time.

WRAP UP

Conclude this session by saying: Prevention programmes are often planned and carried out by health workers like you. Let us summarize the questions the health worker can ask when planning HIV prevention services for young people in their community.

Show slide N4-6.

Talking points

- Talk to young people and young PLHIV in your community to find out what is happening, the risk and protective factors in their lives, where transmission may be occurring, and what they identify as their needs to prevent HIV. Encourage them to plan and contribute actively to developing HIV prevention services.
- Look at what you could do. Start small. Learn from what has been done elsewhere. Look for support from young people, other professionals and community members.

Questions to ask when planning HIV prevention services for young people

- What is happening in my community with young people and HIV?
- What contribution can I make to HIV prevention?
- What barriers are there (in myself, my work environment and my community) that could hinder my contribution?
- What can I do to overcome these barriers?
- Who else do I need to work with?

SLIDE N4-6

- HIV in young people raises many sensitive issues. Health workers, young people and community members often feel uncomfortable discussing and addressing these issues. Examine your own attitudes and practices towards young people and reflect on the material in the Orientation Programme. Discrimination towards PLHIV exists in the community and in the health services. Identify the reasons why young people cannot or choose not to go to health services in your community.
- Look for formal and informal ways to discuss sexuality and HIV with members of your community. Help them to see the importance of the issues and the consequences for young people of <u>not</u> addressing HIV prevention. All health workers have a responsibility to act with respect, professionalism and proper procedure towards all people, including PLHIV. Look for help from others to overcome barriers to developing HIV prevention services in your community.
- Contact people who are already working with HIV and young people in your community or region and learn from their experiences (youth groups, nongovernmental organizations, health professionals, teachers, peer support groups, community leaders, etc). Join or develop networks of people working with these issues for support and for sharing information. Plan together, so that the strategies and HIV prevention messages which the youth hear and see are consistent and complementary.

Ask the participants to spend a few minutes now to make some notes. Ask them to reflect on this session and to think of at least one practical and realistic action which they can take to their clinic or community to help reduce young people's risk of acquiring or transmitting HIV.

Give them a few minutes to complete the task.

Refer them to the publication: Protecting Young People from HIV and AIDS: The Role of Health Services (WHO, 2004) - see reference list in the Handout. If you have printed copies of this from the CD-ROM, you can distribute them now.

This concludes the first half of the module, which is an important base for the discussions in the next sessions on HIV testing and counselling and on management of HIV in young people.

Session 5
HIV testing and counselling among young people

Aims of the session

- To emphasize the importance of provider-initiated HIV testing and counselling in all contacts with young people.
- To discuss special considerations in HIV testing and counselling with young people.

ACTIVITY 5-1
MINI LECTURE: INTRODUCTION

Explain to participants the current concept of HIV testing and counselling.

- Recently the concept of testing and counselling has broadened from making testing and counselling available to those who ask for it (client-initiated, i.e. at Voluntary Counselling and Testing [VCT] sites), to provider-initiated HIV testing and counselling (i.e. the health worker begins the discussion on HIV testing) during all contacts with patients in healthcare settings and even in the community. However, the patient always has the right to refuse testing.
- HIV testing and counselling is an important entry point to prevention, care, treatment and support.
- HIV testing and counselling is a crucial prevention intervention and is an important opportunity both for people who test positive and for people who test negative.
- HIV testing must only be offered with the "4 C": Confidentiality, informed Consent, Counselling, and Condoms.

Tell the participants that this information is in the Handout in Section 5.

Tell the participants that in this session we will discuss counselling young people in the context of HIV testing. In the next session we will look at counselling for young people who are living with HIV.

If there are national guidelines or a national protocol for the management of HIV testing and counselling available, show these documents to the participants.

If you have printed documents on testing and counselling from the CD-ROM, you can distribute them now.

ACTIVITY 5-2:
MINI LECTURE: HIV TESTING AND COUNSELLING FOR YOUNG PEOPLE

Ask the participants: *Why is HIV testing and counselling important?*

Allow some time for discussion, then show slide N5-1 and go through Talking points.

SLIDE N5-1

Knowing HIV status and receiving counselling and support, can enable

Individuals to:
- Initiate or maintain behaviours to prevent acquisition or further transmission of HIV.
- Gain early access to HIV prevention, care, treatment and support.
- Access strategies to prevent transmission from pregnant mothers to their infants (PMTCT).

And can help communities to:
- Reduce the denial, stigma and discrimination that surround HIV.
- Mobilize support and appropriate responses.

All people, including young people, have a right to know their HIV status.

Talking points

- Coming to know one's serostatus, when given with counselling support, may be a time when young people are open to making changes in their behaviour. HIV status is essential knowledge to empower those who are not infected to remain so and for people with HIV to access prevention (e.g. of STIs), care and support services, and to prevent further transmission.
- With counselling and support, the earlier young people know that they are HIV-positive, the sooner they can protect themselves and reduce the risk of transmitting HIV to their partners and loved ones.
- Many mother and child health (MCH) clinics now offer HIV testing and counselling and provide anti-retroviral drug regimens to prevent mother-to-child transmission (PMTCT).
- Communities that normalize the process of including HIV serostatus as part of general health-seeking behaviour have a greater chance of tackling the stigma and discrimination associated with the disease. Group counselling of young people can be considered as a way of discussing the benefits of testing and taking the focus away from the individual. However, any coercion of persons to get tested must be strictly avoided.
- Community mobilization can be facilitated by more people knowing their HIV status. In communities where many people have a friend or relative with HIV, the stigma associated with the virus can be less and support for PLHIV can grow. However, we may only reach this level in high prevalence settings.

Stop everyone and try to get the room to be still for a moment.

Then say to the participants: "I would like you to think about the very personal question I am now going to ask. I do not want you to answer, but just think about what you feel:

- "How many of us here know our HIV status?
- "How many of us have been for an HIV test?
- "What are our feelings if someone suggests that we have an HIV test today?"

Wait for a few moments to give them time to think and then say: "HIV testing is a very personal issue and is accompanied by many feelings: feelings of fear and feelings of anxiety about stigmatization and confidentiality. We should be aware of these feelings when we encourage young people to know their HIV status."

We should also make sure that services are available so that the testing is an entry point for prevention, treatment care and support.

If there is time, ask the participants if they can think of any special considerations in HIV testing and counselling among young people. Write their responses on a flipchart.

Then show Slide N5-2 and go through the Talking points.

Talking points

Special considerations in HIV testing and counselling among young people

Important elements:
- Do not discount the potential for HIV in young people.
- Understand the issues of consent and confidentiality for HIV testing and counselling of minors.
- Your first session with a young person may be your only one.
- Promote beneficial disclosure.
- Take the opportunity given by a negative HIV test.

SLIDE N5-2

- Most adolescents become sexually active before the age of twenty. Young people form a large percentage of groups at highest risk and highest vulnerability of HIV. This is why it is important to encourage young people to consider testing. Young PLHIV will probably have a long period after acquiring HIV when they will remain asymptomatic and will not be aware that they are HIV-positive.

  Even if they do not want to have a test immediately, health workers should provide them with information and other links in the community. Invite them to come back to the clinic when they are ready.
- As with any patient, consent and confidentiality are important considerations with under-age young people (minors) who come for HIV testing, especially if they are not accompanied by an adult. There may be legal restrictions on performing an HIV test without the consent of a parent or guardian. Each situation is different. If possible, an assessment should be made of the young person's risk for HIV, his/her risk of not returning for testing, and his/her capacity to understand informed consent. Health workers should take into account the best interests of the young persons and their evolving capacities. All health discussions with minors should be kept confidential, unless unlawful.
- It is important to take advantage of the initial session, as it may be your only chance to communicate the importance of being safe and the reality of HIV to this particular young person. As they may not come back, ensure that they have educational materials and links to community services and peer support, where they can access further information and support at a later date.
- All PLHIV need support to cope with living positively. But young people have special needs. The support from family and close friends can be particularly important for young people, but they will only be able to access this support if family and close friends know their HIV status. Counselling can help them to understand the benefits of disclosing their HIV status and discuss whom to tell and how to go about telling.

  Young people need a lot of support around issues of stigma and disclosure. Disclosure of HIV status may also involve disclosure of sexual activity and injecting drug use. The final decision on disclosure stays with the young person.
- A negative HIV test result provides a unique opportunity to discuss risk behaviour and promote behaviour change with a young person. Prevention education and risk-reduction counselling can help them to consider, plan and implement changes in HIV risk behaviour. Promotion of condom use should be part of all counselling sessions with sexually active young people, including distribution of condoms, as appropriate.

TIP FOR YOU

If you asked the question before showing the slide, now refer back to the points participants made on the flipchart and how they relate to the points on the slide.

ACTIVITY 5-3
MINI LECTURE: CIRCUMSTANCES FOR HIV TESTING

SLIDE N5-3

Circumstances in which poung people may present for HIV testing and counselling

- **Choice:** young person makes decision to come for testing
- **Recommendation:** other person advises, young person decides
- **Mandatory:** others make the decision to test young person

Display Slide N5-3.

Before going through the Talking points, ask the participants to give examples of situations for these circumstances. For example, "Can you give an example of a circumstance when a young person may [choose/ be recommended/ have others decide they need] to be tested for HIV?"

The examples can be based on their experience or from imagination. Remind them not to include any information that could identify individuals.

The following Talking points give examples of situations in these three circumstances for testing. Go through any points that were not covered in the discussion.

Talking points

Choice

- The young person may have recently experienced a situation that makes them think they could have been at risk for acquiring HIV (e.g. rape, condom breakage, unprotected sex, first experience with injecting drugs).
- He or she may be a person who has a risk behaviour that is regular in their lives (e.g. injecting drugs, sex worker).
- He or she may be on the brink of something new in their lives (e.g. a new relationship, marriage).

Recommendation

- Provider-initiated HIV testing and counselling recommends that health workers offer HIV testing and counselling during all routine contacts with patients in healthcare settings. The health worker may be following the health centre policy. All people should be informed and give their consent and the patient always retains the right to refuse testing.
- The health workers may have some reason to suspect that a young person could be HIV-positive (e.g. presence of a marker disease, e.g. tuberculosis). Having an STI increases the risk of acquiring and transmitting HIV, so a young person who has an STI or TB should be advised to be tested for HIV.
- Young people who are vulnerable to HIV (e.g. sex workers) should be counselled to be tested for HIV.
- Peer counsellors, outreach workers or youth counsellors may recommend that the young person comes for HIV testing.

Mandatory

- Mandatory screening of donors is required prior to all procedures involving transfer of body fluids or body parts.
- There are different reasons in each country why a person may be obliged to be tested for HIV (refer back to the reasons already identified by participants or ask them for examples).
- Testing may be required to enable them to do something they wish to do, e.g. entering the military, before marriage, applying for a job, visa or scholarship, etc.
- Some people may not have a choice (e.g. people in prison).
- In some places, routine HIV testing in healthcare settings may be done without the patient knowing. This is not ethical and is not in the best interest of the patient.

Tell the participants: *WHO does not recommend mandatory HIV testing as an effective public health strategy. It is not ethical and does not respect the human rights of the individual.*

TIP FOR YOU

The Window Period

It is important to point out that in situations where possible exposure to HIV may have been only hours or days before, the health worker needs to be aware that the young person may be in the window period (i.e. when antibodies have not yet formed after exposure to HIV or are not detectable in the blood). The patient should be counselled and advised to practice safer sex or abstinence and return for testing 6 weeks after possible exposure to HIV.

However, if the young person is going to receive Post Exposure Prophylaxis (PEP), they must begin treatment less than 72 hours after unprotected sex.

If there is time, ask the participants: *Where could young people in your community go to for HIV testing?* They may suggest that young people go to:

- Voluntary Counselling and Testing (VCT) Centres
- ANC settings as an entry point to MTCT prevention
- Routine treatment settings as part of standard care
- STI clinics, TB clinics, youth centres, private doctors
- Acute care settings.

Allow for some discussion and then ask: *Are there any reasons young people would not choose to go to any of these places for HIV testing?*

Allow some time for discussion.

Then move on and show the next slide. Go through the Talking points.

Rapid HIV test with same-day result

recommended for all people and especially for young people.

HIV testing must only be offered with the 4 C's:

Confidentiality, informed Consent, Counselling and Condoms

SLIDE N5-4

Talking points

- Counselling and rapid testing are recommended for young people, as they ensure that the person can get their results quickly. As discussed earlier, it takes a lot of courage for a young person to come to the clinic the first time. They may not return a second time, even if that means never receiving their results.

- Rapid testing allows for same-day results. Most tests can be read within 20 minutes. If the first test is negative, the person can be considered as negative. If the first test result is positive, another Rapid HIV Test must be performed (Confirmatory Test). With a second positive result, the patient can be counselled as a positive result. If the second test is negative, then the result is considered inconclusive, in which case the algorithm is repeated. This situation happens very rarely.

If available, refer the participants to the Algorithm for Rapid HIV Test in the National Guidelines on HIV Testing and Counselling or the WHO Guidelines for HIV Testing and Counselling.

ACTIVITY 5-4
PLENARY DISCUSSION: FEELINGS AROUND HIV TESTING AND COUNSELLING

Now we will discuss the thoughts and feelings that may be experienced by a young person who has come for HIV testing.

FLIPCHART N3

What are the possible feelings and the thoughts behind the feelings of a young person who has come for HIV testing?

- *Choice: John, the morning after condom breakage during sex*
- *Recommendation: Anne, pregnant young woman attending antenatal clinic*
- *Mandatory: Peter, application for a scholarship*

John *Anne* *Peter*

Put up the Flipchart N3.

Hold an open discussion.

Ask the participants about each young person in turn.

What may John/Anne/Peter be feeling? (Fear, anger, embarrassment, etc.)

Why may he/she feel this? (He may be embarrassed to talk about sex, or having had sex with a sex worker or a man; or is angry with himself, the condom, sex partner, you, authorities, etc.)

Write up the key "feeling" words under each name on the flipchart.

Ask the participants to focus on the feelings that are particular to young people, their level of maturity and experience.

Consider how the feelings may impact on the counselling situation.

TIP FOR YOU

If necessary, encourage the discussion with probing questions, e.g. Will John feel angry that you cannot test him now (window period)?

Why doesn't Anne just refuse testing? Why can't Peter keep the test result to himself?

Remind them to consider the thoughts and feelings of the young people in relation to how their family and friends could react to the test results.

If there is time, you can present other brief scenarios or ask the participants to suggest some, e.g. woman has been practising safer sex and now wants to get pregnant, woman/man after rape, young person with TB/STI.

Summarize the feelings identified.

Tell the participants that they have identified many of the feelings that need to be addressed in pre-test counselling. Pre-test counselling ensures that the young person is sufficiently informed about the testing process and consequences. By offering counselling, informed consent is possible and young people are not tested in a coercive (forced) manner.

Remind the participants that the thoughts and feelings of people coming to a clinic will vary depending on their circumstances. Each situation raises different issues for the young person. It is important for health workers to anticipate what the young persons may be thinking and to be sensitive to their feelings.

Tell the participants we will now continue with an activity to explore the role of the health worker in counselling young people who come for HIV testing.

TIP FOR YOU

If post-exposure prophylaxis (PEP) comes up in the discussion, refer the participants to Box 7 in the Handout. If PEP does not come up, refer them to Box 7 at the end of this session.

ACTIVITY 5-5
GROUP WORK: DO'S AND DON'TS IN TESTING AND COUNSELLING WITH YOUNG PEOPLE

TIP FOR YOU

Choose the three most suitable from the following four scenarios (see below).

Ask the participants to turn to the scenarios in Annex 5 of the Handout: Scenarios for do's and don'ts in testing and counselling with young people.

Divide the participants into three groups and allocate one of the four scenarios to each group.

Ask one participant to read the task.

Task for group activity on do's and don'ts in testing and counselling with young people

- Go over the scenario you have been given and work together in your group to develop the story further, making it a real life situation. Prepare a presentation (one person telling the rest of the story OR present it as a short role play).

- Identify a list of practices that the health worker should always carry out (the Do's) and practices that should never be carried out (the Don'ts) in a situation like this. Consider practices in the information already given in the scenario and practices in the additional story that you have developed. One person will present the list.

Give the groups 10 minutes to carry out the tasks. Move around the groups to listen and see if they are on the right track.
Scenario 4:

SCENARIO 1

A young pregnant woman, who appears to be in good health, comes to the weekly antenatal clinic. She is accompanied by an older woman, a kindly neighbour. The neighbour tells the health worker that this is their second visit to the antenatal clinic. At her first visit, in addition to a physical examination, the pregnant woman had blood taken for tests.

The health worker quickly looks at the notes from the previous visit and the laboratory test results. The test indicates that the woman is HIV-positive. "Another one. The third today….", the health worker mutters.

The neighbour leans forward and asks softly: "What did you say?"

SCENARIO 2

A young boy of 15 comes to the public health centre and asks to be tested for HIV. He appears healthy but anxious. The nurse asks him if he has come with a parent. The boy says no, neither of his parents knows that he is here. The nurse tells him he will have to come back tomorrow with one of his parents, but the boy becomes agitated and says he does not want to tell them, he just wants to be tested. He is sent away from the clinic but he is later seen waiting near the door.

SCENARIO 3

A young woman of 18 years comes to the clinic because she thinks she is pregnant. On discussion, she says she has a regular boyfriend who is the father of the baby and that she is glad to be pregnant. Later, when talking with the health worker, she says she is worried because she has recently learnt that her boyfriend injected drugs when he was younger.

SCENARIO 4

A young man, a university student, is in the consulting room of a private practitioner.

He is looking on anxiously as the doctor carries out a rapid HIV test.

The doctor is engrossed in his task, and the young man is in the grip of his fears and concerns. After several minutes of silence, the doctor scratches his head and says to the young man: "The test result is not clear. You should go to the hospital for another one." There is a sense of panic in the eyes of the young man. He says, "What do you mean that the test result is not clear?"

When the groups have completed their tasks, reconvene them in plenary. Ask each of the three groups to come forward and complete the stories, either as a story or a role play. Remind them to keep the discussion within the context of what is special to the young person.

Allow 3 minutes for each group presentation and 2 minutes for questions.

After each presentation, ask them to read their list of the dos and don'ts in the practice of the health worker in their story. After each group presentation invite comments and questions. After all three groups have completed their presentations, open the floor for discussion.

TIP FOR YOU

Press the groups to explain why they believe the actions they point to represent good or bad practice. Here are some examples.

	Do's	Don'ts
Scenario 1	Prepare for patient Maintain confidentiality Be professional	Make indiscreet remarks Pressure a pregnant woman to consider an abortion
Scenario 2	Assess risk for HIV and risk of patient not returning Give clear and understandable HIV information	Dismiss a young person who is distressed
Scenario 3	Be aware of risk of HIV for sexual partner of injector Offer HIV testing and counselling	Criticize patient for having unprotected sex or sex before marriage
Scenario 4	Be professional in practice Be aware of patient's emotions	Send away a distressed young person

WRAP UP

Tell the participants that this concludes the session and we will now recap the important points discussed.

- Knowing HIV status is essential for slowing the HIV epidemic.
- HIV testing should be offered to all young people and must always be accompanied by counselling and informed consent.
- For young people there are special considerations with HIV counselling and testing.

Show Slide N5-3 again (Special considerations for HIV testing and counselling among young people) and briefly go through the points.

Ask for any questions, comments or concerns.

Inform the participants that meeting the needs of young people who come for HIV testing and counselling is the first step in HIV management. In the next session we will discuss the other services in the management of HIV in young people.

Session 6
Management of HIV in young people

Aims of the session

- To discuss the management of HIV in young people.
- To identify the special considerations for managing HIV in young people.

TIP FOR YOU

This session presents a lot of information. To complete the session in the given time, much of the information is presented as mini lectures. You should encourage the participants to ask questions and to give examples when appropriate.

If there is extra time, you can change some mini lectures to participatory activities (e.g. ask the participants to work in buzz groups or in pairs, and to come up with some of the information that is in the slides and then present their feedback in plenary).

ACTIVITY 6-1
MINI LECTURE: INTRODUCTION

Tell the participants that we will begin by looking at what is involved in the management of HIV for all people. They can review this information later in the Handout, Section 6.

Show slide N6-1 and go through the Talking points.

SLIDE N6-1

Management of HIV

This involves a range of services that provide care and treatment, support, and positive prevention for people living with HIV. The aim of the services is to help these people to:

- Live positively
- Adhere to care and treatment
- Understand what is beneficial disclosure
- Cope with stigma and discrimination.

Talking points

- Positive living can help PLHIV to live a full and healthy life. Counselling and support can help them to stay healthy and improve their self-esteem and confidence, with the aim of protecting their own health and avoiding passing the infection to others.
- PLHIV may need to take medication for a range of infections and illnesses. As HIV progresses they may require ART. Adherence to all treatments is important. Adherence to ART is important for the health of the individual and to reduce the risk of drug resistance.
- PLHIV are often hesitant to reveal their HIV status to others for fear of stigma and discrimination. In order to receive the support of family and friends, young PLHIV will need to tell them of their HIV status. However, there is a risk of disclosing HIV status in an unsupportive setting; women in particular may be at risk of domestic violence.

- Health workers have an important role to play in combating stigma and discrimination and in assisting PLHIV to cope with the effect of HIV on themselves, their families and their loved ones. Unfortunately, PLHIV still encounter stigma and discrimination from many sectors of society, including the health services.

Tell the participants that we will now consider what is involved in these services.

HIV services for all PLHIV

- Care and treatment
- Support
- Positive prevention

SLIDE N6-2

Show slide N6-2 and go through the Talking points.

Talking points

Care and treatment

This includes all the medical care and psychosocial care in the healthcare setting or in the home, including antiretroviral therapy (ART) and prevention, care and treatment of opportunistic infections (OI), STIs and other infections, as well as treatment of other conditions (e.g. cancers, depression).

Support

This is the emotional, psychosocial, spiritual and material support that will enable the PLHIV to live positively. It is often provided by peers, family and community as well as the health services. This support can only be given when HIV status is known and when the people who are able to give this support know that the person is HIV-positive.

Positive prevention

This includes all strategies that increase the self-esteem, confidence and preventive actions of PLHIV, with the aim of protecting their own health and not passing the infection to others. This includes safer and healthier sex, harm reduction, preventing mother-to-child transmission (PMTCT), and the management of sexually transmitted infection (STI). It can also include provision of safe drinking water, impregnated bed nets and chemoprophylaxis (e.g. co-trimoxazole and INH).

Counselling is an integral part of all these services

Show slide N6-3 and go through the Talking points.

Then the participants: Now we will consider what is especially important in HIV services for young PLHIV.

HIV services for young PLHIV

Care, support and positive prevention are the most important services because:
- The majority of young PLHIV remain asymptomatic for years.
- They may require care and treatment for opportunistic infections (OIs), STIs etc., but ART is usually only required after many years.

Services must be available in healthcare settings and the community to provide:
- Continuity of care (links with different service providers and sectors).
- Continuum of care (a range of services).
- Transition of care (paediatric to adult).
- Youth-friendly health services.
- Referral to peer support, community support and specialist services.

SLIDE N6-3

Talking points

- Many young PLHIV will remain asymptomatic for long periods after an HIV-positive test result.

  Young PLHIV may require care and treatment for OIs, STIs etc. over the years, but for many of them ART will only be required after many years of living with HIV, when the immune system has substantially deteriorated. By this time many will no longer be young people.
- It is important that services are available to young people in healthcare settings and in the community, depending on their needs.

  Health services will be needed over many years, so continuity of care is important to ensure their follow-up with other health services, social and emotional support services, and peer support groups.

  There also needs to be a continuum (a range) of care to meet the changing needs of the individual (e.g. the health and emotional needs of a young PLHIV will change over time as HIV disease progresses).

  For young people who have been living with HIV all their lives, there will be a time when they will need to move from paediatric to adult care. It is often difficult for them to make the change.

  Peer support is especially important for young PLHIV.

  They will need referral to specialist services for counselling and support on particular issues (STI, fertility, treatment programmes for young injectors, etc.).

ACTIVITY 6-2
MINI LECTURE: CARE AND TREATMENT

Tell participants that we will begin with care. Ask them to turn to the General Principles of Good Chronic Care in their Handout, Box 9, Section 6.

BOX 9 - HANDOUT N

General principles of good chronic care

- Develop a treatment partnership with your patient.
- Focus on your patient's concerns and priorities.
- Use the 5 A's – Assess, Advise, Agree, Assist, Arrange.
- Support education of the patient and self-management.
- Organize proactive follow-up.
- Involve 'expert patients', peer educators and support staff in your health facility.
- Link the patient to community-based resources and support.
- Use written information – registers, treatment plans, appointment calendars, treatment cards – to document, monitor, and remind.
- Work as a clinical team and hold regular team meetings.
- Assure continuity of care.

From: *Chronic HIV Care with ARV Therapy*, Integrated Management of Adult and Adolescent Illness (IMAI), WHO, 2004.

Ask the participants to look at the list.

Explain that these principles can be used in managing many chronic diseases, including HIV. As we know, access to ART can mean that HIV can remain a chronic disease for many years.

We will go through the list with a view to how these principles apply to caring for young people living with HIV.

Ask one participant to read the first principle. Then ask the same participant to briefly state in what way this principle may be important for young PLHIV and to identify the issues raised by this principle in providing care for him/her.

For example:

- Why can a treatment partnership be important for the young PLHIV?
- Why is it important to focus on the young person's concerns and priorities? Etc.

Remind them that we are considering the needs of the young PLHIV.

Ask another participant to read the next principle and do the same.

Go through all 10 principles.

TIP FOR YOU

With question 3 ask which of the 5 A's is the most important with young PLHIV?

These discussion points are in the Handout, Section 6. You can use them now if a participant has trouble identifying an issue raised by the principle in providing care for young people. Otherwise, refer the participants to the section at the end of the activity.

Here are some general principles for *good chronic care* applied to young people living with HIV.

- A treatment partnership is a treatment plan that the young person and the health worker discuss and establish together. Young PLHIV may respond well to a treatment partnership because it gives them some ownership and control over their treatment and lessens the feeling that they are being told what to do. Involving adolescents and in their care can assist them in the transition from paediatric to adult care.
- By asking about and listening to the young patient, it is possible to respond to the issues that they see as the most important. Each young person may have different concerns which will change over a period of time. Their concerns and priorities may be different from what we expect. Respond to any signs and symptoms that the young patient is experiencing at the moment.
- The 5 A's are a key part of good chronic care. They are a series of steps used in caring for patients: Assess, Advise, Agree, Assist and Arrange. You can respond to a patient's symptoms and problems using the 5 A's (refer participants to Box 11 in the Handout). The Assist and Arrange will be particularly important for young people in order to provide them with links and support to other services.
- Many young people continue to have misconceptions about HIV. Young PLHIV need HIV education and care plans to help them manage to live positively. Young people may especially need support in their self-management. Involvement of PLHIV peer counsellors, family and friends is essential.
- Young patients may not return to clinic appointments. Health workers need to follow up on them (e.g. home visits or going to places where young people gather). However, this needs to be done with tact and while ensuring confidentiality. Find creative ways to encourage young patients to come back.
- It is very important for young PLHIV to be part of the planning and implementing of HIV services in the clinic and community. Their perspective will influence the work of the other professionals and provide a convincing example of positive living to other young clients. Encourage training and support for young PLHIV as peer counsellors to facilitate support groups and youth support services. HIV information presentations by peer educators at schools, post-testing groups, football clubs and girls' clubs can raise awareness and encourage young

people to seek testing and counselling. Encouraging self-management can improve their understanding of their care and prepare the adolescent for adult care.

- It is essential to provide links and referrals to other health services, peer support groups and other community-based resources. Ensuing continuity of care to meet immediate and longer-term needs of the young person is vital to maintain support in the community and home. Keeping a resource file of services for young people can help health workers to access local information easily.
- Patients' records need to be kept so that different support services can maintain continuity of care. Pictures, diagrams or words written out for an individual patient can assist young patients in understanding treatment plans and remembering treatments, appointments and information. Written information can be presented in a way that is interesting and attractive to young people.
- Working as a clinical team ensures that the patient receives consistent care and information from all staff at the clinic. Patients may be more comfortable if they see the same carer at each visit and are able to build up a relationship.
- Continuity of care is important in the clinic and through community support services. Young PLHIV may be using the services over many years and continuity of care ensures that the changing needs of the young client and their family can be met.

Congratulate the participants on viewing these principles from the perspective of the needs of young PLHIV.

Then show the next slide.

Tell the participants that we will now consider treatment.

Treatment includes antiretroviral therapy (ART), as well as prevention, treatment and care of opportunistic infections (OI) and STIs. Treatment also includes management of other chronic conditions (e.g. cancers, depression).

We will not discuss the full range of clinical care for PLHIV in this module. This is provided in other guidelines (e.g. National Guidelines for Clinical Care for PLHIV, WHO IMAI Chronic Care with ARV Therapy).

We will next focus on ART and young people.

ACTIVITY 6-3
MINI LECTURE: ANTI-RETROVIRAL THERAPY (ART)

SLIDE N6-4

ART (anti-retroviral therapy)

Anti-retroviral (ARV) drugs inhibit the replication of HIV.
ART does not remove this virus from a person's body, but does dramatically reduce the viral load and delay damage to the immune system.

ART can:
- improve the quality of life;
- provide an important incentive for learning one's HIV status.

Display slide N6-4 and go through the Talking points.

Talking points

- ART can lead to a rapid clinical recovery, improve the quality of life, and dramatically reduce the rate of HIV-related mortality and morbidity. ART has changed HIV to a manageable

chronic illness. It has been shown in many settings that ART can also reduce the stigma associated with HIV.

PLHIV taking ART can usually remain in a good state of health for many years, continue to play an active role in their families and community, and be active in supporting other PLHIV.

- As ART offers a way of managing HIV, more people are willing to get themselves tested and should be encouraged to do so.

Tell the participants that providing ART requires specific knowledge and skills. This module will not discuss the specifics of prescribing ART. For more information on treatment, refer the participants to the National Guidelines or the WHO IMAI Guidelines: *Chronic Care with ARV Therapy* (available on the CD-ROM).

We will now discuss some important ART-related issues in the context of working with young people and young PLHIV.

Challenges in maintaining adherence to ART for young PLHIV

Adherence can be difficult because many young people:
- prefer to live in the present;
- desire independence;
- have not disclosed their HIV status;
- may not know their HIV status;
- fear the stigma of HIV.

Factors that contribute to adherence include:
- informing them of their HIV status;
- providing clinical support and peer support;
- giving clear information on HIV and ART treatment;
- making an agreement of care with the young person.

SLIDE N6-5

Show slide N6-5 and go through the Talking points.

Talking points

- To stick with a complicated drug regimen is a difficult task for anybody, but may be especially difficult for young people. Some of the factors contributing to non-adherence relate to young people themselves and some to the features of the drug regimen. Adherence can be difficult because many young people:
  - prefer to live in the present rather than plan into the future, and they may have a perception of being immortal;
  - desire their independence and wanting to move to adulthood;
  - have not disclosed their HIV status to people who could give them support, because of feelings of shame or fear of stigma;
  - who were infected around birth may not know their HIV status, and the importance of ART may not have been explained to them;
  - who are taking regular medication may be identified as having HIV and be exposed to HIV stigma and discrimination.

- Factors that contribute to adherence include:
  - informing young people of their HIV status if they did not know (e.g. with perinatal transmission).
  - providing a support system to assist with clinical care and advice (e.g. management of side-effects, monitoring of missed doses, simplify dosage, etc.).
  - access to peer support to help them with finding strategies that assist with adherence and improve self-esteem and reduce stigma of HIV.
  - providing clear information on HIV, the aims and advantages of the regimen and the importance of adherence. Prescribe the easiest possible ART regimen (e.g. single dose).
  - giving young people more responsibility for their care and a better understanding of their treatment through negotiating a treatment partnership.

It is important to discuss adherence and adherence-related problems openly and with respect and empathy in every encounter with the young patient, and to seek solutions to adherence problems.

ACTIVITY 6-4
MINI LECTURE: SUPPORT

SLIDE N6-6

Support for young PLHIV

- Is not just ART and care.
- Is about assisting young PLHIV to cope with the impact of HIV on their lives.
- Begins with post-test support and continues to on-going support.
- Addresses the needs of young PLHIV, but also goes beyond them.
- Includes spiritual, emotional, social and material support to meet daily needs.

We will now discuss Support.

Show slide N6-6 and go through the Talking points.

Talking points

- Support may be connected to ART and care, but for young people support should start before they need ART. The majority of young people living with HIV are not sick but they do need or they will need support to help them cope with their HIV status. The support needed will be different for each young person.
- HIV impacts on every aspect of life. Like all people, young people can feel overwhelmed and depressed by the prospect of living with HIV. They may not have the same experience, relationships, or maturity to help them cope as well as some adults. Having the support and positive example of other young PLHIV is very valuable.
- Support from the health services will change with the changing needs of the young PLHIV. It can begin with post-test support, continue over the years when the young PLHIV has no symptoms, and become ongoing support.
- HIV has emotional, social and economic impacts on the whole family. Frequently, the whole family experiences the stigma and discrimination associated with HIV and needs support to cope.
- Support includes all measures that alleviate the impact of HIV on the young PLHIV, the family and the community. As with all chronic diseases, there is usually less money in a household living with HIV.

Show the next slide and go through the Talking points.

Talking points

Psychosocial issues especially pertinent to young PLHIV

- Will I still be able to have sex?
- Will I be able to have children?
- Will I die early?
- I am too young to have a chronic disease.
- I can't tell anyone that I am HIV-positive.
- I am afraid that people will reject me, shun me or be violent towards me.
- Can I still smoke, drink, go out and have fun like my friends?

SLIDE N6-7

People who work with young PLHIV say that, in general, the following questions identify the young PLHIV's greatest concerns. Health workers may find it hard to raise and discuss these sensitive issues and young people themselves may not be able to voice their concerns.

Will anyone want to have sex with me if they know I am HIV-positive?

PLHIV can continue to have sex. However, there is a high risk of HIV transmission if a PLHIV has sex without a condom. Always use a barrier to prevent contact with blood or sexual fluid. Use condoms correctly and consistently every time you have sex. Although it is not easy, it is important to tell your partner you are HIV-positive before there is any risk of HIV transmission. Counselling and support from other young PLHIV can help people to understand their options for enjoying a healthy sexual life.

Will I be able to have children?

Like all people, PLHIV have the right to have children. HIV-positive women and couples affected by HIV have the right to choose for themselves whether they want to have children or not. They need to have access to sexual and reproductive services, including counselling to make them aware of their reproductive choices and the health risks for their child, in order to make informed decisions. Couple counselling should be encouraged but the individual's situation may make this impossible and the counsellor needs to support the client's decision.

Will I die early?

Some young people may not understand the difference between HIV and AIDS. They may think that a positive test result means they will die soon. With more effective drug regimens and earlier detection, it is possible to remain healthy for many years. But the reality is that they will die earlier than they would without HIV.

Emotional and spiritual support can help alleviate depression, help to prevent suicidal ideas, and help deal with the strong emotions associated with a chronic and fatal condition. For young people, peer support is especially important. If peer support is not available, the health worker can be active in starting a peer support group for young PLHIV.

I am too young to have a chronic disease.

Adolescence is a special time in people's lives. All people have dreams for the future and to learn that you must live with HIV is shocking news at any age. The health worker can play an important role in providing the young person with hope, and in helping him/her to develop the perception that life can continue - and be meaningful - even in the presence of HIV infection.

I can't tell anyone that I am HIV positive.

Many people are fearful of telling family, friends and sexual partners that they are HIV- positive. Young people should be encouraged to understand the benefits of telling family and friends their HIV status. They need their support to help them cope with living positively. They will also benefit from the support of other young PLHIV. However, young people will need support to do this and all concerned must be aware that there may be a risk of disclosing HIV status in unsupportive settings.

I am afraid that people will reject me, shun me or be violent towards me.
Acts of discrimination against people living with HIV can range from inappropriate comments to violence. Information and education about HIV can help moderate the fears and misconceptions of people in the community and reduce the stigma and discrimination. Young people will need support and advice on how to manage their future opportunities.

Through counselling they can be made aware of the benefits of disclosing their HIV status to selected people who can support them to live positively.

Can I still smoke, drink, go out and have fun like my friends?
Young PLHIV should be encouraged to live the same life as their friends, but they may need to be more aware of maintaining their good health and avoiding activities that jeopardize their health. Health workers should ask for permission to give the young person information on how to stay healthy; however, young people will decide for themselves their limits and the risks they will take. Remind them that substance use can impair judgement, making a person more susceptible to pressure to engage in unwanted or unprotected sex. Using substances may also interfere with their medication. Young PLHIV will need support on deciding whom (among their friends) to tell and how to tell about their HIV status.

Ask the participants if they have any questions regarding these psychosocial issues.

ACTIVITY 6-5
MINI LECTURE: POSITIVE PREVENTION

SLIDE N6-8

Positive prevention for young PLHIV

This is based on strategies that increase self-esteem and confidence, with the aim of protecting individual health and preventing HIV transmission to others.

An important part of positive prevention is counselling, with the aim of supporting:
- Positive living (emotional, psychological and physical).
- Healthy sexual life.
- The involvement with peer support groups or associations of PLHIV in the community.

Show Slide N6-8 and ask a participant to read it aloud.

Talking points

Improving the self-esteem and confidence of young PLHIV has many benefits at the individual, family and community level.

Positive prevention recognizes the rights and needs of PLHIV and can empower them and help them to take charge of their lives and encourage them to take responsibility for preventing HIV transmission.

- Counselling for positive living can help young PLHIV to live healthily and take responsibility for their health.
- Counselling can help young PLHIV to learn how to enjoy a healthy sexual life without fear of infecting their partners.
- Positive prevention encourages the meaningful involvement of young PLHIV in the planning and implementing of activities intended to benefit them. Young PLHIV can work with HIV prevention, care, support and treatment initiatives to make strategies relevant and useful to young people. They can give a perspective that is unique and provide credibility and relevance to the local context.

Invite questions and comments.

ACTIVITY 6-6
MINI LECTURE: COUNSELLING YOUNG PLHIV

Tell the participants: "As we have seen, counselling is an integral part of all aspects of HIV management because the mindset of the young person will greatly determine the success of treatment, care, support, and positive prevention efforts. HIV counselling has both prevention and care as its objectives."

We have discussed counselling in the context of HIV prevention in Session 4. Now we will discuss what is important when counselling young PLHIV.

Display slide N6-9.

How to modify counselling to respond to the needs of young PLHIV

- Be prepared for the variety of ways they may respond.
- Give links or refer for further support.
- Provide support for the development of skills in HIV risk-reduction.
- Help them to develop an immediate plan for the moment they leave your clinic.

SLIDE N6-9

Talking points

- As discussed earlier, young people may be faced with a diagnosis of HIV in many different situations. By being aware of the different situations and of what their thoughts and feelings are likely to be, you may be able to prepare yourself for the different responses you may encounter.

  Try to be empathetic and 'put yourself in their shoes', i.e. to try to understand what they may be thinking and feeling. This will help you respond to them more effectively and with greater sensitivity. Try to encourage trust and comfort. Be supportive of their situation and their decisions. Guide them appropriately, without letting your personal opinions and values interfere.
- Be sure to provide them with links to places where they can seek further assistance. In order to ensure the quality of these links, the health worker can visit these places to be sure they are reliable and where young people will feel comfortable. These links may be essential in supporting the young person. Support from other young PLHIV is particularly important. Many young people need a safe place to go and 'be' without having to feel judged.
- Young people need support in learning the skills required to reduce the harmful effects of behaviours (such as unprotected sex) both on others and on themselves. This information needs to be clear and practical. Handing over condoms is not enough, the health worker needs to ensure that the young person knows how to use them correctly and understands the importance of putting one on (male) or inserting one (female) every time before intercourse. Group counselling sessions can be considered with young PLHIV as a method of discussing difficult situations in living with HIV (e.g. disclosure, sexuality, living with peers). This method takes the focus away from the individual and requires the group to come up with strategies.
- When young persons newly diagnosed with HIV leave the clinic, they will probably have many unanswered questions. By developing an immediate plan with them, they will know where to go to access the information or support they need until their next appointment with you. Focus on this short-term approach while making sure that they understand the importance of coming in again for the next step in this process.

Respond to any questions or comments regarding counselling of young PLHIV.

ACTIVITY 6-7
GROUP WORK: YOUNG PLHIV AND THE HEALTH WORKER

TIP FOR YOU

Choose the most suitable from Case Study number 1 or 2 below.

Divide the participants into 3 groups.

Ask them to turn to Annex 6 in the Handout: Case Studies: Young PLHIV and the Health Worker. Assign each group a case study.

Give each group a flipchart and pen. Ask them to choose someone to write and someone to present in each group.

Tell the groups that they have each been assigned a case study in which a young person with HIV has approached them with a concern.

The task for each group is to discuss the case study and identify the concerns for the young patient and the important information that the health worker should communicate to this patient in this situation.

They have 10 minutes to complete the task.

CASE STUDY 1

Sexuality

A 20-year-old young man tested HIV-positive one week ago. He tells you that he has had unprotected intercourse over the last year with five different young men at the college he is attending. In spite of the relatively low HIV prevalence within this community, the boy became infected. After finding out about his infection, he was very upset by the fact that the man who transmitted the virus did not tell him his HIV status. Now, he wants to continue his sexually active lifestyle but does not want to put his future partners at risk. He says that there are many misconceptions and little understanding about HIV in his community, so he is afraid to tell anyone. What options can you, as the health worker, give him to consider in this situation?

CASE STUDY 2

Sexuality

An 18-year-old HIV-positive man says he believes he was infected with HIV after engaging in unprotected sex with a female sex worker. It was his first sexual experience. He says he was pressured into doing it by his peers who said that he would gain experience and enter manhood through his first sexual encounter. Now he is interested in pursuing a relationship with a particular girl. He wants to have sex with her but is afraid because of his HIV status. What can you, as his health worker, suggest to him in this situation?

CASE STUDY 3

Fertility

A young woman of 16 years has been diagnosed as HIV-positive. She recently married a man who frequently travels to neighbouring towns for work. She never had sex prior to her marriage. In her culture, it is expected that she should bear many children for her family. She believes that her husband unknowingly acquired HIV after unprotected intercourse with sex workers in the neighbouring town. The health worker at the antenatal clinic told her that she should not get pregnant but she is distressed because she wants to have children. She comes to you for advice and help. What can you, as the health worker, do for her?

CASE STUDY 4

Living with chronic disease

A 22-year-old man, who is a university student, recently tested HIV-positive. He admits to you that on a few occasions in the past he has injected drugs and shared needles. Now he feels that his life is over and he has given up on everything. He spent several months in his room not wanting to talk to anyone. He does not know anyone who has HIV but he heard of a student who people said had AIDS; he was treated badly and thrown out of the university. He says he has a girlfriend for 6 months and does not know what to tell her. He is in the clinic now for the first time since his positive test result. What can you, as the health worker, suggest to him regarding his situation?

Make sure the groups understand their assignment and let them begin working. Move from group to group while they work, staying in the periphery and offering suggestions only if needed.

After the groups have had 10 minutes for the assignment, reconvene the participants to present their flipcharts.

Ask each group presenter to summarize their case study and then, using the flipchart, outline the important factors that they have considered for each patient.

After all three groups have presented, lead a discussion taking the factors listed below into consideration. Make sure the participants understand the options of the young person in each of the case studies and the importance of relaying this information to each patient.

TIP FOR YOU

Given below are important factors to consider in each Case Study.

Case Study 1 and 2: Sexuality

He needs to:

- Be told that he can still be sexually active so long as he practises safer sex.
- Know that a condom is advised for each act of penetrative sex.
- Be aware that for anal sex, the risk of condom breakage is greater and use of a water-based lubricant (not oil-based) is recommended with condom use.
- Consider the pros and cons of disclosure to his partner(s).
- Know that if people are not well informed about HIV, they may be afraid of being with him. He may experience discrimination.
- Be told that the man who transmitted the virus to the young client may not have known that he himself is HIV-positive.

Case Study 3: Fertility

She needs to:

- Know that she can still have a baby and that she, like all individuals, has the right to make her own reproductive choices. She should not feel pressured to consider an abortion.
- Be informed of prevention of mother-to-child transmission: how to avoid it, how it is never too late in a pregnancy to prevent transmission of HIV, and how to avoid transmission before, during and after birth.
- Be offered a broad range of contraceptive options to avoid unintended pregnancy.
- Choose a drug regimen carefully in order to preserve fertility.
- Understand that she may die prematurely and to plan for her children's future.
- Understand the importance of considering why and how she might disclose (or not) her status to her partner and family.
- Be encouraged to return as a couple for counselling.

Case Study 4: Living with chronic disease

He needs to be:

- Made aware that he can continue to stay well for a long time (possibly many years) before becoming immuno-depressed, especially with the care, treatment and support that is available today.
- Made aware that he can live a full life even in the presence of HIV infection, and the extent to which this happens depends largely on him.
- Aware that HIV-related stigma and discrimination exist and can have an impact on a person's life and to discuss ways of coping with it.
- Consider the pros and cons of telling his girlfriend his HIV status.
- Aware that he can only receive support if he tells people he is HIV-positive.
- Consider whom he could tell and how.
- Encouraged to find support and advice from other young people living with HIV or other community groups.

WRAP UP

Tell the participants that this is the end of this session. A lot of important information given in this session can be reviewed in your Handout in Section 6.

Acknowledge that it is a challenge for health workers to provide quality HIV services that require time, a deep understanding of the issues, strong communication skills, empathy and professionalism. Remind the participants that health workers who are working with a chronic fatal condition such as HIV can suffer from "burnout". They may need to seek or develop professional support networks to help them cope with HIV in their community.

Invite the participants to share any final questions or comments.

Session 7
Module review

Aims of the session

- To discuss answers to Spot Checks and review the Matters Arising Board.
- To review the module objectives and key messages.
- To complete OPPD.

ACTIVITY 7-1
Review of Spot Checks and Matters Arising Board

Tell the participants to turn to the Spot Checks in their Handouts, which they completed in the first session of the module. Then, ask them to quickly review their initial responses and consider changing these if they feel it is appropriate after having participated in the module.

Address each Spot Check one at a time. Ask if any participants are willing to share their initial responses, their adapted responses and the reasons for changing them. Reassure them that they are not obliged to share if they would prefer not to. After some participants have given their responses, give them the correct answer, discuss as needed and move onto the next Spot Check.

Encourage questions and comments as you proceed.

Examples of responses to Spot Checks:

1. Explain the difference between HIV and AIDS.
   - HIV stands for Human Immunodeficiency Virus, the virus that causes AIDS.
   - AIDS stands for Acquired Immune Deficiency Syndrome.
   - HIV is the virus; AIDS is the syndrome of opportunistic infections that occur because HIV has damaged the immune system.

2. Globally, what percentage of all new HIV infections per year is among young people?
   - 40% of all new HIV infections occur among young people.

3. What percentage of young people aged 15-24 years who are living with HIV in sub-Saharan Africa are female?
   - Up to 75% of youth living with HIV in highly affected regions are female.

4. Why are young people more likely to be exposed to HIV? List 3 reasons.
   - Lack of HIV information, education and services.
   - The risks that accompany adolescent experimentation and curiosity.
   - Inter-generational sex, coerced sexual relationships.
   - Young people represent a large proportion of those who are most vulnerable to HIV infection.
   - They may not have access to harm-reduction strategies (condoms, sterile needles and syringes).

5 Why are girls and young women biologically or culturally/socially vulnerable to HIV infection upon exposure? List 4 reasons.

- Inadequate mucosal defence mechanisms.
- Immature lining of the cervix.
- Coerced sex can lead to trauma and increase the susceptibility for HIV.
- Female genital mutilation.
- Young women often not empowered to negotiate safer sex, consensual sex or to refuse sex.

6. How confident do you feel about working with young people on the issues of HIV?

- Tell the participants there are no right or wrong answers here. Ask them to look at their responses at the beginning of the module and reflect on any changes they would make now. Ask if anyone is willing to share their change in view.

7. What can be done to reduce HIV transmission among young people in the clinic and in the community? Provide two examples for each.

Clinic

- Make it easier for young people to obtain the health services they need.
- Provide condoms and counselling on correct and consistent use.
- Offer provider-initiated HIV testing and counselling.
- Train health staff in HIV prevention and the special needs of young people.

Community

- Information and education programmes on sexuality, family planning, STIs and HIV.
- Raise awareness with community leaders on issues of HIV and young people.
- Compile community resources for HIV and young people.
- Make HIV information widely available.
- Increase condom availability through outlets in the community (e.g. shops).

8. What is important in counselling young people?

- Confidentiality and consent.
- Take the young person's concerns seriously.
- Try to put yourself into the young person's place.
- Respond on their level.
- Be prepared for the variety of ways they respond.
- Refer for further support (health services, peer support, group counselling, etc.).
- Promote and support beneficial disclosure.

9. A high percentage of drug injectors are young people. Injectors are at high risk of acquiring HIV through use of non-sterile needles. Name 3 strategies for harm reduction.

- Access to sterile needles and syringes programmes (NSPs).
- Provide condoms, with counselling on correct and consistent use.
- Voluntary counselling and testing and provider-initiated HIV testing and counselling.
- Drug substitution programmes (e.g. methadone and bruphenorphin for opiate users to stop injecting).

10. Read the statements and tick the box that reflects your point of view. Tell the participants there are no right or wrong answers here. Ask them to look at their responses at the beginning of the module and to reflect on any changes they would make now. Ask if anyone is willing to share their change in view.

Ask if there are any comments or questions.

Then move on to the Matters Arising Board. Go through the comments or questions that have been put up.

Ask the participants to confirm which ones have been addressed in the module or during the day's discussions. Address the remaining comments or questions.

ACTIVITY 7-2
REVIEW OF OBJECTIVES AND KEY MESSAGES

Display the module objectives once again in Slide N1-1. Read them out aloud.

Module objectives

- Explain the global and local situation of HIV among young people.
- Discuss issues specific to HIV and young people.
- Identify key factors that impact on young people's risk of acquiring HIV.
- Explore HIV prevention strategies among young people.
- Recognize the importance of provider-initiated HIV testing and counselling.
- Understand the special considerations in the management of HIV among young people.

SLIDE N1-1

Display Slide N7-1 and go through the Talking points.

Key messages of the module on HIV and young people

- HIV transmission and infection among young people is high.
- Young people differ from adults and from one another.
- If nothing else, provide referral to other services for young people.
- Young people are a unique resource in the response to HIV.

SLIDE N7-1

Talking points

- As seen by the global statistics, HIV infection among young people is high. Young women are at particular risk. Be aware of the potential risk of HIV in young people and take every opportunity to inform, educate and encourage them to reduce their risk of acquiring or transmitting HIV.
- Young people differ from adults in the likelihood of exposure, susceptibility to infection, and natural course of HIV infection. They also differ from each other. Various factors place young people at the centre of HIV vulnerability. Approaches to prevention, treatment, care and support for young people need to be appropriate to their needs.
- It is important to provide referrals to other places where the young person can access further information and assistance on HIV. Take the initiative to establish trusted networks within your community to which you can refer your patients. Prevention, care, treatment and support services need to work together to effectively slow the HIV epidemic. Support for these services must come from people in all sectors of society.

- Young people are both the most threatened – globally accounting for half the new cases of HIV – and the greatest potential for changing the epidemic. Collaboration with networks of young people, especially young PLHIV, is crucial for sustainable success. The countries that successfully decreased national HIV prevalence achieved these gains mostly by encouraging safer behaviour choices among young people.

ACTIVITY 7-3
ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

Inform the participants that they will now be given a few moments to reflect on what they have learnt in this module on HIV and young people.

Ask them to get out their OPPD. Meanwhile, put up Flipchart N4.

FLIPCHART N4

List three important lessons that you learned through participation in this module

List three things that you plan to do in your work for/with young people

Ask the participants to reflect for a moment on the issues in the module which they found particularly relevant to their work. Get them to follow the instructions displayed in Flipchart N4 and record their responses in the OPPD for future reference. Remind them that it is important to record their thoughts every day as the OPPD will be used in the concluding module and can be very helpful in implementing actions after they return home.

ACTIVITY 7-4
REMINDERS AND CLOSURE

Remind the participants to add their comments to the Mood Meter.

Tell them that this module is for orientation on HIV and young people. Encourage them to seek further education and training which may be available.

Remind them that the Handout and other documents provide additional information on the issues covered in the module.

Thank them for their participation and contributions to the discussion.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Sessions 1 and 7

SPOT CHECK 1

Please explain the difference between HIV and AIDS.

SPOT CHECK 2

Globally, what percentage of all new HIV infections per year is among young people?

please mark your estimate with a spot anywhere along the line

SPOT CHECK 3

What percentage of young people aged 15-24 years who are living with HIV in sub-Saharan Africa are female?

please mark your estimate with a spot anywhere along the line

SPOT CHECK 4

Why are young people more likely to be exposed to HIV?

please list three reasons

SPOT CHECK 5

Why are girls and young women biologically or culturally/socially vulnerable to HIV infection upon exposure?

please list five reasons

SPOT CHECK 6

How confident do you feel about working with young people on the issues of HIV?

please mark your answer with a spot anywhere along the line

Uncomfortable | Not very confident | Confident | Very confident

SPOT CHECK 7

What can be done to reduce HIV transmission among young people in the clinic and in the community?

Clinic

Community

SPOT CHECK 8

What is important in counselling young people?

please provide three answers

SPOT CHECK 9

A high percentage of drug injectors are young people. Injectors are at high risk of acquiring HIV through use of non-sterile needles.

please name three strategies for harm reduction

SPOT CHECK 10

Read each statement and tick the box that reflects your point of view

	I agree	I disagree
Young people who get HIV have brought it on themselves by their behaviour	○	○
Everyone should have to have an HIV test whether they want to or not	○	○
As a health worker, I should be allowed to refuse to treat a client who is HIV positive	○	○
It is acceptable for boys to have sex before marriage	○	○
It is acceptable for girls to have sex before marriage	○	○
It is wrong for young men to have sex with men	○	○
Our health services should not waste money on treating people with HIV	○	○
Girls and boys need to have information on sexuality and HIV	○	○
If a young person tests HIV negative I do not need to give them counselling	○	○
If a boy of 14 years came for HIV testing I would tell him I could not help him unless he comes back with a parent	○	○
If a young person tests HIV positive, it is my duty to tell their parents or their spouse	○	○
If an unmarried girl asks me for condoms, I would not give them to her and tell her to wait until she is married	○	○

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module X

Young people and injecting drug use

Activities marked with * are optional activities and are not included in the 180 minutes planned for this module. The facilitators' decision to include optional activities depends on the available time and whether the optional activities are covered in other modules in this workshop.

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction**	X-11	10 min	Handout for Module X Slides X1-1 to X1-2
ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks			
Session 2 **Young people and injecting drug use**	X-13	40 min	Flipcharts X1, X2, Slides X2-1 to X2-7
ACTIVITY 2-1 Mini lecture ACTIVITY 2-2 Individual exercise * ACTIVITY 2-3 Brainstorming ACTIVITY 2-4 Brainstorming ACTIVITY 2-5 Brainstorming ACTIVITY 2-6 Mini lecture ACTIVITY 2-7 Mini lecture by guest presenter *		 25 min * 15 min *	
Session 3 **Assessment of young people for IDU**	X-22	40 min	Flipchart X3 Slides X3-1 to X3-5
ACTIVITY 3-1 Brainstorming ACTIVITY 3-2 Mini lecture ACTIVITY 3-3 Role play Demonstration of role play * Extra role play *		 15 min * 20 min *	
Session 4 **Health worker action with young injectors**	X-31	40 min	Flipchart X4 Slides X4-1 to X4-2
ACTIVITY 4-1 Mini lecture ACTIVITY 4-2 Role play Extra role play * ACTIVITY 4-3 Group work * ACTIVITY 4-4 Mini lecture		 10 min * 20 min *	

Sessions and activities	Page	Time	Materials and resources
Session 5 **Harm reduction and young injectors** ACTIVITY 5-1 Mini lecture ACTIVITY 5-2 Needle and Syringe Use: Demonstration * ACTIVITY 5-3 Mini lecture ACTIVITY 5-4 Mini lecture by guest presenter *	X-38	40 min 30 min * 15 min	Slides X5-1 to X5-10
Session 6 **Module review** ACTIVITY 6-1 Review of objectives ACTIVITY 6-2 Review of spot checks and Matters Arising Board ACTIVITY 6-3 OPPD ACTIVITY 6-4 Key messages from Module and closure	X-45	10 min	Flipchart X5 Slides X1-1, X1-2, X6-1 to X6-2
		180 min	**optional 170 min**

Module checklist

This Module Checklist contains important information that will assist you in planning and running the module. It is recommended that you review this information well in advance.

Module advance preparation

- Collect relevant local data and information on injecting drug use (IDU) by young people (e.g. national and local laws concerning IDU, obligations of health workers working with minors, and their responsibility to disclose illegal substance use and IDU to the authorities). It is recommended that you invite an expert on IDU among young people (e.g. from the Substance Use Programme, Ministry of Health) to make a 5-10 minute presentation in Optional Activity 2-7. Another 5-10 minute presentation can be included in Optional Activity 5-4 from a person working in a substance use programme (e.g. an NGO) to inform participants about services available locally to young injectors.
- Decide whether any optional extra activities will be presented in this module. This will depend on the time available and on the expertise among the group of participants. See the Table of Contents for optional extra activities.
- Check the scenarios to decide if it is necessary to adapt names, situations, substances, etc. to make them appropriate to your country/local area.
- Ensure that the facilitators are clear about their respective roles during their designated sessions.
- Include young people and peer counsellors as participants in the training because their contribution will be very valuable. It is strongly recommended that facilitators meet with the young people before the workshop to ensure that they are well prepared, do not feel intimidated, and feel valued as participants.
- Make sure you have copies of the *Young People and Injecting Drug Use* Handout and other documents for distribution to the participants, who should have a copy of the *Young People and Substance Use* Handout from the previous module in the workshop.
- Ensure that the flipcharts are ready for the group work tasks and that the Mood Meter and the Matters Arising Board are prepared.
- Collect articles from national (or regional) newspapers on injecting drug use by young people, and use them to stimulate discussion with the participants.
- If the needle and syringe demonstration is to be included, identify a volunteer for the demonstration (optional Activity 5-3).
- If the demonstration role play is to be included (optional Activity 3-3), prepare it in advance.
- Ensure that the national programme for the prevention of substance use among young people endorses the workshop contents.

MATERIALS AND AUDIO-VISUAL EQUIPMENT

- Materials:

STANDARD

- Handouts (Modules X and K, preferably given to participants the day before)
- Slides
- Prepared Flipcharts
- Mood Meter
- Orientation Programme Personal Diary (OPPD)
- Matters Arising Board.

MODULE-SPECIFIC

- Local data on injecting drug use among young people
- Local newspaper articles on injecting drug use among young people
- Injecting equipment for needle and syringe demonstration (optional Activity 5-3).

Collect articles and advertisements from national newspapers on young people and substance use and show them to the participants to stimulate discussion.

- Equipment:

- Computer and projector, slide projector or overhead projector
- Flipcharts with blank sheets
- Sticking tape, pins or glue
- VIPP cards
- Name labels
- Coloured markers
- Notepads and pens.

Module overview

This optional module in the Orientation Programme on Adolescent Health for Health-care Providers (OP) introduces health workers to a serious health issue among young people which is often little understood - namely, their injecting of psychoactive substances.

The module identifies the different types of substances most commonly injected by young people and the local situation of injecting drug use (IDU) among young people. It discusses the factors that contribute to young people injecting, as well as the negative consequences of injecting substances. It also highlights what health workers can do in their clinics and in the communities to manage and prevent injecting drug use among young people.

This module has been designed to be used with the Substance Use Module (Module K), and it is recommended to present it directly after the participants have completed Module K. Material in the Handout for Module K will be referred to at various times, so be sure that the participants and the facilitator have it available. In countries where IDU is a major cause of HIV transmission, it is recommended that participants attend the STI Module and the HIV Module (Modules G and N).

The module focuses on IDU among young people (not adolescents only) because many of the issues discussed are important for persons up to 24 years old. WHO defines "adolescents" as aged 10-19 years and "youth" as 15-24 years. The "young people" referred to in this module are aged 10-24 years.

We recommend that you review Part I of the OP Facilitator Guide, which provides important information you will need before conducting the Orientation Programme. The OP Facilitator Guide also provides detailed information on teaching/learning methods used in the Orientation Programme. It is important that you understand and become familiar with this methodology to ensure successful facilitation and to optimize the benefit to participants from the OP modules.

This module is intended for health workers working with young drug injectors or young people who are susceptible to IDU. It is recommended that young people and peer counsellors should also participate in this module in order to provide their special perspective to the discussions.

It is important that the national programme for the prevention of substance use among young people should endorse the workshop's contents. It is valuable to have someone present at the meeting who knows about IDU locally and has experience with the drug injecting community, and who could be invited to make a 5-10 minute presentation on the national situation of IDU among young people in optional Activity 2-7. Another guest speaker (e.g. from an NGO) could make a 5-10 minute presentation on the services that are available for young injectors in optional Activity 5-4.

Important considerations when working with young injectors

Services for young injectors aim to:

- prevent young people who are not drug injectors from starting to inject;
- advise and assist young drug injectors to stop or reduce their use;
- implement ways to reduce the harmful effects for young people who do not or cannot stop injecting drugs.

There are many challenges to developing a service for young injectors and the fact that drug injection is illegal makes it especially complex. Because of social stigmas, injectors frequently face discrimination in gaining access to services. Young injectors may already be marginalized and living on the edge of society, or they may be experimenting with injecting and are not easily traced. To make contact and develop a relationship of trust and respect call for understanding and empathy with the issues confronting young people, as well as strong communication skills.

In most countries, interventions for injectors, especially young injectors, must take account of sensitive legal and ethical considerations. The facilitator will need a good understanding of these considerations to effectively lead the IDU module.

Legal considerations

The laws and regulations of a country have a bearing on the development of services for young people. For example, issues like the legal age for the right to confidential medical treatment or consent to medical treatment, the reporting requirements for health workers on illegal substance use, and the purchasing and drinking of alcohol or the purchasing and smoking of tobacco by minors have a direct or indirect influence on young peoples' access to services.

Injecting of drugs is an illegal activity, so it is important that services for injectors take into consideration and meet the legal requirements or restrictions of the country in which the service is being offered.

Ethical considerations

Ethical considerations include respect for the human rights of individuals who inject drugs. In some countries, individuals who inject drugs may be forced into treatment programmes or imprisoned, or they may be sent away and refused any services.

Ethical considerations may need to be addressed with under-age injectors (minors). For example, in implementing a Needle and Syringe Programme (NSP), it is important to "weigh up" the prevention of risk for HIV infection or hepatitis C among injectors against a possibly ill-informed public perception that NSP will encourage injecting drug use among young people.

It may be useful to consult Ministries or Departments of Health, Welfare and Youth, and any relevant Child Protection Agency for guidance. Some countries have developed guidelines that draw upon a child protection framework in order to override age or other barriers to the access of

sterile injecting equipment. Some guidelines require that those who make such equipment available should abide by child protection guidelines, which call for the notification to child protection authorities of adolescents considered "at risk".

Health workers need guidance on whether to provide health services to minors in the absence of consent from a parent/guardian and with issues of confidentiality for minors. Notification of drug use to the authorities and disclosure of drug use by minors to parents or guardians needs to be in line with the country's laws and guidelines.

Substance users, especially injecting substance users, frequently face discrimination and stigmas from society in general and when accessing health services. Health workers working with young substance users will need to examine their own attitudes and values in relation to substance use. They will also need to privately consider and understand their personal use of substances. This is necessary to enable them to provide the best possible care and support to their clients and equip them to challenge the stigmas and discrimination in society and healthcare settings.

Evidence base for harm reduction

Harm reduction is an evidence-based public health concept. It aims to prevent or reduce negative health consequences associated with certain behaviours. Harm reduction is an important part for decreasing IDU. In relation to drug use, harm reduction is consistent with a public health and human rights approach to the broad range of problems associated with IDU, including prevention and treatment, in which evidence-based strategies targeted at drug users are promoted. Harm reduction strategies include condom promotion, needle and syringe programmes and drug substitution programmes.

In addition, injecting drug use is the cause of the fastest growing HIV and hepatitis C epidemics in some parts of the world, primarily because needles, syringes and drug preparation equipment are frequently shared, so enabling rapid spread of the virus. There is strong evidence that harm-reduction strategies for injectors benefit both the individual and the community. However, in many places the public perception is often contrary to this. There are strong and vocal views that harm-reduction strategies will encourage or condone behaviours that are illegal and socially unacceptable. These views are misinformed.

In 2004, WHO prepared a report to evaluate the evidence on the effectiveness of sterile needle and syringe programmes for HIV prevention among injectors in different settings and contexts, in order to guide public health policy-makers (Evidence for Action Technical Papers. *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users*. WHO, 2004). The following eight conclusions are taken from this report:

- There is compelling evidence that increasing the availability and utilization of sterile injecting equipment by injecting drug users reduces HIV infection substantially.
- There is no convincing evidence of any major, unintended negative consequences.
- Needle-syringe programmes are cost-effective.
- Needle-syringe programmes have additional and worthwhile benefits apart from reducing HIV infections among injecting drug users.
- Effectiveness of bleach and other forms of disinfection (of injecting equipment) to reduce HIV transmission is not supported by good evidence.
- Pharmacies and vending machines increase the availability and probably the utilization of sterile injecting equipment.

- Injecting paraphernalia legislation is a barrier to effective HIV control among injecting drug users.
- Needle-syringe programmes on their own are not enough to control HIV infection among injecting drug users.

It is not easy to develop and provide services for injecting drug users. This module gives health workers information and an opportunity to understand and discuss IDU issues, with the aim of supporting them in their work.

Session 1
Module introduction

Aim of the session

- To provide an overview of the module and outline the module's objectives.

ACTIVITY 1-1
MODULE OBJECTIVES

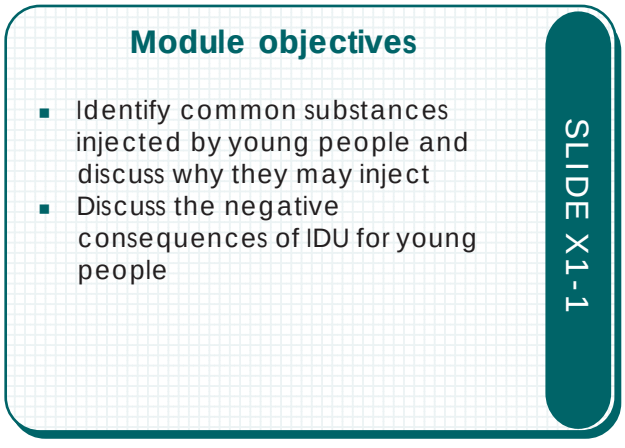
Welcome the participants. Read the aim of this session.

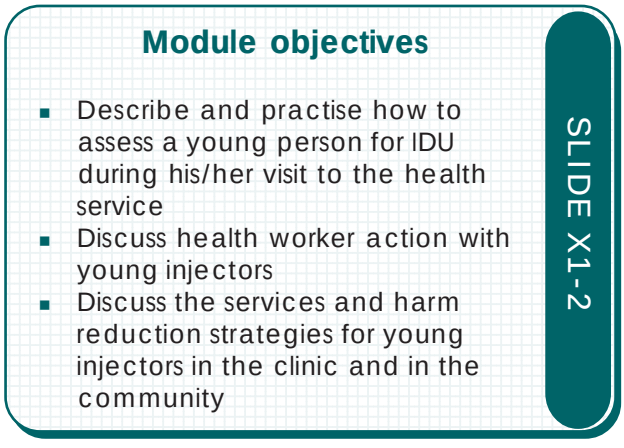
Explain that this module builds on the Substance Use Module. Here we will focus on injecting drug use among young people.

Ensure that each participant has a copy of the Handout for this Module X (IDU) and also the Handout for Module K (Substance Use). Remind them that the Handouts provide additional information to complement what will be covered during the module. We will refer to them during the module and the participants are encouraged to read them later.

Tell the participants that the schedule for this module is in the Handout for Module X (Annex 1). Remind them to raise any issues on the Matters Arising Board.

Display the module objectives (Slides X1-1 and X1-2) and read them out, in turn:





Encourage the participants to ask questions and to raise concerns as they arise.

Tell them that this module will focus on young people aged 19-24-years who may also experience many of the same problems as adolescent injectors.

Remind the participants that WHO defines “adolescents” as aged 10-19 years, “youth” as 15-24 years, and “young people” as aged 10-24 years.

Tell them to keep in mind that young people are not homogeneous - the younger ones may have different needs or concerns from the older ones; persons of the same age may differ in their emotional

or cognitive development; males and females may need different management; and experimental, occasional or infrequent injectors may require different interventions from those needed by frequent and regular injectors.

ACTIVITY 1-2
SPOT CHECKS

Ask the participants to turn to the Spot Checks in the Handout for Module X (Annex 2).

TIP FOR YOU

Spot Checks are also given in Annex 1 of this *Facilitator Guide*.

If necessary, remind the participants that the purpose of the Spot Checks is to help them evaluate their gain in knowledge or changes in their attitudes as a result of participation in this module.

Tell them that the Spot Checks will not be collected, graded or checked by any of the facilitators. Ask the participants to complete the Spot Checks to the best of their knowledge. Give them a few minutes to complete this task.

Inform them that you will provide the correct answers during the last session of the module and that you will respond to any questions or comments at that time.

Session 2
Young people and injecting drug use

Aims of the session

- To discuss who injects drugs and the reasons for injecting.
- To identify local substances that are injected.
- To discuss the consequences of injecting.
- To explore why young injectors require special attention.

Read through the aims of the session.

If a guest presenter is coming for optional Session 2-7, inform the participants now.

Explain that in working through this module there will be opportunities to draw on the participants' experience. Encourage them to share their examples as this will enhance everyone's learning.

ACTIVITY 2-1
MINI LECTURE: INTRODUCTION

Remind the participants that, as discussed in the Substance Use Module, there are many ways that substances can be used (e.g. injected. smoked, drunk, or inhaled). In this module we will be specifically focusing on young people who inject substances.

Tell the participants that first we will clarify some terms. Write up on a flipchart:

IDU = injecting drug use (i.e. the activity)
injector = a person who injects drugs
young injector = a young person who injects drugs.

Tell them that in the past, IDU has also been referred to as "intravenous" (IV) or "intramuscular" (IM) drug use, both terms referring to the way the injection is given – into a vein or muscle. The term IDU refers to both ways of injecting, but it is more usual for drug users to inject into a vein because this results in the quickest effect.

Tell the participants that in this module we will not use the acronym "IDU" to refer to people who inject drugs because such persons have other roles and activities in their lives, and so should not be referred to by one of their behaviours.

We will say:

IDU or "**injecting drug use**" for what they do.
And "**young people who inject drugs**" or "**young injectors**" for the persons.

Ask the participants, "*Who can remind us of the definition of a substance?*"

TIP FOR YOU

Definition of a substance: *A psychoactive substance or psychoactive drug, when consumed, can affect the way people see, hear, taste, smell, think, feel and behave.*

Substances are commonly divided into depressants, stimulants, opioids and hallucinogens.

They include medicines, drugs, tobacco products, alcoholic drinks, chemical products and other substances.

ACTIVITY 2-2
INDIVIDUAL EXERCISE (OPTIONAL) - 25 MINUTES:
WHO IS THE YOUNG INJECTOR?

TIP FOR YOU

If there is not enough time to include this activity, it is recommended to show Slide X2-2 and go through the Talking Points. Also ask the participants to look at Annex 7 (Exploring your own Attitudes and Values on Substance Use) in the Substance Use Handout, to read it later, and to consider the questions in relation to IDU.

Ask each participant to have a pen and clean sheet of paper in front of them.

Then ask them to close their eyes, relax their bodies, and follow in their minds the questions that you will now read aloud. They should think of the answer and create a *mental picture* of the young injector.

Read the questions slowly, one at a time, with a quiet and gentle voice. Allow time for the participants to consider a response before reading the next question.

Questions:

- Is the injector male or female?
- Roughly how old is he/she?
- What is the colour of his/her hair? And face?
- Is he/she fat or thin? Short or tall?
- Does he/she have a job? If so, what?
- What kind of education has he/she received?
- Does he/she have a family? In what kind of family does he/she live?
- Does he/she have any special abilities?
- Does he/she have friends?
- Is there someone who often helps him/her when there are difficulties?
- With what kind of difficulties does he/she ask for help?
- When does he/she feel sad?
- What does he/she do when feeling sad?
- What does he/she do when feeling angry?
- Does he/she have any health problems?

Ask the participants to hold this picture of the young injector in their mind as they open their eyes.

Ask them now to draw on the paper this mental picture of the young injector, either alone (if they pictured him/her alone) or with friends and family.

Tell the participants that what is important is not the quality of the drawing or even what is drawn. What is important is the discussion on what they have drawn.

Ask them now to come together in groups of 3 and discuss their drawings. They have 5 minutes to do this.

When the time is up, bring them back to the main group and ask for their thoughts or comments on this exercise.

After some discussion, show slide X2-1 and go through the Talking points.

Point out that the objective of the exercise is to help us examine our own ideas of who is the young injector. Anyone in our society can be a drug user or injector. Stereotyping can lead to stigmas and discrimination.

Talking points

Who is the young drug user?

- Young substance users include many people in society.
- Among young injectors there is a wide variety of people.
- Young injectors may have other aspects of their life that are intact.

SLIDE X2-1

- Young substance users include many people in society - e,g. cigarette smokers or coffee drinkers, persons who drink beer at social gatherings, an occasional smoker of drugs, a person who takes pain killers, and a heroin injector. There are thus many different pictures of the young substance user.
- Among drug injectors also there is a wide variety of people. The young injector can be an adolescent who lives on the streets and occasionally injects with peers, a young professional who injects alone at work, a young woman who injects occasionally with friends, a sex worker who injects daily. Stereotyping drug injectors can lead to false beliefs of who is at risk. It also adds to the stigmas and discrimination that drug injectors face in society and in accessing health services.
- Young drug injectors may have other aspects of their life that are intact. You cannot look at someone and know for sure if they are a substance user or an injector. That is why it is important for health workers to assess for substance use during every contact with young people. If they suspect substance use, it is important for health workers to be non-judgemental in their attitude and questions with the young person.

ACTIVITY 2-3
BRAINSTORMING: WHY INJECTING?

Ask the participants the question on Flipchart X1.

To clarify the question, we are thinking of why he/she may use injecting rather than another mode like smoking, swallowing, etc.

Ask one participant to write the responses on the flipchart.

Why would a young person inject a drug?

FLIPCHART X1

Prompt them with some questions (e.g. *Is the young person already using substances? What leads him/her to the first injecting experience? What factors might encourage him/her to inject?*)

Encourage the quieter participants to respond. Allow some time for the participants to give their views and then bring the discussion to a close.

SLIDE X2-2

Factors that can influence the way a young person uses a drug

- Individual factors
- Social factors
- Transitional process
- Drug's availability and value for money.

Tell the participants that the following slide may summarize the discussion.

If possible, refer back to some of the responses on the flipchart and comments made in the discussion by the participants. Match them with the points on the slide and comment on them. Take care not to criticise or identify individual participants if the discussion on why young people inject was judgemental or not correct. Make general comments (e.g. "*Many people believe…, but evidence/experience shows us that ….*").

Tell the participants that this slide shows the four main factors that can influence the way a young person may use a drug. Read the slide.

Say: *We will now consider each of these factors and consider how they may influence a young person to start or to continue to inject drugs*.

SLIDE X2-3

Factors that can influence the way a young person uses a drug

Individual factors:

- Influence of other people
- Curiosity

Show the next four slides and go through the Talking points.

Talking points

Individual factors play a part in deciding the mode of administration:

- Young people can be easily influenced by others. Partner's influence or pressure, or the influence and role model of friends or family who inject may be a factor in deciding to inject.
- Young people often want to try new experiences. They may try injecting as a new mode of administration out of curiosity, boredom or for experimentation. They may not know or understand the risks of IDU.

SLIDE X2-4

Factors that can influence the way a young person uses a drug

Social factors:

- Peer pressure
- Prevalence of IDU
- Knowledge and skills of peer group

Talking points

Social factors can influence IDU, as described below:

- Group or gang ritual, peer pressure, role models and being "cool" all influence the mode of use. Peer-group norms are a strong influence for young people.
- Injecting drugs may be more common in some countries and in some sub-cultures, so the young person feels that injecting is not unusual behaviour.

- The level of knowledge and skills in peer groups regarding alternative ways of drug use has a large impact on the mode of use.

Talking points

Some examples of the transitional process are given below:

Factors that can influence the way a young person uses a drug

Transitional process:

- IDU as a new mode of use
- Irregular IDU use
- IDU mode of choice.

SLIDE X2-5

- There is a transitional process (a changeover time) from one mode of drug use (e.g. snorting) to a new mode (e.g. injecting). For example, a young person who snorts (inhales) coccaine may one day try injecting coccaine. This does not mean that in future he/she will only inject. There is a transitional process and during this time the young person may snort or inject.
- Individuals can move back and forth irregularly between IDU and non-IDU for various reasons, including availability, cultural, social and economic factors. This transitional process is especially evident in young people.
- Injecting may become the mode of choice after a period of time. Many factors can influence the length of time before IDU becomes the usual mode of use.

Talking points

Availability and value for money are factors in deciding the mode of use:

Factors that can influence the way a young person uses a drug

Availability and value for money:

- Availability
- Value for money.

SLIDE X2-6

- Injecting may be the mode of choice if injectable drugs are readily available in the young person's community or if the available drugs can only be injected.
- Injecting will be the mode of choice if the effect achieved by injecting a drug is believed to be, or may actually be, of a different quality from using it by other modes. With some drugs, users complain of losing a "high" if the drug is not injected. Young people are more likely to use substances in the most economical fashion because they usually do not have much money.

Wrap up the discussion by saying:

- There are a wide variety of reasons why young people may inject drugs. Understanding these reasons can assist the health worker to work with young injectors.
- It is important to examine our own views about young people who inject drugs because stereotyping of injectors can lead to false beliefs about the reasons for injecting and discrimination against young injectors when they try to access services.

Refer the participants to Handout X , Section 3 "Why would a young person inject drugs?".

Also ask them to look at Section 3.5 in the Handout "Characteristics of the first injection".

ACTIVITY 2-4
BRAINSTORMING: WHAT SUBSTANCES ARE INJECTED?

Show Flipchart X2 and ask the question.

FLIPCHART X2

What substances are injected by young people in your community?

Invite a volunteer to record the participants' answers on the Flipchart.

Ask them to include any common or street names for the substances.

Drugs identified for injecting may include: depressants (e.g. sleeping pills), stimulants (e.g. amphetamines, cocaine, crack,), and opioids (e.g. heroin, morphine).

Briefly go over the substances on the flipchart and ask if there are any comments before you end this activity.

ACTIVITY 2-5
BRAINSTORMING: NEGATIVE CONSEQUENCES OF IDU FOR YOUNG PEOPLE

Tell the participants that we will now look at the negative consequences of IDU for young people. Stand beside Flipchart K2 (Negative consequences of substance use), which the participants developed in the Substance Use module (Module K, Activity 2.5), and remind them of the activity. Ask them if these consequences can apply to IDU. Go through a few examples and agree with them that they can.

Ask the question: *What could we add as negative consequences of injecting drug use to these negative consequences of substance use?*

When a participant identifies a new consequence, ask them to identify if this consequence is **physical** or **psychosocial**.

Allow time for some discussion. Then write the consequence on the Flipchart using a different colour pen.

If necessary, remind them to consider these consequences in relation to young people.

Ensure that the following consequences are covered in the discussion:

Examples of Physical Consequences of IDU

- *Overdose and dependence*: there may be a greater danger of overdose and dependence with IDU than with other modes of substance use.
- *Blood-borne infections* (HIV, hepatitis B and C, syphilis): also consider vein damage, local and systemic bacterial infections, and loss of limbs or limb function due to the consequences of infection.

- *Health problems due to social and material conditions.* For example, an injector may become homeless because of drug use. Living on the street can make acute conditions more severe (e.g. lack of adequate sanitation can lead to local infections) and cause other health problems (e.g. malnutrition, pneumonia, frostbite, tuberculosis).

Examples of Psychosocial Consequences of IDU

- *Stigmas and discrimination*: stigmatization from family, peer group and the community may occur due to lack of acceptance of the injecting behaviour. The young injector may experience stigmas and discrimination when accessing services.
- *Legal problems and vulnerability to exploitation*: in most countries there are laws against injecting, or possessing/selling drugs, or possessing injecting equipment. This means that injectors are frequently breaking the law, making them vulnerable to law enforcers or exploitation by criminal elements. Young injectors may be inexperienced with obtaining drugs and with injecting, which makes them vulnerable and dependent on experienced injectors.
- *Mental health problems* are more related to the substance than the mode of use.

Tell the participants they can find this information in Section 4 of the Handout.

ACTIVITY 2-6
MINI LECTURE: REASONS YOUNG INJECTORS REQUIRE SPECIAL ATTENTION

Ask the participants: *What are the differences between a 16-year-old who injects drugs and a 36-year-old who injects drugs?*

Encourage a brief general discussion on the differences. Ask questions to stimulate the participants, for example:

- What could be the differences in their pattern of drug use?
- What could be the differences in their lives?
- What would these differences mean for their social support?
- Why does the 16-year-old need special attention?

Examples of responses - The young injector:

- may be at an early experimental stage with injecting drugs and so may find it easier to stop injecting.
- may be at a different developmental level when he/she is more easily influenced by peers or older users.
- may still have the family's involvement and support.

When the participants are ready, put up the next slide.

SLIDE X2-7

Why young injectors require special attention

- Unique nature of young people
- Nature of drug use in young people
- Consent and confidentiality
- Awareness of risk
- Access to support and services.

Tell the participants that you will go through each of these points. They can read this in their Handout in Section 5 "Reasons young injectors require special attention".

Talking points

Unique nature of young people

- In general, young people are more curious and ready to try new experiences.
- Generally, young people can be easily influenced by peers.
- Young people are generally "healthy", and so do not frequently come to health services.
- They may be particularly vulnerable, or have experienced trauma or violence.

Nature of drug use in young people

- They are often poly-substance users, accessing the most readily available and/or cheapest drugs.
- Early IDU is associated with early school-leaving, and having difficulty in gaining and maintaining employment.
- They are often linked to other risky behaviours (clustering of risks), including unsafe sex and selling sex for money.

Consent and confidentiality

- The age at which a young person can consent to medical treatment and receive confidential medical care is regulated by the laws of the country. Young people (minors) may ask the health worker for treatment, advice or condoms. Their parents need not be present or may not be involved (e.g. in the case of orphans or those living on the street).
- There are many situations where health workers will need to decide whether to treat a minor in the absence of parental consent. These are difficult issues that health workers can discuss with colleagues and supervisors before the situation arises. Health workers should consider what is in the best interest of their patient and the evolving capacities of the young person.

Awareness of risk

- Young people may have limited information on the risks of injecting substances. They may not know the risks of sharing equipment or know the safest way of injecting.
- Many young people feel that they are resilient and invulnerable to harm.
- They may gather with peers and/or older injectors who reinforce risky health behaviour.
- They may be not think their drug use is a problem and may believe that they will be able to stop injecting when they choose.

Access to support and services

- Young people have less economic security and access to resources.
- They may be unaware of their right to health and access to health services or, due to age and youth "status", they may be denied access to certain services due to policy or legislation.
- Lack of specific, anonymous and free youth friendly services in many countries can be an important barrier for access to health services for young people.
- The attitudes and values of health worker and the services are important (non- judgemental, respectful, confidential, professional, sincere).

- The young injector needs to feel that the health worker knows and understands the nature of drug use in young people.
- Young people may still have strong links with their family. If family members are available it is often beneficial to involve them, with the agreement of the young person.

ACTIVITY 2-7
MINI LECTURE BY GUEST PRESENTER (OPTIONAL) - 15 MINUTES: LOCAL SITUATION WITH YOUNG PEOPLE AND IDU

Invite the local guest with expertise on injecting drug use and young people to make a 5-10 minutes presentation. He/she can use the following list as a guide to the issues/data for the presentation.

- Data on injecting of drugs in the region/country
- Data on injecting among young people
- Most commonly injected drugs
- Factors contributing to national/local injecting drug use by young people
- Data on health and social problems associated with injecting and young people
- National policies and laws on injecting and harm reduction
- Activities to prevent drug injecting among young people
- Strategies and services to assist young injectors.

Thank the guest speaker.

Allow time for questions from the participants, then move on to Wrap Up.

WRAP UP

Review what has been covered in Session 2.

First, we looked at **who** is the young drug user.

Then go to the flipcharts on the walls and briefly review what has been covered.

- Flipchart X1: **Why** young people inject drugs.
- Flipchart X2: **What** substances are injected in your community?
- Flipchart (from Module K) on the negative **consequences** of injecting drugs.

We also identified the reasons why **young injectors require special attention**.

Ask if there are any questions and respond. Then move on to the next session.

Session 3
Assessment of young people for IDU

Aim of the session

- To discuss ways in which young people can be assessed during routine visits to health services about IDU.

ACTIVITY 3-1
BRAINSTORMING: SUSPECTING A YOUNG PERSON IS INJECTING

Give each participant a VIPP card.

Show Flipchart X3.

FLIPCHART X3

When a young person is in your clinic, what could make you suspect that he/she is injecting drugs?

Ask each participant to write a response on their card. Give them a few minutes to complete this task.

Ask for a voulunteer to pin the cards on the flipchart, grouping the same responses together. Go round the room asking each participant to read their response. Stick their cards on the flipchart. Ask the participants to clarify, elaborate or give examples of any responses that are not clear.

Ask if there are any other responses the participants would like to add.

Ask them to write them and stick them on the flipchart.

Responses could include examples of ways the health worker may suspect that a young patient is a drug injector:

- Seeing injection marks on the skin during routine physical examination.
- Being told during pre- or post-test counselling for HIV testing.
- Being told that a young person brought to the clinic as an emergency with an overdose has injected.
- Health worker is an outreach worker and has met the young person in the drug-using community.
- General suspicions.
- His/her social situation.
- Being told by the young person or by someone else.
- Request for clean needles and syringes.
- Referral to you.

Ask for any comments or questions and then move on.

Tell the participants that when the health worker has established or suspects that the young person is injecting drugs, an assessment is necessary.

ACTIVITY 3-2
MINI LECTURE: ASSESSMENT FOR IDU

Tell the participants that you will now give a mini lecture on when and how to assess young people for IDU. Explain that an assessment for IDU usually follows an assessment for substance use and uses the same skills. We will review these skills which were introduced in the Substance Use Module.

Tell the participants that after the mini lecture, they will explore the questions to be asked when assessing a young person for injecting drug use. Then they will have an opportunity to role-play using the same questions.

Show slide X3-1 and go through the Talking points.

Talking points

Identifying injecting drug use

- Routine assessment of all young people for substance use.
- If substance use is disclosed, mode of administration should be identified.
- When injecting is disclosed, ask specific questions.
- Clinical examination when indicated.

SLIDE X3-1

- As discussed in the previous module, substance use is common among young people. All young people should be assessed for substance use during routine visits to health services. When substance use is disclosed, early and brief interventions can prevent further problems.

  Remember, young persons may be reluctant to discuss their substance use and the health worker needs to ask questions discretely and in a sensitive and non-judgemental manner to encourage trust and confidence.
- When substance use is disclosed, the health worker needs to ask the young person about the mode of administration. Questions should include the usual way of taking the substance and if he/she has ever injected any substance.
- When injecting is disclosed, the health worker will need to ask specific questions on IDU. We will discuss these specific questions in this session.
- Clinical examination should be carried out when indicated. As discussed before, young people who use substances will often come to see you with different complaints (e.g. depression, headaches, poor school performance, concerns about pregnancies, STI, injuries). During the routine clinical examination the health worker should look for injection marks.

Review of effective listening skills

Ask the participants to open their Handout K at section 3.2 to review the Effective Listening Skills. Read aloud the headings (a to f) one at a time, and ask a participant to briefly explain in his/her own words what is involved in each skill.

Remind the participants that when the health worker uses these techniques, they can help young drug injectors to talk and examine their feelings, as well as explore the facts and circumstances of their situation.

Tell them they will be asked to use these skills in the role play.

Review of asking questions

Ask the participants to tell you the difference between a closed question and an open-ended question. Then ask them for an example of a closed question and change it to an open-ended question, which they may put to a young injector.

Have you injected cocaine for a long time?	How long have you injected cocaine?
Do you like the feeling of injecting?	What is it you like about injecting?

Ask them to look at section 3.3 in Handout K to review Asking Questions.

Specific questions on IDU

Tell the participants that after injecting of drugs has been disclosed, there are some specific questions the health worker will need to ask.

SLIDE X3-2

Specific questions on injecting of drugs: I

- What do you inject?
- How much and how often?
- When did you start injecting?
- Have you had (any injecting related problems)?
- Have you ever shared equipment?
- Do you always use a condom?

Show the following slide and go through the Talking points.

Talking points

- What do you inject? Types of substances injected (including combinations).
- How much and how often? Assess the quantity and frequency of injecting. How do you feel if you do not inject for (e.g. one day)?
- When did you start injecting? Duration of injecting.
- Have you had any injecting-related problems (e.g. local or systemic bacterial infection)? Have you had any blood tests? Ask about any recent blood testing (e.g. HIV, hepatitis B and C).
- Do you always use your own equipment? Have you ever shared equipment? Ask about any episodes of sharing equipment (needles, syringes, swabs, spoons, tourniquets).
- Are you sexually active? Do you always practise safe sex? Do you use condoms consistently and correctly?

Ask the participants why these questions are important. What is the health worker trying to assess with each of these questions? If necessary, get the participants to focus on questions 1-3.

Answer:

- Questions 1 to 3 assess the pattern of substance use.
- Question 4 assesses the health consequences.
- Questions 5 and 6 assess risk behaviour.

Tell the participants we will now review the patterns of substance use.

Review the patterns of substance use

Remind participants of the patterns of substance use that were discussed in Module K.

The patterns of substance use can also be used to assess the injector's use of drugs.

Patterns of substance use

- Hazardous use
- Harmful use
- Dependence

SLIDE X3-3

Ask them to tell you the 4 patterns of use and then show slide X3-3. Ask participants to give a brief explanation of each pattern.

TIP FOR YOU

Hazardous use
Hazardous substance use presents risks of harmful consequences for the user. The consequences may be to his/her physical and/or mental health. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.

Harmful use
Harmful use is defined as a pattern of substance use that is causing damage to health. The damage may be physical or mental.

Dependence
Dependence is defined as a cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated substance use. This occurs when the individual taking the substance has a strong desire to take the substance and cannot control the desire or the use.

Remind the participants that young people are often poly-substance users and injectors, and they may have different patterns of use at different times in their life. They may also simultaneously have different patterns of use for different substances. For example, a young person might be dependent on tobacco, while simultaneously experimenting with cannabis and occasionally injecting amphetamines.

Show slide X3-4 and ask a participant to read the questions.

Ask all the participants: *What are we trying to assess with these questions?*

Answer: Stage of Change of the young injector.

These questions are useful in helping young injectors to explore their IDU behaviour and to think about changing this behaviour.

Change can happen when the young persons see a conflict between their current situation and the situation they wish in their life.

Specific questions on injecting of drugs: II

- Good things/Perceived benefits of injecting. What does the young person see as the "good things"?
- Less good/Not so good things about injecting. What are the young person's concerns about the "less good things"?
- Cost of change. What would be different for young persons if they stopped injecting or reduced the frequency of injecting?

SLIDE X3-4

Now go through the Talking points.

Talking points

Good things/Perceived benefits of injecting

Explore what the young person sees as the "good things".

e.g. *What are the things you like about injecting cocaine?*

Less good/Not so good things about injecting

Explore the young person's concerns about the "less good things".

e.g. *What are the 'not so good things' about injecting cocaine?*
Can you give some examples of that?

Cost of change

Explore what would be different for them if they stopped injecting or considered another mode (e.g. snorting) or reduced the frequency of injecting.

e.g. *What would be different in your life if you stopped injecting or injected less frequently?*
What would be different if you changed your mode of using cocaine, e.g. snorting and not injecting?

Review of the stages of change

Remind participants that the Stages of Change model was introduced in Module K. It describes the process of change that a young person may go through in making a decision to change.

Ask the participants to look in Handout K, section 4, to remind them of the stages of change.

Remind the participants that the key to understanding the stages of change model is that there needs to be a match between the stage of change and the action offered by the health worker.

Tell the participants that when applying this model to injectors, one is interested in changes to decrease the risk and changes to decrease or stop substance use.

Tell the participants we will now review the GATHER approach which can be used in an interview.

Review of the GATHER approach

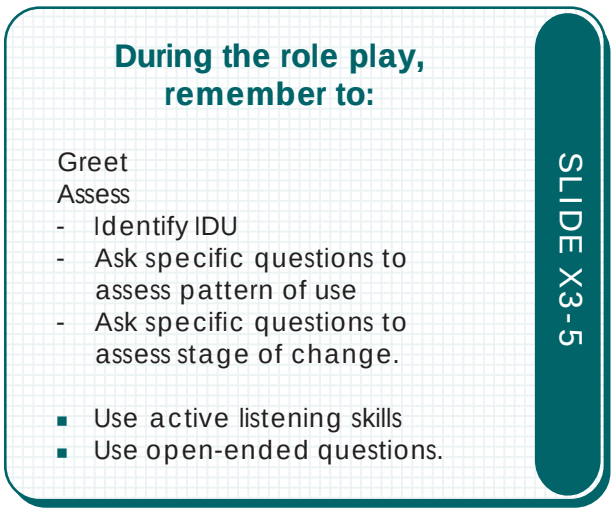
Remind participants of the GATHER approach and ask them to look in their Handout K at Section 3.4.

Ask them to look at the G and A steps and consider what may be different in the health workers' approach with a young person who reveals that they inject.

TIP FOR YOU

When injecting is revealed, the health worker needs to explore with the young person the risk factors and the pattern of injecting.

Tell the participants: We have now reviewed the skills the health worker needs to carry out an assessment of the young injector. We will now put all this together in a role play exercise. There is a lot to remember, so the following slide will be on view to prompt you, if necessary, during the role play.



ACTIVITY 3-3
ROLE PLAY: ASSESSMENT OF THE YOUNG INJECTOR
DEMONSTRATION ROLE PLAY (OPTIONAL) - 15 MINUTES

Before the participants do the role play themselves, you can demonstrate a prepared role play to show how to use effective listening skills to assess a young injector. This will require you (as facilitator) to demonstrate the skills. If you are not confident to do this yourself, plan ahead to invite someone to demonstrate the skills in order to ensure that the participants have a good model to follow.

Explain to the participants that the purpose of this activity is to use role play to practise the assessment of a young injector by the health worker. Acknowledge that there is a lot for the health worker to remember to ask in this role play.

Count the participants off into groups of three persons (1, 2, and 3). Ask them to remember their number because we will use these same groupings in the next session.

Tell them that the number 1s will be the young person, the number 2s will be the health worker and the 3s will be the observer. Allocate each triad (group) a scenario.

Tell the young person and the observer (numbers 1 and 3) to look at Annex 3 (Scenarios for Assessment) in the Handout and read the scenario that has been allocated to them.

The health worker (number 2) does not read the scenario but will understand the situation with their young person during the role play, using listening and assessment skills. In this exercise, do not spend much time on the presenting complaint. Focus on Greeting and Assessment of the young person and stop the interview when you have completed Greet and Assess.

Remind them that Slide X3-5 can be used to prompt the health worker.

The observers (number 3) will watch the role play. At the end of the role play they will comment on the interview with the other two participants in their group.

Remind them to come out of their roles at the end of the role play.

Tell them they have 2 minutes to prepare, 5 minutes for the interview, and 3 minutes to report back in their triad.

These instructions are in Annex 3 of the Handout for participants to read.

TIP FOR YOU

Extra Role Play (optional extra activity: additional 20 minutes)

If time allows, each participant can have an opportunity to role play the health worker. Each group can use a different scenario.

SCENARIO 1

Kenko

You are a 16-year-old boy and have come to the health centre because you injured your knee when playing football. If the health worker asks you, say that you live at home with your parents and older sister. You have a delivery job after school.

You have smoked cigarettes since you were 14 and smoke about 15 every day. You smoke cannabis each weekend and you like the feeling it gives you. You do not drink alcohol. You have been snorting cocaine for the last six months with a group of older boys whom you meet after work. You snort whenever you have the money to pay - about 10 times in the last 6 months. Two months ago the older boys offered to let you shoot up (inject) cocaine. You found injecting was a very exciting experience and you have injected two more times since then. You use a needle and syringe which the boys lend you. You know it is clean because the boys say it is and you have seen them rinse it in hot water. You don't see any problem with trying new drugs. You like to go to parties when you have had cocaine because you have more fun. You do not have a girlfriend and have never had sex yet, but would like to if you had the chance.

SCENARIO 2

Soo

You are a 19-year-old woman and have come to the health centre for contraceptive advice. If the health worker asks you, say that you live with your boyfriend Meeko who is 26 years old. You work in a clothes shop. You smoke cigarettes (about 20 a day) and drink some alcohol most evenings (1 to 3 beers).

You have been injecting methamphetamines for about 1 year, ever since you met Meeko. You inject 2 or 3 times at the weekend. You are worried about your use of methamphetamines and have wanted to stop for 3 months now. You have had some problems with remembering things and concentrating. A couple of times after injecting, you have done things that seem crazy and have felt scared that you are going mad. You did stop injecting for one month but Meeko said you were no fun anymore and so you began to inject again. You have no concerns about your cigarette smoking.

You always use your own equipment and Meeko taught you to clean your needle and syringe carefully. Whenever possible, you get new needles and syringes.

SCENARIO 3

Boris

You are a 23-year-old man and have come to the clinic because you have noticed a discharge coming from your penis. If the health worker asks you, you say that you have no family and live with a group of friends (squatters) in town. You are involved in sex work and make a good living, sufficient to buy the drugs you need, food and drink, and some nice clothes.

You have been injecting heroin for two years. You look forward to and enjoy injecting because you do it with your friends and like the rush you feel when you inject. You have your own equipment, but have sometimes shared needles and syringes with your friends. Occasionally you have bouts of heavy drinking with your friends.

When the time is up, ask the groups to stop.

Ask for comments on the role play.

Now ask them to stay in their groups of 3 and together read through all three scenarios.

Ask them all to look at the three scenarios and quickly answer on a sheet of paper these questions:

- *What is the pattern of use for the young person in each scenario for each substance use?*
- *At what stage of change do you think your young person is at present?*

Give them a few minutes to complete this and then ask a group to respond for each scenario. The responses can be written up as a Table on a flipchart (see below) or given as verbal responses.

Allow for some discussion.

Responses for the Facilitator to the questions for discussion in the group of three after the role play

Kenko

Drug	Pattern of Use	Stage of Change
Cigarettes	Dependence	Pre-contemplation
Cannabis	Hazardous	Pre-contemplation
Cocaine (snorting)	Hazardous	Pre-contemplation
Cocaine (IDU)	Hazardous	Pre-contemplation

Kenko appears to be at the pre-contemplation stage - he sees no problem with his drug use.

Soo

Drug	Pattern of Use	Stage of Change
Cigarettes	Dependence	Pre-contemplation
Alcohol	Hazardous	Pre-contemplation
Methamphetamine	Harmful (experienced some psychological problems)	Contemplation /Preparation

Soo appears to be in the pre-contemplation stage with her cigarette smoking and alcohol use, and in the contemplation/preparation stage of change with her methamphetamine use. She was in the action stage when she tried to stop for a month.

Boris

Drug	Pattern of Use	Stage of Change
Heroin	Dependent	Pre-contemplation
Alcohol	Dependent	Pre-contemplation

Boris appears to be in the pre-contemplation stage with his heroin and alcohol use.

If there is time, you could also ask the following questions. How would your assessment be different if:

- The sex of the young person was different? So the young person was female/male instead of male/female?
- He or she was younger than the ages given?
- Kenko had a family member present?

WRAP UP

Tell the participants that we reviewed and practised a lot of skills in this session on assessment. Look at slide X3-5 and go through the skills.

Tell the participants we will look at the THER part of the GATHER approach in the next session.

Session 4
Health worker action with young injectors

40 min

Aim of the session

- To identify actions that the health worker can take in the clinic and in the community with young injectors.

ACTIVITY 4-1
Mini lecture: Aim of actions with young injectors

Show Slide X4-1.

Aims of actions with young injectors

Assist them to understand the risks of substance use and the increase in risks with IDU. Advise them:

- Stop or never start using drugs
- If you have to use, don't inject
- If injecting, don't re-use or share equipment
- If re-using, use own equipment
- If re-using others' equipment, clean it appropriately

SLIDE X4-1

Talking points

The health worker should assist young people to understand the risks of substance use and the increased risks of IDU, and advise them:

- Stop or never start using drugs.
- If you use drugs, use them in any way except injecting. If you do not inject drugs, you cannot acquire infections through needle-sharing or experience other problems associated with injecting. However, you will experience the negative consequences of substance use.
- If you continue to inject, do not share needles, cookers/spoons or filters with other drug users; use new injecting equipment every time. If you use new injection equipment every time, you cannot acquire viral infections (e.g. HIV) through needle-sharing.
- If you need to re-use any equipment, use your own injecting equipment every time. If you re-use your own injection equipment every time, you cannot catch viral infections (unless someone else has used your equipment without your knowledge).
- If you need to re-use any equipment and you believe you need to use someone else's equipment (needle or equipment sharing), clean the needles by an approved method (we will discuss these methods later). There is still a risk with cleaning needles

Tell the participants that these messages need to be given and reinforced by people in many sectors of society so that they are frequently heard by young people. These sectors (health, education, youth, law enforcement, parents and families) need to work together with young drug users themselves, to develop and support credible and consistent drug-prevention campaigns and services for young people.

Review of the (GA)THER approach

Ask the participants to look in Handout K, Section 3.4 for the GATHER approach.

Ask a volunteer to read out the points under the headings for THER.

Ask all the participants: Are there any questions or issues that they, as the health worker, would change in the THER with the young injector compared to the young substance user?

Allow a short time for discussion, then move on to the role play.

WRAP UP

The questions and issues with the young injector would be the same as with the young substance user. In addition, the health worker would need to give information on harm reduction for the young injector.

ACTIVITY 4-2
ROLE PLAY: ACTIONS IN THE CLINIC USING GATHER

Tell the participants that we will now do another role play.

Ask them to stay in the same groups (triads) as in Activity 3.3, but will change roles (health worker, young person, and observer) within their group of 3.

This time the number 1s will be the observer, the 2s will be the young person and the 3s will be the health worker.

Ask the 1s and 2s to turn to the scenarios in the Handout, Annex 4: Scenarios Using the GATHER Approach. We used these same scenarios (Kenko, Soo and Boris) in the assessment exercise. For this role play we have more information on the young person.

Tell them each to take the next scenario on the list, i.e. Scenario 1 (Kenko) before now takes Scenario 2 (Soo), Scenario 2 (Soo) before now takes Scenario 3 (Boris), Scenario 3 (Boris) before now takes Scenario1 (Kenko).

Ask the participants to go through the interview in their role play using the GATHER approach but focusing less on the G and A this time, and more on the THER, and complete the interview with the young person in their scenario.

Tell them they have 2 minutes to prepare, 5 minutes for the interview, and 3 minutes to report back in their triad.

Ask them to remember to come out of their roles.

SCENARIO 1

Kenko

You are a 16-year-old boy and have come to the health centre because you injured your knee when playing football. If the health worker asks you, say that you live at home with your parents and older sister. You have a delivery job after school.

You have smoked cigarettes since you were 14 and smoke about 15 every day. You smoke cannabis each weekend and you like the feeling it gives you. You do not drink alcohol. You have been snorting cocaine for the last six months with a group of older boys whom you meet after work. You snort whenever you have the money to pay - about 10 times in the last 6 months. Two months ago the older boys offered to let you shoot up (inject) cocaine. You found injecting was a very exciting experience and you have injected two more times since then. You use a needle and syringe which the boys lend you. You know it is clean because the boys say it is and you have seen them rinse it in hot water. You don't see any problem with trying new drugs. You like to go to parties when you have had cocaine because you have more fun. You do not have a girlfriend and have never had sex yet, but would like to if you had the chance.

You like being with the group of older boys because even though you are younger, they make you feel a part of their gang. You did not know you could get HIV from sharing injecting equipment. You have heard of AIDS and it scares you.

Your family are worried about you. You are close to your older sister and can talk with her easily. Your grades at school are worse than they have ever been. You want to get a good job when you leave school. You like playing football and are good at it but find you often get short of breath. You would like to have some condoms in case you meet a girl who is willing to have sex with you because you wouldn't want her to get pregnant.

SCENARIO 2

Soo

You are a 19-year-old woman and have come to the health centre for contraceptive advice. If the health worker asks you, say that you live with your boyfriend Meeko who is 26 years old. You work in a clothes shop. You smoke cigarettes (about 20 a day) and drink some alcohol most evenings (1 to 3 beers).

You have been injecting methamphetamines for about 1 year, ever since you met Meeko. You inject 2 or 3 times at the weekend. You are worried about your use of methamphetamines and have wanted to stop for 3 months now. You have had some problems with remembering things and concentrating. A couple of times after injecting, you have done things that seem crazy and have felt scared that you are going mad. You did stop injecting for one month but Meeko said you were no fun anymore and so you began to inject again. You have no concerns about your cigarette smoking.

You always use your own equipment and Meeko taught you to clean your needle and syringe carefully. Whenever possible, you get new needles and syringes.

Meeko does not want to stop injecting methamphetamines and you are afraid that you will not be able to stay together if you try to stop. You know that you want more in your life and you hope to train as a hairdresser one day. You would also like to have children in the future. Your parents are worried about you.

SCENARIO 3

Boris

You are a 23-year-old man and have come to the clinic because you have noticed a discharge coming from your penis. If the health worker asks you, you say that you have no family and live with a group of friends (squatters) in town. You are involved in sex work and make a good living, sufficient to buy the drugs you need, food and drink, and some nice clothes.

You have been injecting heroin for two years. You look forward to and enjoy injecting because you do it with your friends and like the rush you feel when you inject. You have your own equipment, but have sometimes shared needles and syringes with your friends. Occasionally you have bouts of heavy drinking with your friends.

You have been beaten up by customers a number of times. You find that as you get older, you are attracting less business and as a result you take more risks to attract customers. Last week you started offering sex without a condom as a way of getting more business.

You have heard of HIV but do not know much about it. You want to know more. Your friends are the only family you have and they all inject drugs.

TIP FOR YOU

Extra Role Play (optional extra activity: additional 20 minutes)

If time allows, each participant can have an opportunity to role play the health worker.

Ask for any general comments on the role play.

Ask the participants to stay in their groups of three persons and look at all the scenarios again. Ask them to quickly write down as a group, on a sheet of paper, three risk factors that could contribute to the injecting of substances, and three protective factors that could help them reduce or stop substance use - in the lives of these young people.

Responses could be:

Kenko

Risk factors: he uses other substances (smoked cigarettes since 14, snorting cocaine for last 6 months), older peer group that inject, shared injecting equipment, poor knowledge of HIV and risks of sharing injecting equipment, ready to experiment with drugs, failing at school.

Protective factors: he lives with parents, family concerned, positive relationship with sister, has a job, involved in sports and good at football (but noticing shortness of breath), does not drink alcohol, ready to use condoms, wants a good job one day.

Soo

Risk factors: she wants to stay with her partner who injects and who does not want to stop, she uses other substances (cigarettes, alcohol).

Protective factors: she is concerned about her injecting, never shares injecting equipment, has a job, wants a future (profession, children), has tried to stop, parents are concerned.

Boris

Risk factors: no family, sex worker, community he lives in may have easy access to drugs, peer group who inject, has practiced unsafe sex, shares injecting equipment, bouts of heavy drinking, violence.

Protective factors: emotionally supportive peer group, came for treatment for STI, wants to know about HIV (these may show a positive attitude towards health).

If necessary, tell them they can look in the Module K Handout, section 1.4 (Risk and protective factors associated with young people and substance use).

Have a short plenary session as feedback from this exercise.

As a follow on activity, ask the participants to take a few minutes to consider in their own lives 2 or 3 protective factors and 2 or 3 risk factors for substance use. This is an individual activity to be done privately without sharing with anyone. Tell the participants that this exercise can encourage us to look at our own substance use behaviour.

ACTIVITY 4-3
GROUP WORK (OPTIONAL) - 30 MINUTES
HOW TO CONTACT YOUNG INJECTORS

Tell the participants that young injectors may not come to the clinic for a variety of reasons. Research shows that the most successful way to work with injectors is through outreach using outreach workers.

Outreach is when the outreach worker goes to the places where young injectors can be found, in order to provide them with information, supplies and referral. Outreach workers know how to talk with the young injectors and are trusted by them.

This exercise will assist us in thinking about young injectors who do not come to the clinic and how they can be contacted.

Split the participants into five small groups. Give flipchart papers and ask each group to choose one person to write down the answers and one person to present.

Ask each small group to develop answers to the following questions.

Show Flipchart X4.

- *Where may you find young injectors in each of your communities?*
- *Where and how would you locate young female injectors?*
- *Would you feel comfortable going to all these places to talk to them?*
- *Would you feel comfortable talking to young injectors about HIV and drug use issues?*
- *Do you believe they would listen to you if you told them about behaviour change? If no, why not (list)?*

FLIPCHART X4

Tell them they have 10 minutes to answer the questions.

Ask the groups to make a list to explain why, if the answer is no, e.g. list the reasons:

- why it might be uncomfortable for some participants to visit all the listed places;
- why it might be uncomfortable for some participants to talk to injectors about these issues;
- why injectors might not listen to some participants.

After 10 minutes, ask the participants to return to their seats and ask one group at a time to give one answer. Ask the other groups to provide answers that are different from or additional to the other group's answers (so as not to repeat).

Summarize their answers with the following points:

- It is difficult to know where all young injectors, particularly female injectors, may be in any community.
- Not everyone is comfortable visiting the places where injectors might be found and talking with them.
- Young injectors may not listen to advice or follow recommendations for changing their behaviour.
- Research has shown that the effectiveness of this communication with young injectors depends greatly on who is trying to communicate with them and where the communication takes place.
- In many societies and economic contexts women in general do not have equal status as men. Being a "drug injector" is most likely to expose female injectors to severe stigmas, making it even more difficult to reach them.

Conclude the exercise and ask if they have any questions.

ACTIVITY 4-4
MINI LECTURE: ACTION IN THE COMMUNITY

Ask the participants the following questions:

- Is there action in your community that aims to prevent IDU among young people (programmes, pamphlets, posters, campaigns, etc.)?
- Are there special services for young injectors in your clinic/community?
- Who in your community works with drug injectors?
- What services do they provide?
- Where do they provide these services?
- Are there outreach services?

Let the participants discuss what happens in their communities for a few minutes.

Then show the following slide and go through the Talking points.

Talking points

Prevention of IDU

Action by the health worker in the community: IDU and young people

Prevention of IDU
- Raise awareness
- Contribute to prevention campaigns.

Services for young injectors
- Provide community links
- Support harm-reduction interventions.

SLIDE X4-2

Raise awareness

Raise family and community awareness of injecting drug use and young people (discussing the local situation with parents, community leaders and other gatekeepers). This can enhance the protective factors and minimize the risk factors for young people.

Raising awareness can be an opportunity to inform the community on the important issues of IDU and young injectors. This can prevent some of the negative responses that IDU can raise from community members (e.g. "Why should we care about people who inject drugs?"). Having these discussions early can prevent a backlash from community members to IDU programmes and services.

Contribute to prevention campaigns

Health workers can contribute to prevention programmes in their community with the aim of reducing the supply of and demand for injectable drugs.

Prevention programmes should make use of existing networks, resources and links between community organizations, both governmental and nongovernmental.

Services for young injectors

Provide community links

Referring young people and linking them with support services within their community is very important for young injectors. Give them information about community resources, outreach services, needle and syringe programmes (NSP), peer support groups, referral services, etc. If appropriate, encourage them to ask their family, relations and friends for help.

Support harm-reduction interventions

Harm-reduction strategies aim to reduce the negative consequences of drug use rather than reducing or stopping drug use itself. Health workers have a role in raising public awareness of the importance and benefits of harm reduction for individuals and communities. Harm-reduction strategies are often opposed by community members who think this will encourage substance use. The next session in this module is on harm reduction.

If there is time, give the participants some minutes now to think through and make some personal notes. Ask them to consider what is happening and what could happen in their community to prevent IDU among young people and to provide services for young injectors. They can write these down and use these notes in the last session when they complete their OPPD.

WRAP UP

Show slide X4-1 again and remind participants of the aims of the health worker actions.

Remind participants that in this session we completed the interview with the young injector, using the GATHER approach.

We also looked at what services are available and considered which ones could be available in clinics and in the communities.

40 min

Session 5
Harm reduction and young injectors

Aim of the session

- To identify harm-reduction strategies.
- To discuss harm-reduction strategies for young injectors who do not stop injecting.

If you have planned for a guest speaker to give a presentation on IDU services for young people in Activity 5-4, tell the participants now.

ACTIVITY 5-1
MINI LECTURE: INTRODUCTION TO HARM REDUCTION

Tell the participants we will first look at harm reduction in general and then discuss the role of health workers in harm reduction for young injectors.

SLIDE X5-1

Harm reduction

Package of interventions to prevent or reduce a range of harms associated with IDU which:

- Is based on evidence.
- Is based on public health and human rights.
- Includes prevention and treatment strategies.

Show slide X5-1 and go through the accompanying Talking points.

Talking points

Harm reduction is a phrase used to describe a package of interventions that aim to prevent or reduce a range of harms (physical harms like blood-borne infections and social harms like crime) associated with IDU. These interventions are necessary for injectors who do not stop injecting.

- There is strong evidence that harm reduction strategies are effective and lead to public health outcomes which benefit both the individual and the community.
- Harm reduction is consistent with a public health approach to a broad range of problems associated with IDU. Harm reduction strategies respect the human rights of individuals who inject.
- Harm reduction includes prevention (risk reduction) and treatment strategies.

SLIDE X5-2

Effective strategies for harm reduction with IDU

- Information on risk reduction
- Increased access to needles and syringes
- Outreach
- Substitution programmes
- Supportive policy, social network and health services.

Tell the participants that the next slide shows a range of strategies in harm reduction.

Talking points

Read through the five strategies on the slide.

Tell the participants that these five activities can help prevent or reduce the harms associated with IDU.

There is clear evidence that these strategies can be highly effective in preventing HIV transmission among injectors. Each activity may have limited effectiveness on it's own, but when several or all are used at the same time, they have prevented, stabilized and reduced HIV epidemics among injectors.

Tell the participants that we will go through each strategy and examine:

- Why the strategy is important.
- What the strategy involves.
- Considerations for the health worker when working with young injectors.

Show the first of the following five slides.

Risk reduction information (IEC or BCC)

- Many young people do not know the risks of injecting drugs.
- They need information on risks of IDU and on safer injecting and safer sex.
- The information needs to be relevant, credible, understandable and acceptable.

SLIDE X5-3

Information on risk reduction, also called IEC (information, education and communication) or BCC (behaviour change communication):

- Risk reduction information is important because many young people do not know the risks of injecting drugs. If they know the risks, they may choose to reduce them.
- Young injectors need information on the risks of IDU (blood-borne infections, local and systemic bacterial infections, overdose), information on safer injecting (safer practice, safer injecting sites), and information on safer sex (correct and consistent use of condoms). If they do not have this information they cannot reduce their risk.
- The information needs to be relevant to the situation of young injectors, credible (believable information and from a trustworthy provider), understandable (using plain language), and presented in an acceptable manner for particular groups of young people.

Increase access to needles-syringes programmes (NSP)

- Sharing injecting equipment enables rapid spread of viruses.
- Providing new needles and syringes reduces sharing of used injecting equipment.
- NSPs may not reach young injectors.

SLIDE X5-4

Increase access to needles-syringes programmes (NSPs)

- Injectors share equipment when new needles and syringes are not available. There is no guaranteed safe way of cleaning used equipment. Sharing injecting equipment enables rapid spread of viruses. NSPs give individuals the opportunity to use clean needles and syringes and prevent the risk of acquiring or transmitting blood-borne infections.
- NSPs allow injectors to exchange or receive new needles and syringes. They can also allow for safe disposal of used equipment. NSPs are most effective when linked to outreach projects that use peer counsellors and provide other services (e.g. counselling, condoms, STI treatment). Studies have shown the benefits of NSPs - i.e. they reduced the sharing of injecting equipment with no increase in the number of injectors or the frequency of injecting. (Reference: WHO Training Guide for HIV Prevention, Outreach to Injecting Drug Users).
- However, a limitation of NSP can be that they target self-identified drug users and often miss the occasional or recreational drug users. Injecting equipment needs to be available through other outlets to reach young injectors (e.g. health centres, pharmacy programmes, vending machines, drug-user network distribution).

Although health workers may not be in a position to start a local NSP, they have a role in understanding the evidence that supports NSPs and supporting local programmes or local efforts to begin programmes.

Ask the participants to look at the eight points in Section 3.3 (see above). Tell them that these are the conclusions from a WHO report that evaluated the evidence on the effectiveness of sterile needle and syringe programmes for HIV prevention among injectors.

Ask the participants to read aloud the eight points.

SLIDE X5-5

Outreach

- Injectors may not come to routine services.
- Outreach takes the service to the injectors.
- Young injectors and peer outreach workers.

Ask if there are any questions and respond. Then show the next slide.

Outreach

- Injectors are frequently marginalized in society and may not come to routine health services. Outreach takes the service to the injectors in the communities where they gather. There is evidence that community-based peer outreach is widely used and is a very effective intervention.
- Outreach services can include education, advice (risk-reduction counselling), testing and offering injectors the means to change risk behaviour related to IDU and sex (e.g. skills and/or products such as needles, syringes, bleach, condoms, STI treatment).
- It is often especially hard to reach and difficult to communicate with young injectors. Research has shown that the effectiveness of communication with injectors depends greatly on who is trying to communicate and where the communication takes place.

The outreach worker is referred to as a "peer" or someone familiar and trusted by the "community" of injectors. A young injector may be more willing to listen to a peer outreach worker who is closer to them in age and experience.

Outreach is the least costly intervention and is often the least complicated action to begin offering injectors (compared to large targeted education, NSP or substitution drug treatment programmes). Health workers may begin by getting to know the situation with drug users in their community.

SLIDE X5-6

Substitution programmes

- Opportunity for injectors to reduce the risks of IDU and reduce or stop substance use.
- Effective in reducing or stopping drug injecting.
- Most young injectors are not drug dependent.

Substitution programmes

- Substitution programmes can give dependent injectors an opportunity to reduce the risks associated with IDU (by taking a medicine orally) and to reduce or stop using substances (by gradually reducing the dose of the prescribed medicine). Substitution treatment is the administration, under medical supervision, of a prescribed medicine with similar action to the drug of dependence.
- Drug treatment programmes have been found to be effective in assisting drug users to stop or reduce injecting. Substitution programmes are primarily for opiate-dependence (using methadone and buprenorphine). When an injector enters such a programme they can receive support and counselling to deal with the emotional and social issues that may contribute to their use of drugs. Substitution programmes also aim to reduce the need for criminal activity to finance drug use.

- Substitution treatment is only offered to individuals who are dependent. Most young injectors are not dependent. Other treatment interventions should be thoroughly explored before substitution therapy is considered.

Supportive policy, legislation and targeted advocacy

- Supportive policy and legislation can influence public health interventions, especially among marginalized populations. Supportive policy and legislation at the national level are crucial to enable the development of a local environment that supports safer behaviour among injectors. Harm reduction services rely on injectors having health as a prime motivating factor and having a reason to live.

Supportive policy, legislation and targeted advocacy

- Contributes to reducing marginalization.
- Social network and health services.
- Importance of family and social network for young injectors.

SLIDE X5-7

- Like all people, injectors need a supportive social network and access to health services. Primary health services must be available and accessible to the health needs of young injectors. Health services and health workers must not discriminate against injectors.
- Young injectors particularly need support. A supportive family and social environment can protect young people from beginning to inject and can help them to stop. Some young injectors may have experienced much trauma, abuse and dislocation from family, friends and community which leaves them feeling that there is no reason to keep on living. For these young people the social network may be especially important. The health worker is often the first point of contact for the young injector.

Ask the participants - When you look at these strategies:

- Do you think that supportive policy and legislation are available to young injectors in your community?
- Could they be available in the future?
- Do you think they will never be available?

Tell the participants that harm-reduction information is given in Handout X, Section 8.

Also refer the participants to the reference section at the back of the Handout and to the Evidence for Action papers that are available as printed documents and online at: *www.who.int/hiv_aids*. These papers present the evidence for harm reduction.

ACTIVITY 5-2
DEMONSTRATION (OPTIONAL) - 30 MINUTES
NEEDLE AND SYRINGE USE

Explain to the participants that this exercise is designed to help them become familiar with the handling of needles and syringes, which will assist them in their work with injectors. If you had planned for this (see Module Advance Prepartation), ask your volunteer to demonstrate needle and syringe use.

There is a needle and syringe use demonstration exercise in the *Training Guide for HIV Prevention Outreach to Injecting Drug Users, Field Worker Training D2.7.* WHO, 2004 *www.who.int/hiv/pub/idu/hivpubidu/en*.

ACTIVITY 5-3
MINI LECTURE: SPECIFIC HARM REDUCTION STRATEGIES FOR INJECTORS

Tell the participants that national policies and legislation have a huge impact on availability of harm reduction services. The following messages provide information on the most favourable circumstances and practice for the injector. However, the reality is that injectors are often unable to go through all these steps due to lack of equipment or time, or lack of knowledge, or because they have to inject in a public place and quickly get away because they might be arrested.

SLIDE X5-8

Harm reduction: Before injecting

- Choose a safe site to inject.
- Always use new, sterile needles and syringes.
- Do not share any injecting equipment.
- Wash hands, clean the injecting site and use clean surfaces.

Talking points

These are the messages the HCP can give injectors:

- Choose a safe place to inject, preferably where there is running water.
- Protect from infection by always using your own new, sterile needles and syringes. Use a needle and syringe programme if possible.
- Do not share any injecting equipment. Sharing is not just using a needle or syringe which someone else has used. It means also using the mixing water, cups or pots, spoons or "cookers"; filters; swabs/alcohol wipes; and tourniquet that someone else has used, or passing them on to someone else. Splitting a larger quantity of drugs from one syringe into others may also be risky.
- Wash your hands with soap and warm water before and after each injection. Prepare injections with clean hands on a clean surface. Have ready clean material to stop bleeding after injecting. Clean the injecting site with soap and water or alcohol. Clean preparations and care will reduce the risk of infection.

SLIDE X5-9

Harm reduction: Injecting technique

- Choose a "safer" site to inject.
- Select sites, by rotation.
- Jack back.
- Inject slowly in the direction of the heart.
- Apply pressure for at least two minutes.
- Discard used equipment safely.

Show the next slide.

Talking points

Facilitator's should stress that this is the optimum method (best scenario) of injecting.

- Only user safe injecting sites on the body (e.g. arms and legs). Never use a vein in the neck or head. Avoid damaged, especially infected, sites.
- Rotate injection sites to avoid vein damage. This will:
  - allow any damage to heal, create less bruising: bruised sites can lead to infection;
  - reduce scarring, which thickens the vein wall and may make future injection more difficult.
- Jack back: pull the plunger to let blood enter the syringe, then push down to inject into the vein. This is important because it can signal if you have injected into an artery instead of a vein.

  If you suspect an artery has been hit (bright frothy blood), immediately pull the needle out; apply pressure for five to ten minutes; raise the limb. If bleeding does not stop, seek urgent medical treatment.

- Inject slowly in the direction of the blood flow (towards the heart). It will help ensure that drug is going into the vein.
- After injecting, apply pressure for at least 1-2 minutes: this will control bleeding, reduce bruising and risk of infection, and promote healing. Do not use alcohol swabs when applying pressure as this may interfere with clotting. Cover with a clean dressing.
- Discard used equipment safely, especially the needle and syringe.

Ask if there are any questions and respond. Then show the next slide.

Talking points

Harm reduction: Cleaning methods for needles and syringes

Not recommended: to be done only when NSP is not available

- 2x2x2 method
- Soaking
- Boiling
- Washing

SLIDE X5-10

Tell the participants that re-using and cleaning of equipment should only be acceptable in settings where NSPs are not available.

There is no fail-safe way of cleaning used equipment; the only way to ensure safety is to use sterile equipment every time. If some else's used needle or syringe is to be used, ensure that it is cleaned immediately after first use and then cleaned again before second use.

The most effective methods for cleaning needles and syringes in order to try and reduce the risk of HIV- and hepatitis-infected blood are given below. You can ask for volunteers to describe these methods (check that all the points are covered) or go through the Talking points.

- The best method for cleaning is believed to be the "2 by 2 by 2" method:
  - Draw COLD water (sterile or boiled and cooled is best) into the syringe and then flush it out down the sink or into a different cup. Do this twice.
  - Then slowly draw bleach into the syringe and shake it for as long as possible (3-5 minutes is ideal, 30 seconds is the minimum). Flush it out down the sink or into a different cup. Do this twice.
  - Then draw COLD water into the syringe (as before) and then flush it out down the sink or into a different cup. Do this twice as well.
- Soak the needle and syringe in either undiluted bleach or a strong detergent/water solution for as long as possible (at least several minutes) and rinse thoroughly with water.
- Boil the needles and syringes for 15-20 minutes (although plastic syringes, when boiled, may become deformed and leak).
- Wash the needle and syringe several times (e.g. 10 times) with cold water immediately after use - before the blood and drug solution has had a chance to dry. This is likely to flush out most infectious agents. Also, using water or even vodka, wine or beer to flush out the syringe and needle before re-use is likely to reduce the risk.

This topic can be found in Section 9 of the Handout.

ACTIVITY 5-4
MINI LECTURE BY GUEST PRESENTER (OPTIONAL) - 15 MINUTES
LOCAL IDU SERVICES FOR YOUNG PEOPLE

Invite the local guest with expertise on IDU services for young people to make a 5-10 minute presentation which could:

- outline the services available to young injectors locally or nationally;
- provide data on young people attending services;
- identify issues and barriers to providing services for young people;
- discuss ways of overcoming these barriers;
- show links between government and nongovernmental services.

Thank the guest speaker.

Allow time for questions from the participants.

Then move on to Wrap Up.

WRAP UP

Remind the participants that in this session we have looked at harm reduction for injectors. We have examined five effective strategies that can prevent or reduce a range of harms associated with IDU:

- Risk-reduction information.
- Increased access to needles and syringes.
- Outreach.
- Substitution programmes.
- Supportive policy, social network and health services.

We discussed harm reduction before injecting, the injecting technique, and cleaning methods for needles and syringes.

If a demonstration was included, say: We had a demonstration of needle and syringe use and a presentation on local IDU services for young people.

Ask if there are any questions and respond.

Then tell the participants that this concludes the presentations in this module and we will now move on to Module review.

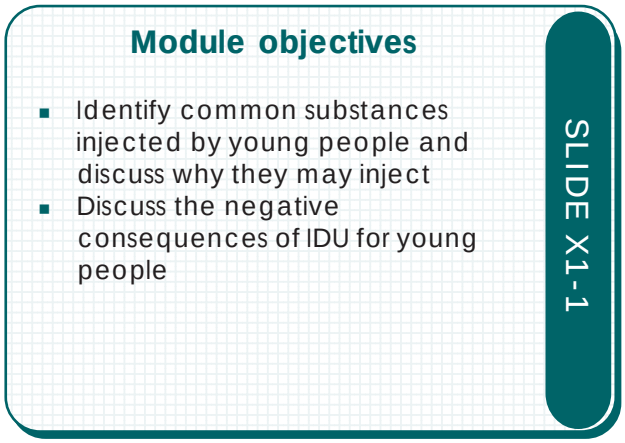
Session 6
Module review

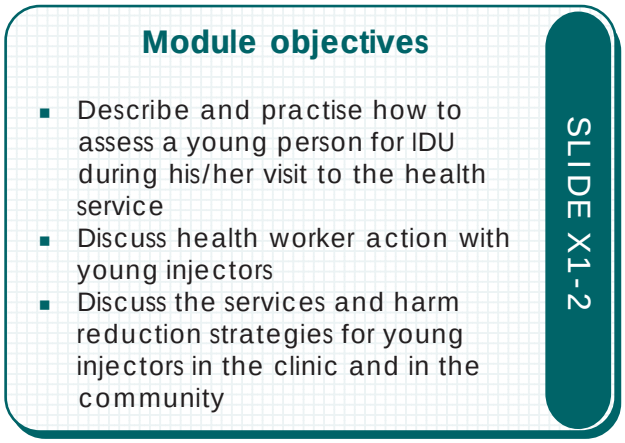
Aims of the session

- Review module objectives
- Complete Orientation Programme Personal Diaries
- Review Matters Arising Board and Mood Meter
- Summarize key messages from the module.

ACTIVITY 7-1
Review of objectives

Display the slides with the module objectives. Go through each objective and remind participants of what was covered. Ask participants for any questions or comments and address them.





ACTIVITY 7-2
Review of Spot Checks and Matters Arising Board

Ask the participants to turn to their Spot Checks.

Go through each question and ask the participants to give answers.

The answers are given below.

1. Why may young people choose to inject substances?
   - Individual factors (e.g. curiosity, boredom, influence of others).
   - Social factors (e.g. peer pressure, prevalence of IDU).
   - Transitional process: the change from one mode of using a drug (e.g. smoking) to another way (e.g. injecting). There is a time during the change when either mode is used.
   - The drug's availability and value for money.

2. What are negative physical consequences of injecting drugs?
   - Intoxication-related problems (e.g. falls, road traffic accident, drowning), overdose, blackouts, dependence.
   - Injecting-related problems, including blood-borne infections (HIV, hepatitis B and C, syphilis), overdose, vein damage, local and systemic bacterial infections, and loss of limbs/ limb function.
   - Damage to body organs by the toxicity of the drugs (e.g. liver, lungs, nerves, etc).
   - Health problems due to the social and material conditions in which injectors live. For example, an injector may become homeless because of drug use. Living on the street can make acute conditions more severe (e.g. lack of adequate sanitation causing local infections) and cause other health problems (e.g. malnutrition, pneumonia, frostbite, tuberculosis).

3. List FIVE injecting-related questions you could ask when assessing a young injector.
   - What do you inject?
   - How much and how often?
   - When did you start injecting?
   - Have you had any injecting-related problems?
   - Have you ever shared equipment?

4. List FIVE harm-reduction strategies for IDU.
   - Risk-reduction information.
   - Increased access to needles and syringes.
   - Outreach.
   - Substitution programmes.
   - Supportive policy, social network and health services.

Ask a few participants if they would like to share answers that reflect gains in their knowledge and/ or changes in their attitudes because of participation in this module.

Turn to the Matters Arising Board. Go through the issues that have been "parked" there. Address any issues that have not been covered during the module.

ACTIVITY 7-3
ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

FLIPCHART X5

List three important lessons that you learned through participation in this module

List three things that you plan to do in your work for/with young people

Ask the participants to take out their Orientation Programme Personal Diaries (OPPD). This can be a notebook which they have designated as the OPPD.

Put up Flipchart X5. Ask one participant to read it aloud.

Ask the participants to write down in their OPPD three key lessons learnt and three applications that they plan to implement.

ACTIVITY 7-4
KEY MESSAGES FROM THE MODULE AND CLOSURE

Tell the participants that we will now look at the two final slides to review the key messages from this module.

Talking points

- Injecting drug use is a growing problem among young people in all countries. Around half of first injections occur between the ages of 12 and 18 years.
- Injecting causes many negative consequences. The main consequences are physical (e.g. overdose, dependence, blood-borne infections), psychosocial (e.g. stigmatization, discrimination, problems with illegal activity, mental illness).
- Young injectors require special attention. The reasons for this are:
  - The unique nature of young people.
  - The nature of drug use by young people.
  - Issues of consent and confidentiality.
  - Lack of awareness among young people of the risks associated with IDU.
  - Less access by young people to support and services.
- There are many challenges to developing health services for young injectors, including legal and ethical considerations, and concerns about harm-reduction strategies.

Young people and injecting drug use module

- IDU is a growing problem among young people in many countries.
- Injecting causes many negative consequences: physical, interpersonal and social, and psychological.
- Young injectors require special attention.
- There are many challenges to developing services for young injectors.

SLIDE X6-1

Talking points

- It is important to assess all young people for IDU (prevention and early detection, risk reduction) because it is not possible to know who is at risk of using drugs or who is already using drugs.
- Appropriate attitudes and values are essential for health workers working with young injectors. These include being sincere, respectful, knowledgeable, professional and confidential.
- Reducing the harm of injecting is important for injectors who do not stop
- Harm reduction is an evidence-based public health concept, which benefits the individual and society as a whole.

Young people and injecting drug use module

- It is important to assess all young people for IDU (prevention and early detection, risk reduction).
- Appropriate attitudes and values are essential for health workers working with young injectors.
- Reducing the harm from drug injecting is important for injectors who do not stop.
- Harm reduction is an evidence-based public health concept, which benefits the individual and society as a whole.

SLIDE X6-2

Ask the participants for any comments or questions.

Remind them to complete the Mood Meter before they leave.

Remind the participants that the Handout provides more details on subject areas covered in this module and that it lists additional resources for their interest.

Thank them warmly for their hard work and participation in this module.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Sessions 1 and 6

SPOT CHECK 1

Why may young people choose to inject substances?

SPOT CHECK 1

What are the negative physical consequences of injecting drugs?

SPOT CHECK 3

List FIVE injecting-related questions you could ask when assessing a young injector

SPOT CHECK 4

List FIVE harm-reduction strategies for IDU