YOUTH PEER PROVIDER PROGRAM REPLICATION MANUAL

PLANNED PARENTHOOD® GLOBAL

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TABLE OF CONTENTS

Part C: Mastering the Skills

Appendix A: Training & Counseling Tools

INTRODUCTION

Approximately 1.7 billion people in the world today are between the ages of 10 and 25, and almost 90 percent of them live in developing countries.[1] The need to reach these young people with age-appropriate sexual and reproductive health information and services has been well documented in a number of international agreements and has become a priority for international aid organizations focused on adolescent health and rights.[2] Young people suffer particularly harsh consequences when reproductive health programs are unavailable or ineffective. Adolescent girls are especially vulnerable to unintended pregnancy and HIV/AIDS, and adolescent girls are far more likely to suffer harm as a result of pregnancy than adult women. Still, in many regions young people (those aged nine to 25) do not have access to either the information or services they need to delay or space their pregnancies.

When such programs exist, however, young people are able to learn healthy sexual and reproductive health behavior, reduce their chances of contracting a sexually transmitted infection, and improve their life outcomes. Delaying childbirth among girls under age 18 keeps them in school, increases their life options, gives them power over their bodies, reduces their risk of injury and death in pregnancy and childbirth, and reduces overall family size — all of which contribute to improved well-being and quality of life for women, families, and communities.

While many interventions have been developed to provide young people with accurate sexual and reproductive health (SRH) care information, only some of these programs provide services directly to young people in the places where they naturally congregate and feel most comfortable. Political ideology and social and cultural norms create barriers for funding of such programs, and organizations working with young people often fear backlash from parents and others if they bring reproductive health information and services directly to young people in the community.

Planned Parenthood Federation of America (PPFA) firmly believes that young people have a right to accurate, reproductive health education and services, including contraceptives. The base of the work we support globally is prevention through education, service provision, and advocacy to ensure that young people are able to lead healthy and fulfilling lives. We believe that young people must be addressed in the context of a culture, applying culturally appropriate approaches, and recognizing the unique needs of young people but understanding that they do not have lives separate from the rest of the world. We recognize young people as sexual beings with sexual needs and see them as individuals who cannot be categorized into a single group. Because we understand that young people are at different stages of sexual development, and recognize their diversity, we support programs that use a variety of approaches to appropriately meet the needs of different groups of this population.

In order to ensure that young people have access to high-quality sexual and reproductive health (SRH) services, we identify and support local, nongovernmental organizations (NGOs) to implement strategies that address young people's needs and increase their ability to make positive decisions about their sexual health. These strategies are founded on our fundamental belief that young people make responsible, healthy decisions when they are well informed and have a supportive environment in which information and services pertaining to their specific needs and perspectives are easily available.

Since the early 1990s, PPFA has supported partner organizations in Africa, Asia, and Latin America to implement programs that train young people to be youth peer providers (YPPs) so that young people can not only provide accurate SRH information but also offer contraceptive methods to peers in their communities. Our Youth Peer Provider program combines the successful tenets of peer education with those of community-based access programs. Youth peer providers are trained to become credible sources of SRH information in their own communities in order to increase knowledge, dispel myths, and change social norms, In addition, YPPs are

trained to offer contraceptive methods to their peers, including condoms and oral contraceptive pills, helping to overcome many of the obstacles that prevent young people from accessing accurate SRH information and contraceptives. These programs have been successful in increasing knowledge and use of modern contraceptive methods among young people, and we believe that this is a very promising model that can be replicated in numerous communities around the world.

This manual is designed for organizations that are interested in implementing the YPP Model. It represents best practices learned both from our experience in providing technical assistance to our partners, as well as the work of our partner organizations. The manual provides the background and principles of the program and guides staff through the important first steps of starting a YPP program, such as determining the needs of young people in the community and building community relationships to initiate the program. It also describes the necessary program planning steps and shares lessons learned from our partners in the field. Throughout each section, you will find useful information and exercises to help train staff and young people in the areas of SRH, including contraceptive methods and sexually transmitted infections, as well as in facilitation and counseling skills. This manual also includes tools that PPFA and our partners have used to develop and monitor the YPP program, as well as lesson plans that can be used in training YPPs and community members.

Young people can and will make positive, healthy sexual and reproductive health decisions if they are provided with both information and access to services including contraception. We believe that by providing the tools essential for their development, we can work together to create the healthiest generation of young people ever.

Sincerely,
Latanya Mapp Frett
Vice President, Global
Planned Parenthood Federation of America

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HOW TO USE THIS REPLICATION MANUAL

This manual is designed for organizations that are interested in implementing the YPP Model.

It provides the background and tenets of the program and guides staff through a needs assessment and program planning process. It also includes information and exercises to help train staff and YPPs in the facilitation and counseling skills they will need as well as in basic SRH topics.

The training pieces of the manual are designed for maximum flexibility. Staff can use the information and exercises to train YPPs directly or to design a training for master trainers who will then be responsible for training YPPs. This method is often used by organizations covering a large geographic region where it is impractical to have only one group of YPPs or to bring all YPPs regularly to one location for training. All the activities in this manual are meant to be adapted to the culture and context of individual communities. They are also designed to be usable in low-resource settings; for example, they do not require audio-visual equipment. Finally, most of the activities included in the training section are also appropriate for the YPPs to use when addressing the community.

The manual is divided into three parts:

- ➔ **Part A: Choosing the Youth Peer Provider Model** provides the philosophy behind peer education and community-based access programs and explains how the YPP Model combines these two proven interventions It goes on to provide staff at organizations with the steps they need to plan and implement the YPP Model, including needs assessment, community mobilization, partnering with a youth-friendly health-care provider, recruitment and retention of YPPs, offering contraceptives in the community, and monitoring and evaluating the program.
- ➔ **Part B: Understanding Sexual and Reproductive Health Topics** provides the information that staff and YPPs need to know in order to educate community members and offer contraception. Topics include adolescent development and sexuality, reproduction, contraception, sexually transmitted infections (STIs), including HIV/AIDS, and sexual behavior and safer sex. Each topic includes background information for staff, master trainers, and YPPs, much of which is appropriate to share with young people in the community as well.
- ➔ **Part C: Mastering the Skills** provides the basic techniques that are used by educators and counselors across the globe and reviews the skills that YPPs will need when working with young people. In general, the training and facilitation skills covered are meant to help staff, master trainers, and YPPs address groups of young people while the counseling skills focus on one-on-one interactions.

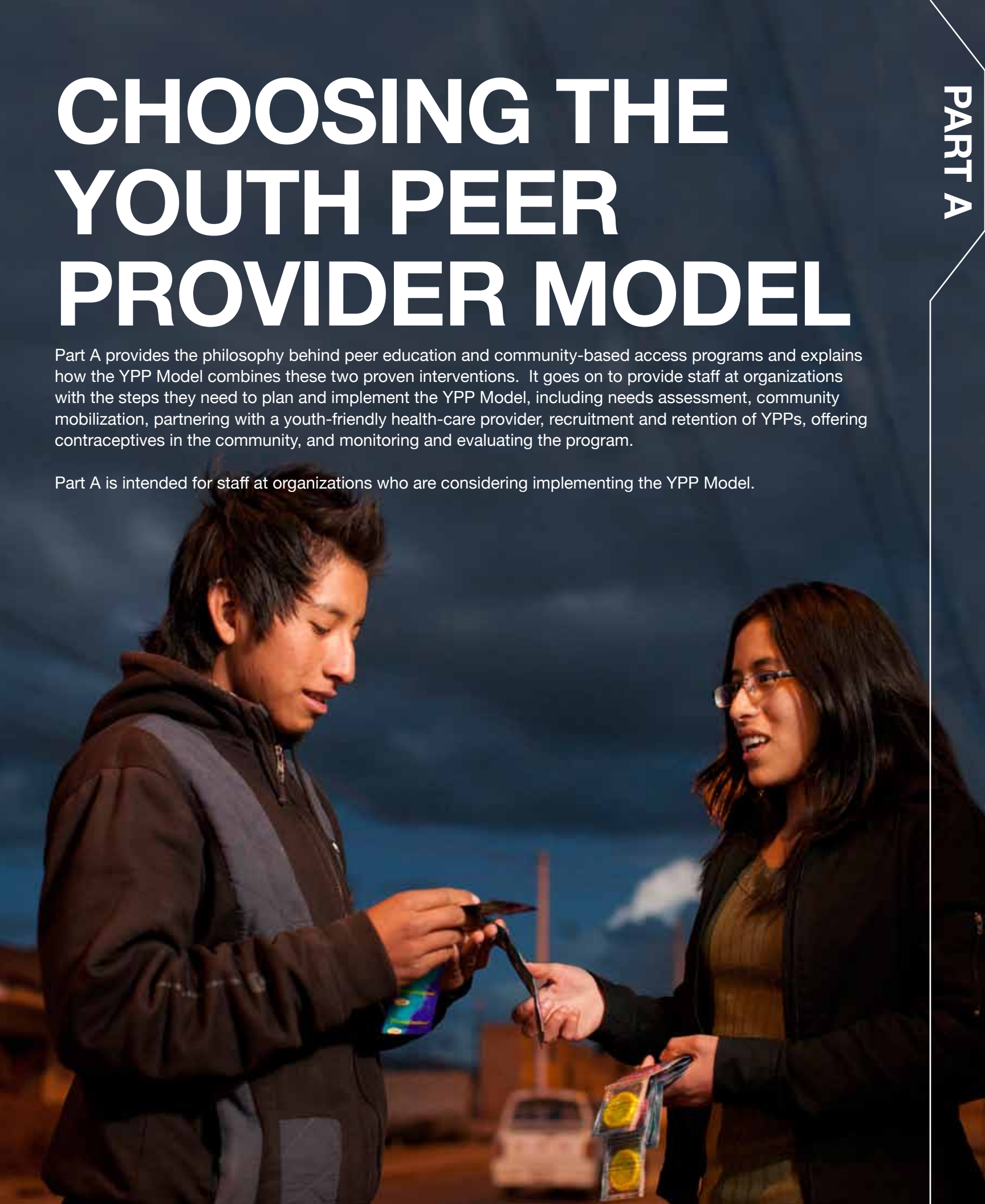
In each section, readers will find relevant tools, activities, and lesson plans to facilitate training. An appendix at the end of the manual includes additional training and counseling tools.

PART A

CHOOSING THE YOUTH PEER PROVIDER MODEL

Part A provides the philosophy behind peer education and community-based access programs and explains how the YPP Model combines these two proven interventions. It goes on to provide staff at organizations with the steps they need to plan and implement the YPP Model, including needs assessment, community mobilization, partnering with a youth-friendly health-care provider, recruitment and retention of YPPs, offering contraceptives in the community, and monitoring and evaluating the program.

Part A is intended for staff at organizations who are considering implementing the YPP Model.



TOPIC 1: IDEAS AND THEORIES BEHIND THE MODEL

Adolescent pregnancy and childbearing is an important public health issue worldwide. Approximately 16 million girls aged 15 to 19 give birth annually, and 90 percent of them are in developing countries. More than one out of five women in the poorest regions of the world has a child by age 18.[3] Adolescents who give birth face much higher rates of maternal mortality and are twice as likely to die from pregnancy-related causes as older women. Similarly, babies born to adolescent mothers are more likely to be of low birth weight and are at increased risk of perinatal and infant mortality. Moreover, giving birth at a young age perpetuates the cycle of poverty as young women lose out on educational and employment opportunities that may have otherwise been available to them.[4]

Interventions to prevent early pregnancy need to work with young people and communities on many levels in order to change social norms, provide opportunities for young women and men to continue their studies, and help young people make healthy decisions. Successful interventions must concentrate on improving knowledge, building skills, and ensuring access to services. These programs must also work to ensure that communities support young people's right to such information and services.

The YPP Model does this by combining the principles of peer education with those of community-based access programs. Young people learn about sexual and reproductive health (SRH) from credible, well-trained, sources (their peers) in their own community who help increase knowledge, dispel myths, and change social norms. And, by offering contraceptive methods directly to their peers in their communities, YPPs also help overcome many of the obstacles that prevent young people from protecting themselves against unintended pregnancies. The model also includes linking YPPs to health-care facilities which offer youth-friendly services and ensures that there is community buy-in at all stages of program development in order to foster community participation from young people and adults.

PEER EDUCATION

Peers are often the most influential people in an adolescent's life because they share the same background, interests, language, and experiences. Young people have always shared information and ideas with their peers, especially about topics that are considered taboo or embarrassing to discuss with adults. It is clear that young people's attitudes, knowledge, and behavior can be directly affected by those around them. Peer education programs seek to use these relationships among young people to provide accurate information and positively influence behavior.

Peer education programs typically train a number of young people in a community to be experts in a certain topic such as SRH. Many peer education programs worldwide focus specifically on educating young people about HIV and AIDS. These peer educators then go out into the community to spread the knowledge they have learned. Peer education can occur whenever and wherever young people interact. Peer educators may conduct workshops at schools, universities, or churches; they may talk to a group of young people at a sporting event; approach individual young people at community events or social clubs; or lead group discussions in a clinic waiting room. The flexibility of these programs is one of their primary advantages.[5]

Peer-Led Approaches

Peer-led approaches are often broken down into three categories: information, education, and counseling. *Peer information* focuses on whole communities or large groups and seeks to increase awareness and information as well as change attitudes through simple activities such as distributing materials at public events. *Peer education* works in more formal, small-group settings such as structured workshops, not only to increase information and improve attitudes but also to help participants build skills. Finally, *peer counseling* works on a one-on-one level to help individuals address their own issues and develop problem-solving

and coping skills. Programs can take an *educational approach* that is used to reach mainstream young people with planned activities in formal settings such as schools or youth centers or an *outreach approach* that can reach out-of-school and high-risk young people in informal settings such as bars or transport stops.[6] The YPP Model uses all of these approaches in order to be as flexible as possible and maximize its impact in a community.

Theories Behind Peer Education

Peer education is based on a number of theories about how people acquire information and how they make decisions. The *Health Belief Model*, for example, suggests that in order for people to change behavior, they must feel a perceived threat to their current health situation.[7] The *Theory of Reasoned Action*, suggests that whether individuals will adopt a recommended behavior is based both on their own attitudes about the behavior and the consequences of adopting or not adopting it, as well as on their beliefs about how others view the behavior.[8] These theories are particularly important to peer education because they recognize the role of perception and, therefore, how influential respected peer educators can be. The *Cognitive Dissonance Theory*, in contrast, reminds us that knowledge may be in conflict with the actions a person takes; thus, inconsistency may exist between behavior and beliefs.[9]

The *Social Cognitive Behavioral Model* emphasizes the effect of the social environment, thoughts, and beliefs on behavior. This theory suggests that the key to a person's behavior is self-efficacy — a belief in his/her own ability to affect environment and behavior.[10] Similarly, *Social Learning Theory* explains and predicts behavior through key concepts such as incentives and outcome expectations. This theory also underscores the importance of self-efficacy but predicts that change is a function of expectation and suggests that imitation is a key aspect of learning. Again, this has clear implications for peer education, where young people are modeling behaviors for other young people.[11] Finally, the *Theory of Participatory Education* is also relevant because it claims that the key to behavior change is "empowerment and full participation of the people affected by a given problem."[12]

Research suggests that peer education programs can be effective in increasing both knowledge and desired behaviors. For example, evaluations of some peer education programs have found that they increased condom use, use of modern contraceptive methods at last intercourse, intention to delay first sexual intercourse, and ability to stay faithful to one partner. Studies have also found that trained peer educators can be more credible sources of information for some young people than adult educators. One study, comparing peer-led programs to those led by adults found that "peer counselors produced greater attitude changes in teens' perception of personal risk of HIV infection" and "improved teens' inclination to take steps to prevent transmission." The same study "indicated that adolescents who were counseled by peers were more likely to engage in interactive discussion following the education curriculum than those counseled by adult health-care providers."[13] Studies also suggest that peer education programs have a positive impact on the peer educators themselves as these young people master information that is relevant to their lives, become recognized as leaders in their communities, and learn important communication skills.[14]

COMMUNITY-BASED ACCESS

In many places, access to modern contraceptive methods is hindered by both logistical and social barriers. Individuals are often uninformed about sexual health, and many misconceptions about reproductive health care exist. Moreover, clinics may be difficult to reach and fees may be prohibitive. Community-Based Access (CBA) programs are designed to overcome many of these barriers by training community members to offer contraceptive methods and information directly to the community for little or no fee. While there are many CBA programs throughout the developing world, few of them have utilized the potential of young people to offer contraceptives specifically to their peers.

CBA programs train individuals on the provision of contraceptive methods (such as pills and condoms), and these individuals can offer contraceptive methods to peers, or clients, in their communities. These CBA agents meet clients in their homes, at community events, sporting events, and other safe and convenient locations. They help clients choose the contraceptive method that is best for them, provide the information clients need to use this method effectively, and supply the clients with the method itself. CBA agents then follow-up with clients to make sure that the method works for them, that the client is using it correctly, and, of course, to re-supply the client. CBA agents usually have a relationship with a health-care clinic in the community and offer clients referrals for methods that require a health-care provider (such as an intrauterine device) or other reproductive health services (such as screening and treatment for STIs).[15]

CBA programs have been implemented for many years throughout the world and have been found to have positive impacts. These programs help to reduce many of the barriers associated with access to contraceptive information and methods especially in rural areas. CBA agents are knowledgeable, and, because they are peers, community members often feel more comfortable receiving both information and contraception from them.[16]

The YPP Model recognizes that young people are often even more affected than adults by social and logistical obstacles, including social stigma and lack of transportation. By bringing the information and services to the community and using trusted peers, the model can increase the acceptance and use of contraception among young people.

YOUTH-ADULT PARTNERSHIPS

Young people and adults bring different experiences, abilities, and strengths to any program. Young people, for example, are in a unique position to understand both the needs and concerns of their peers in the community. A successful adolescent SRH program must be built on partnerships between adults and young people utilizing the assets of young people, their parents or guardians, program staff and providers, teachers, community leaders, and other stakeholders. Young people have a right to be fully involved in the planning, implementation, and evaluation stages of the project and should be viewed as fundamental contributors from the very beginning. In fact, programs in which young people are active participants are more effective than those without youth participation.

Programs also need to work with adults in order to successfully overcome social, cultural, and religious constraints. Adults can play a positive role in supporting young people as they make decisions about the SRH program.

Organizations that are considering adopting the YPP Model must involve young people from the beginning of the program process in order to ensure the success of the program. The contribution of young people will have an impact on both the effectiveness and sustainability of the program by ensuring that the program focuses on the specific needs of the young people in the community that the organization hopes to serve. Some youth can be trained as YPPs while others may participate in developing the program and assessing how the program is implemented.

Lesson Learned: Programs Were More Successful with Youth Involvement from the Beginning

Involving young people in the development of appropriate and community-driven information, education, and communication (IEC) materials increased acceptance, utilization, and ownership among young people. IEC materials for use both at the youth-friendly centers as well as during activities with young people were developed with ample inputs from YPPs who helped conceptualize, write, and pretest the materials. We found that more young people were willing to work with these materials compared to those from other organizations where they had no input.

YOUTH-FRIENDLY SERVICES

Young people often have social and economic barriers that impede their access to SRH care and services. Barriers that reduce young people's access to care include their concern about privacy or confidentiality, lack of ability to pay for care, and lack of transportation to get to a clinic. In addition, young people may have never received information, or may have received incorrect information, about sexual health and, therefore, do not know about the preventive care they need or understand when to seek help for a reproductive health issue. In many areas, young people have misconceptions about reproductive health care, such as the belief that it is only available to married women or the fear that clinic staff will discriminate against or stigmatize them if they are unmarried and sexually active.

Whether your organization provides its own health-care services or partners with another organization or clinic, it is important to ensure that all services offered in conjunction with the YPP program are friendly to young people. Youth-friendly health centers offer a convenient schedule and location, a comfortable and age-appropriate space, and an administrative process that is manageable for young people. Service providers and administrative staff must treat young people with trust and respect and maintain their confidentiality, where possible See Legal Considerations on page 34. It is also important that service providers participate in ongoing trainings that help them ensure their services are offered in a supportive environment.

Human Rights

Young people have a basic right to be healthy and to have equal access to education and services. These rights are supported by various international conventions and agreements including the United Nations Committee on the Rights of the Child, United Nations Committee on Economic, Social and Cultural Rights, International Conference on Population and Development Program of Action, and the United Nations Fourth World Conference on Women Platform for Action.[17] Youth-friendly services must support young people's rights to information, to make their own decisions, and to enjoy their sexuality in a healthy way.

Healthy Sexuality

Becoming a sexually healthy adult is an important part of adolescent development. Young people can learn to make healthy decisions, foster communication skills, develop meaningful relationships, and express affection, love, and intimacy in ways that are consistent with their personal values. Youth-friendly programs need to support adolescent growth and development into responsible and fulfilled adulthood through the provision of scientifically accurate and developmentally appropriate sexuality information and education.

Gender

There are several gender-related issues to consider when implementing a youth program, including the power differential between adult supervisors and youth of the opposite gender, the gender dynamic of a male peer educator with female participants he is working with, and ensuring that both males and females are meaningfully engaged in implementing the program. Ensuring that both male and female youth are meaningfully engaged in programs helps promote fairness and justice in the division of benefits and responsibilities both as a means and an end in health and development efforts. Sexuality, gender, and power relations between women and men affect decisions about contraception, as these decisions are not just made by women but often involve partners, parents, in-laws, and others. Nonetheless, many traditional family planning programs focus almost exclusively on women, often failing to involve men because of stereotypes about male attitudes and behavior toward childbearing and childrearing. However, male involvement in contraceptive decisions is very important and should be encouraged when appropriate. In fact, the International Conference on Population and Development (ICPD, Cairo 1994) Program of Action included "male responsibilities and participation" as critical aspects for improving reproductive health outcomes, achieving gender equality and equity, and empowering women.[18]

The YPP program aims to involve young men to help them understand and address their own sexual and reproductive health needs and encourage them to support their partners' contraceptive success and allow them to be an active participant in planning the number and spacing of their children as well. Young men who participate fully in the program can help promote more equitable relationships and improve the physical, mental, and social well-being of both men and women by becoming supportive partners and caring fathers, helping their partners avoid unintended pregnancies, and protecting themselves and their partners from STIs, including HIV.

TOPIC 2: PLANNING YOUR PROGRAM

Young people require open communication at home, at school, and in the community in order to cope with their need for sexual expression and with the physiological processes of maturation. A supportive society that takes into consideration the social, cultural, and economic forces that shape adolescent lives can meet adolescents' nonsexual needs in a meaningful way, foster positive decisions by young people that will preserve their physical and emotional well-being, and help young people avoid behaviors that put them at risk for unintended pregnancy and STIs when they decide to become sexually active. In order to create such an environment, the beginning steps of the YPP program should involve community leaders, teachers, religious leaders, and any other community members who interact with young people.

Organizations considering implementing and adapting the YPP Model need to carefully assess the needs of their community, mobilize community members, and develop specific program activities and goals. The program plan must also include careful monitoring and evaluation to assess whether the program is meeting its objectives and having the desired impact in the community.

ASSESSING THE NEEDS OF YOUR COMMUNITY

The first step in adapting the YPP Model is to determine the status of sexual and reproductive health services, as well as the knowledge, attitudes and practices of youth and other community members regarding adolescent sexual and reproductive health. This will include finding out what services already exist, who they serve, and what needs remain unmet in your community. Collecting such information will help you determine the scope of the program that your organization can undertake.

You may want to start by reviewing local quantitative and qualitative data about young people to understand the larger picture of adolescent SRH in your area, such as the rates of adolescent pregnancy and STIs, the use of modern methods of contraception, and where young people obtain SRH services including contraception. You might also want to assess the existence of programs that provide SRH information to young people as well as the knowledge about these topics that young people already have. For example, is there a sex education program in your community, or are there peer education programs designed to cover other SRH topics such as HIV and AIDS? Do the local schools offer information or talks about sexual health to the students, out-of-school youth and/or married youth? In most areas much of this data exists and it is not necessary for organizations to start from scratch. The data may be in national census reports, local registries, national health surveys, or other sources.

It is also helpful to collect more nuanced information about the health and behavior of young people in your community by talking to key stakeholders such as young people, community leaders, educators, religious leaders, and other organizations that work with young people. Through one-on-one conversations, semi-structured interviews, and focus groups, you can learn more about young people's health and determine what services already exist for them. You will want to determine whether these services are youth-friendly, whether they provide information and/or contraception, and who they serve. It is important to note if they are reaching out-of-school and other marginalized young people. It may be helpful to review resources created by other programs in the community. Not only will you become more familiar with the resources in your community, but this can ensure that program activities are not unnecessarily duplicated.

Finally, you need to look at the resources available in your own organization to determine if they are adequate to implement the program. When thinking about your budget, remember that you will need sufficient staff to train and supervise YPPs; funding for training of staff and YPPs; incentives for YPPs (this will be discussed later); information, education, and communication (IEC) materials for YPP activities; and a sufficient supply of contraceptive methods to reach all clients for a given amount of time. Remember that ideally, YPPs will revisit community members to supply additional contraceptives in order to make sure that young people use the method correctly and consistently.

SWOT Analysis

One useful tool when conducting a needs assessment is a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. This can help you identify the positive and negative influences inside and outside your organization that may impact the success of your program. When conducting a SWOT analysis, the strengths and weaknesses refer to factors inside your agency, while opportunities and threats refer to factors that are external to your agency. Internal factors include staff, physical space, and financial resources, as well as expertise and past experience with young people or similar programs. External factors can include the economy, politics, funding sources, and legal and cultural issues. Some of the questions that can help you identify your organization's strengths and weaknesses are: What experience does your organization have working with young people? Running peer education programs? Providing contraceptives? Positive answers to the questions will indicate strengths and negative answers will indicate weaknesses.

Start by determining your strengths — the factors within your organization that will help you implement the YPP Model. What are your organization's advantages in terms of staff, physical resources, and funding? Then look at weaknesses that may make implementing a YPP program more challenging. What gaps exist in terms of staff, physical resources, and funding? What gaps exist in terms of experience running such a program? What activities or processes in your organization lack effectiveness or are poorly done?

Next, look at external factors. Start with the opportunities; ask yourself what possibilities exist to support or help your effort in your community, with the people you serve, or with other organizations that conduct similar work. What local or national policies exist that support efforts to improve access to contraception? Are new funding sources available? Finally, look at the external threats to your program or the obstacles that may hinder your efforts. Consider political and cultural issues, as well as available funding and resources. Are there other programs or issues competing for attention and resources? Are there individuals or groups who may react negatively to teaching young people about sexuality and contraception? What are the legal issues? See page 34 for Legal Considerations.

A SWOT analysis can be a good group planning activity. (A sample SWOT analysis tool is included at the end of this section.) You may want to consider devoting time at a staff meeting to conduct a full SWOT analysis specific to your organization. You may also want to use some time at meetings with community members to look at the external factors in your SWOT analysis. Soliciting additional ideas on opportunities and threats can make for a much richer analysis in the end.

Mobilizing Key Community Members

The meetings you conduct as part of the needs assessment can also help build community support for the program from the very beginning. In fact, working with community leaders, parents, young people, educators, health-care providers, and religious leaders is a vital part of the planning process. It is also very important to ensure gender equity by working with both male and female representatives of these groups. It can allow you to develop relationships with and increase access to the population you intend to serve — and help identify potential YPPs. Use these meetings to gain insight from community members and share information about the SRH of young people as well as the program you are planning, and make sure to continue this communication throughout the program's implementation. This helps avoid controversy or resistance in the community and makes the program more sustainable. In addition, support from local leaders and adults in the community helps to create an environment where behavior change among young people is encouraged.

Lessons Learned: Parent and School Support

Programs that have worked extensively with parents of YPPs have had great success. These programs incorporated training sessions with parents to introduce them to SRH topics, so that the parents were learning the same information as their children and there could be increased dialogue at home about SRH. The involvement of parents allowed for the adolescent and youth promoters to feel supported at home and in the program, thus affecting their retention in the program.

Programs that have worked extensively with schools have created enabling and supportive environments for young people to participate in the programs, as well as an increased number of community members that support the programs. Programs have conducted talks in schools, as well as offered sex education courses to teachers in training.

Partnering with a Health-Care Provider

It is essential for an organization considering adopting the YPP model to have a formalized agreement with a clinic or other health-care provider. While some organizations may run their own clinics, this is not necessary. The provider with whom you partner should provide training and ongoing supervision and consultation to YPP staff, especially in provision of hormonal methods of contraception, like the pill. In addition, it is vital, that YPPs are able to refer their clients to a specific health care provider should clients experience serious side effects from their birth control methods or need health-care services that YPPs do not provide, such as the insertion of an implant or IUD, HIV testing, or testing and treatment for other STIs. Staff at the organization should formalize an agreement with a health care provider prior to starting the program so that they can ensure high-quality, youth-friendly services and so that the provider can provide training to the YPPs, which includes some of the health care provider's own policies and procedures. Not only does this help the program provide services, such a partnership can also increase community support for your program.

When choosing a health-care provider to partner with, you need to ensure that the services young people will receive are youth-friendly, meaning that staff at the clinic are trained in and engage in youth-friendly practices, and the clinic offers services at convenient times and in a location that is convenient and comfortable to young people. (A sample checklist to help determine whether a facility provides youth-friendly services is included at the end of this section.)

DESIGNING YOUR PROGRAM

One of the first steps in planning the YPP program is to determine the ways in which the YPPs will interact with the community. The model is designed to be flexible and use various peer-led approaches when needed. YPPs can reach groups of young people at schools or clubs and provide structured workshops, provide informational material and possibly condoms at sporting events, or can meet one-on-one with peer clients in a clinic or client's home to provide information, counseling, and contraceptives. Most programs will likely employ a combination of these approaches.

Audience

Each organization that adopts the YPP Model needs to determine its own audience by looking at the characteristics of young people in its community and the resources already available to them as determined by the needs assessment. For example, you may want to look at the age at which young people in your community become sexually active in order to determine the exact age group on which to focus your efforts. Your organization should decide both on the age range of YPPs as well as the age of the clients they serve. For example, you may decide to reach young people aged 13–19 as clients but use YPPs who are 15–24.

The results of your community assessment will help you identify the populations with the most need and to determine how to best reach that population. Many times, this will include young people in school and those out of school. PPFA partners have always been committed to working with the hardest-to-reach populations and often the most challenging populations, and have been able to work with those populations successfully. The most important aspect of working with hard-to-reach populations is to ensure that there is buy-in from community members and that young people from the community are involved in the development, implementation, and assessment of the program.

Determining the Number of YPPs and Clients Reached

Determining the number of YPPs, the type and number of activities they perform, and the number of clients they will reach will help your organization understand the budgetary needs and time commitments of staff. Once you have determined the type and size of population that you will be working with and your organizational ability, you will have a better sense of the quantitative goals you can set for your YPP program.

Our partners often start by using this information to determine how many YPPs they can reach and train in a 12-month period. As a hypothetical example, you may determine that you are able to identify and train 50 YPPs in the first year. You can then use that number as a base to determine how many young people will be reached by each YPP during educational talks, community events, or workshops. Finally, by looking at the number of new clients each YPP can reach in each month, you will be able to determine how many total clients the project can reach in its first year. These then become your quantitative goals. Below is an example of how you can determine quantitative goals for your program, assuming your program identifies and trains 50 YPPs in one year:

ACTIVITY	NUMBER PER YPPS	TOTAL NUMBER (ASSUMING YOUR PROGRAM HAS 50 ACTIVE YPPS)
Workshops held at schools	5	250
Clients counseled	20	1,000
Talks at community centers	10	500
Condoms offered at events	100	5,000

It is important to identify quantitative goals as these goals will help to determine the budget and time needed to implement the program. Still, keep in mind that these goals should not override the quality of the program that is offered. It is important to ensure that the monitoring and evaluation of your program measures not just the number of workshops given or clients served but the quality of the services and information offered.

Using a Logical Framework

One program planning tool that can be particularly helpful in pulling all of this information together is a logical framework which is often called a log frame or a logic model. This can help you determine quantitative goals and performance standards.

A log frame is a tool that provides a visual representation of your planned work and your intended results. It includes the inputs (human, financial, organizational, and community resources), the activities (actions that will be implemented), as well as the outputs (direct services provided) and the outcomes (specific changes in program participants' behavior and knowledge) of the program. When filling in a log frame it is important to remember the "SMART" principle. Your outcomes and outputs should be Specific, Measurable, Achievable, Realistic, and Timely.

Setting up a log frame during the planning phase will be very helpful when it comes to monitoring and evaluating your program. (Two sample log frames that we have used are included at the end of this section. We encourage your organization to determine which model will work best for you.)

RECRUITING AND RETAINING YOUTH PEER PROVIDERS

As discussed above, your specific goals and population size will determine the number of YPPs you need to train. It is always a good idea to allow for attrition and turnover and, therefore, to train more peers than you ultimately need.

Keep in mind the populations that you want to serve, such as out-of-school young people or young people from a specific area within the community, so that the YPPs who are identified and trained represent the same population. YPPs who are not familiar with the language, culture, or customs of your desired population may be unable to relate to young people from that community.

Criteria for Selection

Before you begin recruiting you will want to decide on criteria for selection in order to ensure that the resulting group of YPPs is highly motivated, diverse, and represents the young people you wish to reach. Things to consider include age, gender, and ability to relate to the young people you are trying to reach. However, you also need to consider the group dynamics within the YPP training program. This means that when considering gender, for example, you want to ensure not only that you have both male and female YPPs to talk to community members, but that there is a balance of voices in the training. A YPP training in which all but one or two participants are male may make it harder for the female voices to be heard. The same applies for age. If, for instance, all but two of the YPPs are in their twenties, you may have a harder time reaching younger audiences in the community, and the younger YPPs may feel intimidated during training sessions.

It is not necessary for young people to have previous experience as peer educators. However, you will want to identify young people who can develop the knowledge and skills required to become good YPPs. You will likely want to look for individuals who have leadership potential, a volunteer spirit, and are team players. YPPs should also be good communicators, resourceful, empathetic, patient, and honest. For example, young people who have been involved in theater groups are likely already to be comfortable speaking in front of a crowd. This skill is not only useful once YPPs are working within the community but can be tapped into during training to help the entire group. Again, remember that it is not necessary for all YPPs to have each trait or experience that you decide on, the ultimate goal is to assemble a well-balanced group.[19]

Finding Youth Peer Providers

Once you have decided on your criteria for YPPs, you need to identify sources and channels for finding these young people. You may want to talk to community leaders again, partner organizations, previous clients, or participants in workshops that your organization has already sponsored, as well as staff and educators at clubs, schools, or universities. Though many peers will likely be recruited by word of mouth, you may also want to distribute announcements, tap into the mass media, or use the Internet if possible.

Interviewing Youth Peer Providers

It will be up to staff to interview potential YPPs and it is important to create a standardized procedure for these interviews especially if they will be carried out by different staff members based on availability or location. It is a good idea to create a formal review form or checklist that includes the criteria you have determined and allows the interviewer to record his/her thoughts.

During the interview it is also important that potential YPPs are told exactly what will be expected of them both during the training process and once they are providing services in the community. One idea is to

include a formal job description that explains the overall commitment (i.e., they will participate in the program for one calendar year), how many hours of training they will be expected to attend, and how many outreach and educational activities they will be expected to conduct once trained. This will lessen confusion and, hopefully, lead to less turnover and attrition among peer providers.

Lessons Learned: Recruiting Youth Peer Providers

Some program coordinators recruited YPPs during talks at schools. After talks at schools on various SRH topics including sexuality, STI/HIV, and pregnancy prevention, the coordinator invited students to become volunteers in the program and followed up to recruit those who expressed interest. Out-of-school young people were usually recruited at sports clubs, youth groups, or religious organizations. Some were also identified by community leaders. Of course all such activities should be conducted with permission of the school or other youth agency.

In one program staff made door-to-door visits in smaller communities to talk with families and ask if there were any young people living in the house. Also, some attend women's group meetings, church group meetings, community meetings, youth group meetings, community service events, health brigades, and health centers to find young people interested in becoming YPPs. They have also asked in-school young people to extend invitations to friends and family not currently studying.

In another program YPPs were recruited through advertisement in the community. Young people applied to participate in the program, and they were interviewed and assessed on their leadership ability.

Training Youth Peer Providers

Once you have identified your YPPs, you must begin to train them to ensure that they have the knowledge and skills they need to be a trusted asset in the community. The YPP training program will be key to ensuring the success of the YPPs, and the success of your program. Each organization's training program will vary, depending upon the training needs of the YPPs, the space available for training, the training modules created, and the time that the YPPs can dedicate to the program.

Some key considerations in creating the YPP training include

- ➔ **Who will conduct the training?** Your organization will need to identify who will provide the training, and ensure that the information is accurate and presented at a level that is appropriate for the YPPs in your area. In most communities there are trained individuals who can create fun and interactive ways to present the information. Will you have staff members from your organization in charge of all of the training components, or will you work with other local organizations to identify trainers for each specific component? We strongly recommend that medical professionals conduct part of the training, particularly on providing hormonal methods of contraception such as the pill.
- ➔ **What will the training consist of?** You will have to determine the scope of the training you will provide to new YPPs including the SRH topics as well as the training and facilitation skills. What will the different modules be, and how will the information be presented? How closely will you follow this manual? Will you use other existing curricula and lesson plans or create your own?
- ➔ **How many training sessions will YPPs need to attend?** Once your organization has created the training curriculum, you will have a better sense of the number of training sessions YPPs will need to attend. You then need to decide how often to hold these sessions and over how long a period of time. Partner organizations have conducted trainings for YPPs that last anywhere from one month to six months. In addition, some train new YPPs only once during the year, while others offer training

for new YPPs several times during the year. To determine how often you will provide training, your organization will need to consider what will work best for the young people in your area, as well as staff time and availability.

- ➔ **When will each training session be held and how long will it last?** Many organizations provide trainings on Saturdays, for a half-day at a time, while other organizations provide trainings after school hours. You will need to see what time works best for the YPPs in your program.
- ➔ **Where will the trainings be held?** Will they be held in a space at your organization, in a community center, or at the local school? Some organizations do not have the physical space needed to conduct the training on-site and will need to find alternate location. That said, YPPs in some programs that held trainings off-site have reported feeling disconnected from the organization they were working with and its staff. If you choose an off-site location for trainings consider other ways to foster connection between the YPPs and other staff members and/or programs.

Parts B and C are devoted to helping you train staff and YPPs to master essential information about SRH issues and develop the facilitation and counseling skills they will need to work with clients. Parts B and C also include sample activities that your organization can use to present information in a fun and interactive way. You will also want to check out local resources to see what other materials and activities have been most beneficial for organizations working with young people in your area.

Lessons Learned: YPPs Gain Life Skills

The trainings offered during the initial stages of a YPP's participation help to support the development of the YPPs beyond just providing information about sexual and reproductive health and contraceptive methods. The information provided also helps the YPPs to gain key life skills, such as listening with an open mind and without prejudice, propensity to change their attitudes, ability to support and care for teens going through a difficult time, and the importance of community work.

In order to foster these life skills, some YPP programs included lessons and information on self-esteem, gender, human rights, healthy parenthood, drug and alcohol abuse, negotiation skills, and communication.

Retaining Youth Peer Providers

Creating a plan to retain YPPs is also important because you are putting time and effort into their training and need them to remain involved and motivated in order for the program to successfully meet its goals in the community. In addition to setting clear expectations, your organization should establish open communication and effective supervision systems. For example, you may want to schedule regular meetings between YPPs and staff supervisors, offer a comment box where YPPs can leave suggestions, or bring all YPPs together at regular intervals to reconnect with each other, discuss how the program is going, and continue to work on their facilitation and counseling skills. Just as with paid staff, such systems ensure that YPPs feel involved and valued and that any problems are caught and dealt with as early as possible.

Evaluations of peer education and community-based access programs have found that providing incentives to YPPs is vital to the sustainability of the program. If the budget allows, incentives can be financial such as stipends or honoraria for conducting workshops;, however, given that such funding is often not available most programs rely on other less expensive means of compensation. Such incentives include free tickets to entertainment and sports events, academic credit from a local school or university, and the opportunity to travel with the group.[20] YPPs have also indicated that one of the biggest incentives they have for continued participation comes from the recognition that they receive for participating in the YPP program and being looked upon as a leader in their community.

It can help to reward YPPs with advancement and increased involvement and responsibilities if they perform their roles admirably or go above and beyond the requirements of the program. Be careful, however, to articulate how each incentive will be earned so as to avoid any sense of resentment between YPPs.[21] To avoid any appearance of coercion, YPPs should never receive incentives or compensation tied to sales of contraceptives or the number of clients who choose contraception.

Keep in mind that turnover of YPPs is quite common. Many young people have external factors that influence their participation in the YPP program. Changes in the lives of their parents, activities with school, financial demands of their families, can affect the availability of YPPs to participate in the program. Again, it may be important for your program to identify and train more YPPs than your goals require. In addition, you may want to identify new YPPs throughout the year in order to make up for those who leave the program unexpectedly. To avoid any appearance of coercion, YPPs should never receive incentives or compensation tied to sales of contraceptives or the number of clients who choose contraception.

Supervising Youth Peer Providers

Supportive supervision is critical to retaining skilled YPPs and ensuring the quality of services they provide. Supportive supervision incorporates self-assessment, peer assessment, and community assessment, and is implemented by many parties, including officially designated supervisors, informal supervisors, peers, and each YPP.[22] It occurs informally and formally in a variety of settings.

To successfully incorporate supportive supervision in your program, the program needs to establish systems to implement the various assessments mentioned above and to use information gained from them to identify how well YPPs are performing as well as how to improve performance. It is important that staff members who will supervise YPPs have experience with all of the relevant skills (such as counseling and facilitation skills) as well as SRH topics (such as contraceptive methods and STIs). If you do not have such individuals on staff, consider developing training for staff members. (The information and activities in Parts B and C of this manual are also appropriate for use with staff.) Staff who supervise YPPs should be viewed as friendly and understanding, meaning they need to be sensitive to group dynamics, aware of their own values and attitudes, and perceptive about psychosocial issues faced by YPPs.

Supervisors and YPPs should work together to assess YPPs performance at set points or intervals after training. For example, the supervisor should observe group educational activities conducted by YPPs as well as simulated (mock) one-on-one client counseling sessions. It is not advisable for supervisors to observe an actual counseling sessions, because it will violate client confidentiality and privacy. After observing a YPP, the supervisor should meet with the YPP to offer feedback about a job well done as well as identify gaps in knowledge and facilitation and counseling skills. These observations can serve to address YPPs' requests for additional information and skills and provide YPPs with appropriate guidance on personal and professional development. These observations can also provide direction for follow-up trainings with YPPs, either as one-on-one or in group supervisory meetings. Over the course of the program it is likely that supervisors will use a combination of both. The meetings should have an atmosphere of fun and teamwork, and provide feedback and support in a positive manner. It can help to develop a checklist so that supervisors assess performance in a standardized manner, especially if more than one staff member will be charged with supervising YPPs. (There are tools at the end of this section that can be used to help measure the performance of YPPs: YPP Activity Supervision and YPP Counseling Evaluation forms, and in Appendix A: Training & Counseling Tools)

Supervisors should also periodically review program goals and objectives to ensure that their own oversight complies with the program's mission.

OFFERING CONTRACEPTIVE METHODS IN YOUR COMMUNITY

The first thing your program should do is to understand the national and locals laws regarding offering of contraceptives at the community level. Among other issues, this involves understanding: who is allowed to offer contraceptives and which methods can be offered, and consent, record-keeping and privacy requirements. See Legal Considerations on page 34. Before you begin to train staff and YPPs, there are some issues unique to providing contraception that should be considered. First and foremost, your organization should determine which specific contraceptive methods are available for YPPs to offer. The YPP Model is designed for YPPs to offer contraceptive methods, including condoms, oral contraceptive pills, and emergency contraception pills (EC). The specific types of contraception and brand-names will differ from region to region, so, if your organization is not currently offering contraceptive methods, you will want to work with an organization that is familiar with the methods available in your area. Evidence shows that injectable contraceptives can be provided by properly trained and supervised community health workers.[23,24] Based on the laws in your country, and your programs relationship with medical providers in your community who can provide training and supervision, your program may consider training and supervising some youth to become community health workers who can provide injectables.

Some issues to consider include

- **Obtaining Contraceptive Methods.** First you need to determine where you will obtain/purchase the methods. Some organizations partner with other local organizations to purchase methods from a pharmacy at a reduced cost. Others are able to purchase contraceptive methods from a local NGO also often at a reduced price. You will have to determine how much this will cost and what portion of the program budget must be allocated to procure contraceptives.
- **Managing and Storing Supply.** Staff and YPPs need to have procedures for managing and storing the supply of contraceptives to guarantee that there is always an ample supply, that the contraceptives have not expired, and that they are protected from damage and theft. Many organizations use a closet or storage space. Remember that most contraceptives need to be stored in a cool, dry place. Because of logistical issues and large geographic regions, some organizations may find it necessary for each YPP to maintain his/her own supply of contraceptives methods. If this is the case, staff must help YPPs maintain a safe and effective storage system such as a lockbox.
- **Ordering Additional Supplies.** You will also need to determine who will manage the supply chain, including ordering additional supplies when needed and ensuring that YPPs receive methods in a timely manner. Restocks can occur once a week, during supervisory meetings, or once a month during visits from the coordinator. The important thing is that the staff and the YPPs know the procedure for receiving additional contraceptive methods. Managing the supply chain for contraceptive methods can require a significant amount of work. Your organization will want to ensure that the person in charge of managing contraceptive supplies has sufficient time to dedicate to this task.

Procedures for Offering Contraceptives

Once you determine the methods of contraception that YPPs will be offering, your organization should create formalized procedures for them to do so. For example, you should decide the conditions under which YPPs can offer each method. Most programs will only allow YPPs to offer oral contraceptive pills in one-on-one settings because of the need for an in-depth counseling and explanation of how to use them. In contrast, because they require less counseling, many programs offer condoms at community events along with education about their proper use. Your program will need to decide whether these same guidelines make sense in your area. You will also need determine whether each YPP will have a set number of condoms he/she can provide to each young person and whether this will vary by type of event (e.g., clients at sporting events are offered five condoms but individually counseled clients are offered 20). We strongly suggest that you review your procedures with a medical professional.

There are additional issues that must be addressed when it comes to oral contraceptive pills While it is usually unnecessary for a client to have a medical exam before starting the pill there are some health conditions which make these methods unsafe for women with some medical conditions. We highly recommend that YPPs receive training from medical professionals (either on staff or through a partner organization) in how to screen for these health conditions. Many programs use a checklist to ensure that these concerns are addressed in each counseling session. (Examples of such checklists are included in the Appendix A: Training & Counseling Tools.) YPPs must know how many packets of oral contraceptive pills they can give a client who is just starting to take pills or a client who is already on the pill, and when and how they need to follow up. Some programs, for example, offer clients a three-month supply of pills but require a medical exam at a clinic before the client can receive the next three-month supply. Others allow clients to receive a second three-month supply after a home visit in which it is determined that the client is using the method consistently and correctly and that they are not experiencing any complications.

Referrals

While YPPs can offer almost all types of contraception to young people in the community, some methods (such as IUDs) require a health-care provider. In the course of educating or counseling clients, it is likely that YPPs will encourage a client to see a provider for other reproductive health care such as STI screening and treatment or a Pap exam. In addition, YPPs must be able to refer clients for help in case they experience serious side effects from the contraceptives YPPs provide. For these reasons, it is important to have a formalized process by which YPPs refer clients to the partner health-care provider.

YPPs should tour the health-care facility, meet the staff, and understand the process of making an appointment or visiting with a counselor, nurse, or doctor as part of their initial training. This will help YPPs better serve those clients who need a referral. When developing referral procedures, your organization should think about both the time commitment of YPPs and the need to ensure clients follow-through. Some programs may ask YPPs to make appointments for their clients and help them arrange transportation. Others may simply ask that YPPs contact the client within one or two weeks to make sure the client followed through with the referral.

Records

A formal record-keeping system will help YPPs follow-up with clients and help staff supervise the work of the YPPs and ensure that proper procedures are being followed. Records are also important in order to ensure follow-up with clients in the event of YPP turnover. Creating a standard form that YPPs complete during each interaction with a client is an easy way to start a formalized record-keeping process. (A sample form is included at the end of this section.) Records are also essential for monitoring and evaluation of your program as they will help you keep track of how many contraceptive clients each YPP has and how many contraceptives were provided to young people in your community, as well as where and how these young people were reached. Legal considerations apply here, including the types of information that must go into the medical record and the privacy protections that the records must be afforded.

Privacy and Confidentiality

Finally, staff and YPPs must have a firm understanding of the privacy and confidentiality concerns of those young people who attend workshops and/or receive one-on-one counseling and contraceptives. Young people in particular are often very concerned about their privacy and this concern is one of the major barriers to them obtaining contraception. The agency implementing the YPP program and the partner clinic must have privacy and confidentiality policies that should be followed when interacting with young people and must train program staff and YPPs on such policies. You must also understand the legal requirements in your nation and locality around confidentiality of medical information. You also must understand the circumstances in which your national or local law requires that a patient's privacy be overridden, such as required reports of child abuse.

Topic 1: Ideas and Theories Behind the Model
Topic 2: Planning Your Program
Topic 3: Monitoring and Evaluation
Part A: Tools

TOPIC 3: MONITORING AND EVALUATION

Monitoring and evaluation (M&E) are core functions of program development and management and should be an integral part of program planning. The practice of monitoring and evaluating the activities and results of the program will ensure that the program is reaching the goals that were identified during the planning stages. It will help to make certain that your activities are effective and continue to be in line with the objectives and long-term goals of the program. Including M&E as an integral component of your program will also help you assess whether there needs to be any adjustments made to your plan due to unforeseen events or outcomes. A good M&E plan includes quantitative and qualitative methods of collecting information to monitor program activities and measure program effectiveness.

PART OF THE PLANNING PROCESS

Adequate evaluation can only be done if it has been an integral part of the planning process and built into the program from the very beginning. Involving program stakeholders, especially the YPPs and program staff, in all M&E activities from the beginning is critical to ensuring a common understanding of the program, maximizing participation, and fostering a sense of program ownership. YPPs will be responsible for collecting much of the data on clients served and they will also provide data on their training and other program implementation activities. You will need to allocate sufficient time, funds, and staff to for M&E activities.

SOURCES OF DATA

As mentioned earlier, the success of your program will be based on achieving the desired outputs, outcomes, and impacts that you included in the logical framework. Collecting sufficient quantitative and qualitative information is vital to determine whether you've achieved your desired outcomes. Sources of data should include YPPs' client records and reports, as well as information from program staff, community leaders, and clients.

Our recommendation is to develop a plan for data collection including indicators, a timeline, and persons responsible for each activity. It is a good idea to develop or adapt tools for collecting data that are easy to understand and fill out, such as client cards, registers or ledgers, tracking forms, questionnaires, and pre- and post-tests for both YPPs and the young people they serve. (A number of sample tools are included at the end of this section and more are included as part of Appendix A: Training & Counseling Tools.)

Baseline, Midline, and Endline Surveys

One of the best ways to measure the results of your program is to conduct studies (also called surveys) prior to implementing (baseline) the program, at the midpoint (midline) of the program, and at the end (endline) of the program. There are many different methods that can be used to conduct such studies including focus groups, key informant interviews, or surveys. The main purpose of a baseline survey is to determine community members' knowledge and behavior before your project is implemented. This starting point is vital to being able to evaluate the impact of your program moving forward.

Information collected in the studies can focus on behaviors of young people involving sex and sexuality, where young people receive SRH information and services including sexuality education and contraception, as well as community perceptions about sex and sexuality, and adolescent SRH in particular. In identifying participants for the baseline survey, it is important to have a sample that represents a wide range of community members (i.e., young people, teachers, community leaders, parents, and religious leaders). Frequently, results from a baseline survey will help to shape the direction and needs of the project and will dovetail nicely with your community needs assessment.

Midline and endline studies are implemented using methodology similar to the baseline survey. The results of the studies at the different points in the life of the program will help to show the impact of your program since its inception.

Measurable Indicators

As mentioned earlier, during the initial planning process it is important to determine specific objectives and performance standards for your program. In order to ensure that your program is meeting these standards, you will need to develop a set of measurable indicators. Your organization will need to determine how to monitor clients who are new to the program and who continue to receive contraceptives through the program. Below are examples of some quantitative indicators used in the YPP Model. Please note that in these examples the term "new client" is used to identify a young person who had not received a contraceptive method from any YPP in the previous 12 months. A "continuing client" is one who had received a contraceptive method within the previous 12 months. Because many YPP programs run on a 12-month cycle, once a client is counted (either as continuing or new) they are not counted again until the next 12-month cycle.

- ➔ number of YPPs who received initial and refresher training on SRH information and contraceptive methods, by age groups (10–14; 15–19; 20–24 years); and by gender
- ➔ number of YPPs actively providing SRH information and contraceptive methods by age groups (10–14; 15–19; 20–24 years); and by gender
- ➔ number of "new" or "continuing clients" by contraceptive method; by age groups (10–14; 15–19; 20–24 years); and by gender
- ➔ number of "new" or "continuing" clients using condoms and another modern method (pills, injectable, IUD) at the same time
- ➔ number of clients who were first time users of any contraceptive method by age groups (10–14; 15–19; 20–24 years); and by gender
- ➔ number of group educational sessions conducted by YPPs
- ➔ number of individual education/counseling sessions conducted by YPPs
- ➔ number of staff trained in youth-friendly services
- ➔ number of YPPs evaluated for quality standards

Quality of Care

As with any service that you provide, it is never sufficient only to know how many clients are served; it is also important to ensure that all clients receive high-quality service. Close supervision of YPPs will help ensure that they are providing quality services both in group education sessions and one-on-one counseling sessions. Supervisors should regularly observe YPPs in both types of settings in order to evaluate their performance and provide feedback about their work. Client surveys, as well as feedback from other YPPs and community members can also help you assess the quality of services being provided. (Tools to help you observe and evaluate the quality of the service YPPs are providing are included at the end of this section.) You will also want to assess the quality of the services being provided at the health care center with which your organization has partnered in order to ensure that they are both high-quality and youth-friendly. (A checklist for youth-friendly services is included at the end of this section.)

Knowledge Indicators

One of the goals of the YPP Model is to increase knowledge both among YPPs and the clients they serve. As you are planning your program it is important to develop measures that can assess this over time. In addition, your organization will want to ensure that there are measurements in place that show knowledge change following workshops or talks. Many programs have been able to use pre- and post-tests to measure knowledge directly before and after every educational and training session whether conducted with staff, trainers, YPPs, or community members.

Pre- and post-tests are also a useful way to measure the effectiveness of the trainings provided to the participants and can provide information on changes that may be needed in the teaching methodology. It can be helpful to implement pre- and post-tests at various times throughout the training of the YPPs in order to measure change in knowledge as well as retention of information and help you make any necessary changes to your training agenda along the way.

You may also want to consider using general knowledge surveys with clients who come for one-on-one counseling sessions to assess how much they already know about contraception, STIs, and sexual health and whether the information they have heard is accurate. Again, knowing this at the beginning will help you better assess what they are learning through their interactions with YPPs. (A sample list of pre- and post-test questions is included in Appendix A: Training and Counseling Tools.) Your organization will need to adapt it for use with YPPs and young people in the community.)

Examples of specific knowledge indicators to track could include increased knowledge in correct pill/condom use and increased knowledge of STI prevention.

QUESTIONS TO ASK AS YOU PLAN YOUR PROGRAM

Assessing the Needs of the Community

➔ What are the adolescent pregnancy and birthrates in your area? What knowledge do young people have about contraception, STIs, and HIV and AIDS? Are young people in your area sexually active? If so, at what age do young people initiate sexual relationships? If young people are sexually active in your area, are they using contraception and STI-prevention methods?

➔ What pregnancy prevention services already exist for young people in your area? Where do young people access modern contraceptive methods? Are the existing services youth-friendly? Do they provide education and counseling in addition to contraceptives?

➔ Who is reached with these services? Are the needs of out-of-school young people and other traditionally marginalized groups adequately met?

Assessing the Resources of Your Organization

➔ Is your organization prepared to take on the YPP Model? What is the budget for the program? Who will train YPPs? Who will supervise them? Who will provide administrative support? How will your organization obtain contraceptive methods and manage the supply chain?

Partnering with a Health Care Facility

➔ Does your organization have a partnership with a health care facility/clinic?

➔ Are there health/SRH services available in your community? Does the facility offer youth-friendly services? Is there an organization that offers voluntary counseling and testing for HIV?

Mobilizing the Community

➔ Have you met with community leaders, parents, educators, religious leaders, and young people? Are they comfortable with the direction of the program? Do they have any objections?

➔ Do you have individuals on your team who will be able to work with these groups?

➔ What activities can you do with the community to ensure continued buy-in of the program?

Setting Specific Goals

➔ Who is your audience? How many YPPs will you be able to train in your program? How will YPPs reach their peers? Will the YPPs reach out to schools, clubs, and universities? Attend sporting events and community events? Will they reach out to individuals in discotheques and bars? Will they provide group programs, individual client counseling, or a combination?

➔ How many young people in your community will YPPs reach? How many contraceptive methods will they provide?

➔ Have you developed a logical framework/logic model with SMART performance standards?

Recruiting Youth Peer Providers

➔ What are the characteristics of the YPPs you wish to recruit; think about gender, age, prior experience? What personality traits (outgoing, personable) are important? Have you created formal selection criteria and an interview process?

Retaining Youth Peer Providers

➔ What is required of YPPs? How long is the initial training? What kind of follow-up training must they attend? How many events must they attend/facilitate? How many clients should they manage? Have you created a formal job description?

➔ How long do you expect a YPP to serve? How will your organization handle YPP turnover?

➔ Do you have a plan for supportive supervision of YPPs? Do you have the staff and the resources to carry this out?

➔ How will you keep YPPs motivated and committed? Do you have incentives you can offer them such as academic credit, tickets to local events, or the chance to travel? Do you have a plan to increase the responsibilities and involvement of dedicated YPPs? What other life skills or opportunities can you provide for them?

Training Staff and Peer Providers

➔ Who will provide the training? Will you train master trainers or peers directly? How many peers will be trained at one time? Do you have adequate medical professionals available to train YPPs?

➔ Over what period of time will you train peers? How long will each session last?

➔ Do you have access to appropriate training venue? Do you have the necessary materials?

Offering Contraceptives

➔ What specific contraceptives (types and brands) are available for YPPs to offer? What types of condoms and oral contraceptive pills are available? How will YPPs offer emergency contraception?

➔ What is the policy for offering contraceptives? How many condoms or pill packets can YPPs offer? Does it vary by event/type of interaction? What kind of follow-up do YPPs need to provide? Do clients need an initial consultation prior to receiving any of these methods? If so, will it be free or have a charge?

➔ What is the policy by which YPPs refer young people to health care clinic(s)? What kind of follow-up do they need to provide?

➔ What kind of records do YPPs need to keep?

➔ How/where should YPPs store their contraceptive supplies?

Confidentiality and Privacy

➔ What is the program's policy on confidentiality and privacy? Do YPPs know the policy? Does the partner health care clinic have the same policy?

Monitoring and Evaluation

➔ Have you thought about the monitoring and evaluation of the program in the planning stages? Have you set aside sufficient funds and resources for M&E?

➔ Have you developed procedures and forms that can help you collect data on your measurable indicators?

➔ How will you identify other sources of data to help your measure you impact on the community?

Legal Considerations

➔ Have you reviewed your program with legal counsel knowledgeable about the laws of your nation and locality?

➔ Some of the questions to ask are:

- ➔ May YPPs provide hormonal methods of contraception in my locality?
- ➔ What kind of involvement by medical professionals is legally required?
- ➔ What are the requirements for informed and voluntary consent?
- ➔ Can minors give their own consent to all methods of contraception or does a parent have to be involved?
- ➔ What are the requirements for procuring and distributing or selling contraceptive supplies?
- ➔ What are the legal requirements relating to confidentiality of medical information?
- ➔ Are there requirements regarding reporting of child abuse that YPPs need to know?

The pages that follow include numerous tools to help you plan and monitor your program. They are intended as samples that you can adapt to fit the needs of your program.

PLANNING & MONITORING TOOL

SWOT ANALYSIS TOOL

POSITIVES (what factors exist that will help to support the development and implementation of the YPP program in your area)	**NEGATIVES** (what factors exist that may be a barrier to the development and implementation of the YPP program in your area)
INTERNAL (What is the current situation of your organization, such as staff, physical space, financial resources, past experiences, and expertise?)	
Strengths	Weakness
EXTERNAL (What is the current situation of the community or environment where you are working, such as economy, politics, funding sources, and cultural issues?)	
Opportunities	Threats

It is important to conduct the SWOT analysis with staff members who would be involved in the YPP program, community leaders, and young people from the community your organization will serve. Following the analysis, you may want to take some time to consider how to utilize the strengths and opportunities to overcome the weaknesses you have identified. Similarly, you may want to analyze how the strengths and opportunities can be utilized to overcome the threats that were identified.

PLANNING & MONITORING TOOL

YOUTH-FRIENDLY CLINIC CHECKLIST

Questions to consider when identifying a youth-friendly clinic

	Yes	No
Is the facility located in an area that is accessible for young people?	❑	❑
Is the facility open at convenient hours for young people, including evenings or weekends?	❑	❑
Are there specific times set aside for young people?	❑	❑
Are services offered for free or at affordable rates for young people?	❑	❑
Are waiting times short?	❑	❑
Do counseling and treatment rooms allow for auditory and visual privacy?	❑	❑
Is there a transparent, confidential way for young people to submit complaints or feedback about services at the facility?	❑	❑
Are there trainings in place for staff at all levels of the clinic to provide confidential youth-friendly services? (If not, is the clinic open to your organization conducting such trainings?)	❑	❑
Do providers set aside sufficient time for client/provider interaction?	❑	❑
Do young people play a role in operations of the facility?	❑	❑
Are young people involved in monitoring the quality of the SRH services provided?	❑	❑
Can young people be seen in the facility without consent of parent or spouses?	❑	❑
Is there a wide range of reproductive health services available (i.e., contraceptive methods, STI treatment and prevention, HIV counseling and testing, ante- and post-natal care, delivery care)?	❑	❑
Are there written guidelines for providing young people services?	❑	❑
Are condoms available to both young men and women?	❑	❑
Are there reproductive health educational materials, posters, or job aids on site, which are designed to reach young people?	❑	❑
Are referral mechanisms in place for medical emergencies, mental health and psychosocial support, etc.?	❑	❑

PLANNING AND MONITORING TOOL

LOGICAL FRAMEWORK (LOG FRAME)

Sample A

1

Inputs (Resources needed to operate program)

- ➔ human resources
- ➔ financial resources
- ➔ contraceptives and other supplies
- ➔ favorable policy and legal environment
- ➔ favorable community environment
- ➔ training curricula and materials
- ➔ client and community education materials
- ➔ youth-friendly referral service
- ➔ legal counsel
- ➔ medical professionals for training, supervision and consultation

2

Activities

(Activities to accomplish with available resources)

- ➔ mobilize community support for program
- ➔ adapt a YPP training curriculum
- ➔ recruit and train YPPs
- ➔ establish supervisory system for YPPs
- ➔ identify youth friendly provider/facility and develop a referral system
- ➔ develop supply-management system

3

Outputs

(Service delivery results and evidence of accomplished activities)

- ➔ meetings with clinical providers, local leaders, schools, youth center staff, and community groups
- ➔ number of staff trained to train/supervise YPPs
- ➔ number of YPPs who complete initial and refresher training.
- ➔ number of YPPs who offer clients information and contraceptive methods
- ➔ number of various group educational activities conducted by YPPs
- ➔ number of clients served by YPPs
- ➔ contraceptive methods offered to clients
- ➔ number of clients referred by YPPs to health centers for other reproductive health services

4

Outcomes

(Knowledge, attitude and behaviors gained by program beneficiaries as a result of program activities and outputs)

- ➔ increased knowledge of SRH
- ➔ increased contraceptive use

5

Impact

- ➔ decrease in unintended teenage pregnancies and STIs

Sample B (Used by some current YPP programs)

<table>
<tr><td colspan="4">LONG-TERM OUTCOME
Here, your organization can write out what the results would be of this program 10 or more years down the road. This section is usually written as a sentence or two, and it describes the overall objective of this program.</td></tr>
<tr><td colspan="2">MEDIUM-TERM OUTCOMES
This section allows your organization to identify what areas of success you hope to see in three to five years after implementing the program. These outcomes represent goals and objectives that ensure you are on the right path to reaching the long-term outcome. Organizations usually identify two to three medium-term outcomes.</td><td colspan="2">INDICATORS OF SUCCESS FOR MEDIUM-TERM OUTCOMES
This section will allow you to identify what indicators will be used to measure the success of your program. Changes in attitudes, behaviors, or access to services are examples of indicators. Also, the results from your baseline survey can be used to identify what changes your organization hopes to see in three to five years.</td></tr>
<tr><td>OUTPUTS
The outputs represent the specific changes or events that you expect will take place during each period (our partners use a 12 month cycle).
Examples of outputs can include:
➔ 50 YPPs identified, trained, and active in the YPP program;
➔ 1,000 clients receiving contraceptive methods from YPPs;
➔ 50 workshops offered to community leaders</td><td>KEY ACTIVITIES
This section allows you to identify the key activities that will need to take place in order to reach the output.
For example, for the output of 50 YPPs identified, training, and active in the program, activities could include:
➔ conduct five meetings with local leaders to identify young people
➔ hold two informative sessions about YPP program held at community centers
➔ develop training curriculum and educational materials, including pre- and post-tests, for YPPs
➔ conduct 20 training modules for YPPs</td><td>EVALUATION
This section allows your organization to identify how you will measure the success of the output. While quantitative indicators will be easiest to measure the results, it is also important to include qualitative measurements to ensure the quality of the activities and outputs.</td><td>INPUTS
This section allows your organization to identify the resources that will be needed to reach the desired output. This could include training for staff, support from other local organizations, and training materials.</td></tr>
</table>

PLANNING & MONITORING TOOL

YPP ACTIVITY SUPERVISION FORM

This checklist is to be completed by the supervisor during an educational session.

YPP Name _____

Date _____ Time _____ Location _____

	Yes	No
Did program start on time?	❑	❑
Did YPP introduce her/himself?	❑	❑
Did YPP state objectives and goals in beginning of session?	❑	❑
Was the information presented clearly?	❑	❑
Was the YPP able to answer participants' questions?	❑	❑
Was the program interactive?	❑	❑
Did YPP assess participants' knowledge before and after session? If so, how?	❑	❑
Did YPP use visual aids appropriately?	❑	❑
Did the YPP summarize information at conclusion of session?	❑	❑
Was the YPP prepared?	❑	❑
Was the YPP organized?	❑	❑
Was the YPP engaging?	❑	❑
Did the YPP appear comfortable with the content?	❑	❑

Comments:

PLANNING & MONITORING TOOL

YPP COUNSELING EVALUATION FORM

This checklist is to be completed by the supervisor while observing the YPP during a mock counseling session. (Should not be completed in an actual counseling session to ensure client's privacy).

	Yes	No	Comments
Met with client in appropriate/private space?	❑	❑	
Greeted client?	❑	❑	
Asked if using contraceptives methods and asked the client to describe how they are using the method?	❑	❑	
Asked if using condoms during sexual relationships?	❑	❑	
Discussed STI and HIV/AIDS risks and prevention?	❑	❑	
Explained all contraceptive methods, how to use and possible side effects?	❑	❑	
Informed client what contraceptives are available from the YPP?	❑	❑	
Provided information to the client about the variety of contraceptive methods available and worked with the client to identify the best method for herself/himself as well as gave clear instructions on how to use?	❑	❑	
Had client repeat information to ensure understanding?	❑	❑	
Gave written information, if available?	❑	❑	
Confirmed that contraceptive choice was voluntary/ not coerced?	❑	❑	
Supplied contraceptive method?	❑	❑	
Confirmed when client will need refill/revisit?	❑	❑	
Gave and explained referral to health care facility, if needed?	❑	❑	
Ensured client knows how to contact YPP before next appointment if needed?	❑	❑	
Ensured all client's questions were answered and promised to follow up with additional information, if applicable?	❑	❑	
Thanked client?	❑	❑	
Completed all necessary forms?	❑	❑	
Gave accurate information?	❑	❑	
Was friendly and nonjudgmental throughout exchange and used language that the client could understand?	❑	❑	

PLANNING & MONITORING TOOL

YPP CLIENT CARD

Client Name _____ Gender M ____ F ____ O ____

Date of Birth _____ Age _____ Marital Status _____

Address _____

Has the client used a contraceptive methods previously: Yes _____ No _____

Number of: pregnancies ____ births ____ live children ____ abortions and miscarriages ____

Education: Last Grade Completed _____

Referred to YPP by _____

YEAR	1	2	3	4	5	6	7	8	9	10	11	12
YEAR 1												
YEAR 2												
YEAR 3												
YEAR 4												

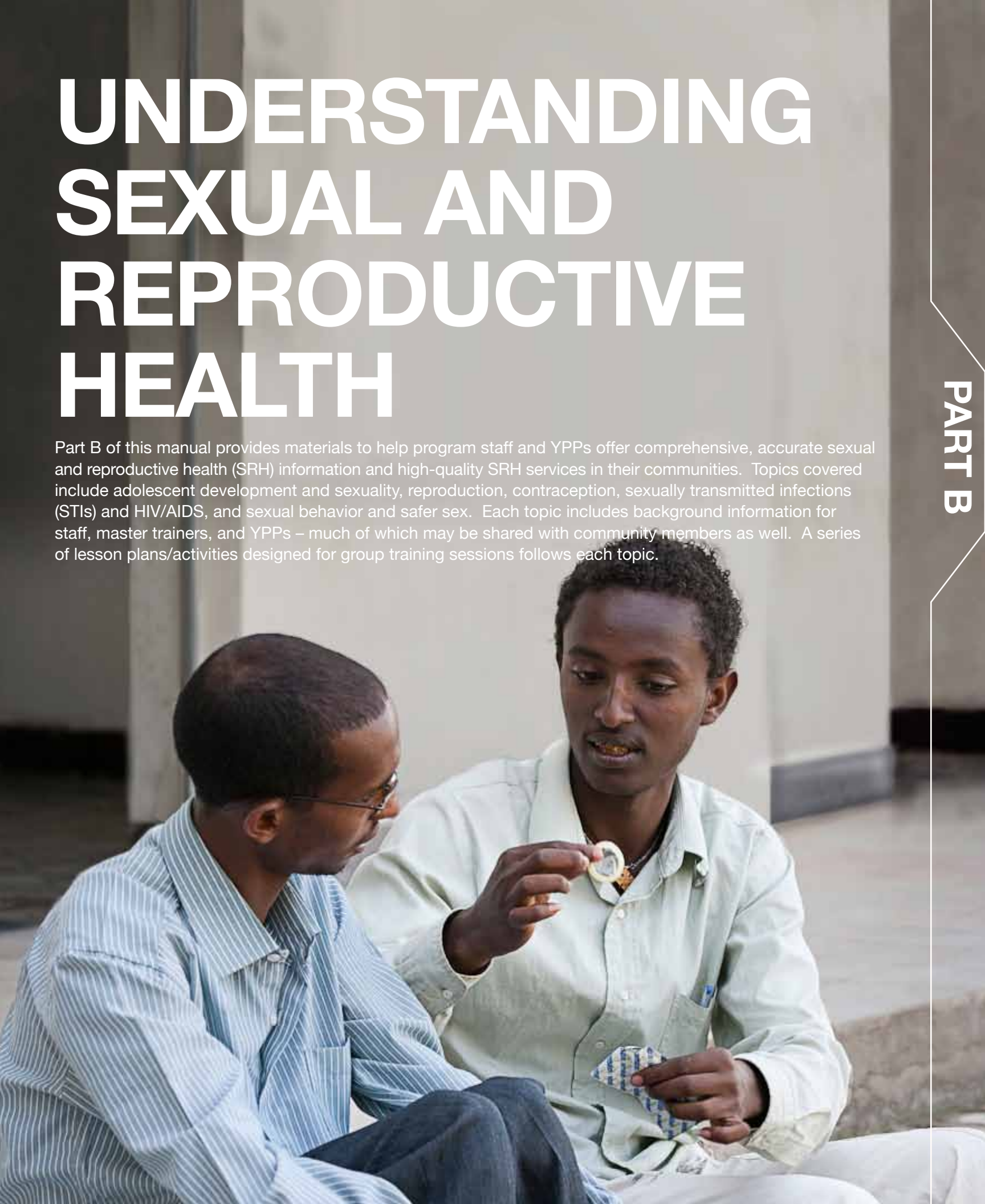
In the chart above, the YPP can mark the contraceptive method received by the client during each month of the program cycle. The YPP can also make notes of any changes, such as a different method used, and can also indicate the quantity of each method(s) provided to the client, such as number of condoms or number of pill packs.

Please check national and local laws on confidentiality protections that apply to medical information.

UNDERSTANDING SEXUAL AND REPRODUCTIVE HEALTH

PART B

Part B of this manual provides materials to help program staff and YPPs offer comprehensive, accurate sexual and reproductive health (SRH) information and high-quality SRH services in their communities. Topics covered include adolescent development and sexuality, reproduction, contraception, sexually transmitted infections (STIs) and HIV/AIDS, and sexual behavior and safer sex. Each topic includes background information for staff, master trainers, and YPPs – much of which may be shared with community members as well. A series of lesson plans/activities designed for group training sessions follows each topic.



Topic 1: Adolescent Development and Sexuality
Topic 2: Reproduction
Topic 3: Contraception
Topic 4: Sexually Transmitted Infections and HIV/AIDS
Topic 5: Sexual Behavior and Safer Sex

TOPIC 1: ADOLESCENT DEVELOPMENT AND SEXUALITY

Adolescence is a time of great change as young people transition from childhood to adulthood. In addition to maturing physically, during adolescence young people tend to experience their first adult-like erotic feelings, experiment with sexual behaviors, and develop a strong sense of their own gender identity and sexual orientation.[25] It is important that YPPs understand these issues as they may come up during their work with young people.

This section includes background information on adolescent development and then explains some issues related to sexuality that are of particular concern during this stage of life including gender identity, sexual orientation, self-esteem, and decision making. It goes on to enumerate the key concepts and topics that young people need to learn about sexuality at various stages of development. This background information is designed for staff, master trainers, and YPPs. While the information may be shared with young people in the community, much of it is more detailed than may be needed for the educational sessions that YPPs will conduct. This section does not represent a comprehensive sexuality education curriculum. However, it provides an overview of key concepts that make up a comprehensive sexuality education curriculum.

The goal of comprehensive sexuality education is to provide information and services that will help a young person, as they grow into adulthood, acquire the knowledge and skills to have a pleasurable and healthy sexual life that includes[26]

- ➔ appreciating one's own body
- ➔ seeking further information about reproduction as needed
- ➔ affirming that human development includes sexual development, which may or may not include reproduction or sexual experience
- ➔ interacting with all genders in respectful and appropriate ways
- ➔ affirming one's own sexual orientation and respecting the sexual orientations of others
- ➔ affirming one's own gender identities and respecting the gender identities of others
- ➔ expressing love and intimacy in appropriate ways
- ➔ developing and maintaining meaningful relationships
- ➔ avoiding exploitative or manipulative relationships
- ➔ making informed choices about family options and relationships
- ➔ exhibiting skills that enhance personal relationships
- ➔ identifying and living according to one's own values
- ➔ taking responsibility for one's own behavior
- ➔ practicing effective decision making
- ➔ developing critical thinking skills
- ➔ communicating effectively with family, peers, and romantic partners
- ➔ enjoying and expressing one's sexuality throughout life
- ➔ expressing one's sexuality in ways that are congruent with one's values
- ➔ enjoying sexual feelings without necessarily acting on them

ADOLESCENT DEVELOPMENT

Adolescence is a time of great change as young people transition from childhood to adulthood. Young people begin to mature biologically, cognitively and socially. As they age and mature, young people learn to think differently. Children and very young people are concrete thinkers; they focus on real objects, present actions, and immediate benefits. During adolescence, young people develop a greater ability to think abstractly and analytically, solve problems, and understand the impact of their current actions on both their future lives and other people.[27]

Young people often start puberty between the ages of 10 and 13. Puberty is a period of rapid growth that is controlled by certain chemicals in the body called hormones. During puberty, young people undergo many physical, mental, and psychological changes.

Young men and women may experience increased perspiration, grow hair under their arms and on their genitals, and notice a change in the tone of their voice. Young men may also develop facial hair and begin to have night time ejaculations (often called wet dreams). Young women will mostly likely develop breasts and begin menstruation. Their hips may also widen and their vulva and pelvis will become more developed. Young men will likely notice growth in their penis, scrotum, and testicles. Both young men and women may develop pimples (acne) on their skin.

The hormones that control the physical changes in young people are responsible for many emotional changes as well. Many describe adolescence as an emotionally volatile stage of life. Young people often experience mood swing, insecurities, fears, doubts, withdrawal, hostility, feelings of being misunderstood, and fluctuating self-esteem. Many young people also notice the onset of sexual desire and may begin experimenting with sexual behaviors.[28] There are other psychological and social changes that may occur during adolescent development that are influenced by culture and environment. For example, in some cultures young people may begin to focus more on relationships outside their families and make more adult choices and decisions about their lives.

Physical and Cognitive Stages of Adolescent Development[29]

EARLY ADOLESCENCE (10–13)	MIDDLE ADOLESCENCE (14–16)	LATE ADOLESCENCE (17–19)
onset of puberty and rapid growth	continues physical growth and development	reaches physical and sexual maturity
impulsive, experimental behavior	starts to challenge rules and test limits	improved problem- solving abilities
beginning to think abstractly	develops more analytical skills; greater awareness of behavioral consequences	developing greater self-identification

SEXUALITY

Sexuality is understood by many to be an essential, lifelong aspect of being human, and should be celebrated with respect and openness. Sexuality involves more than just sexual activity. It has socio-cultural, biological, psychological, and spiritual dimensions. While everyone is born a sexual being, how people express their sexuality changes throughout their lifespan, and adolescence is a time when young people start to think more about their own sexuality.

For training program staff and developing YPP training on sexuality, we recommend the "It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education."[30] Programs will need to develop resources for YPPs to refer clients to, who may need assistance with sexuality issues that are beyond the capacity of the YPPs. Topics covered in the curriculum are: "Sexual Rights are

Human Rights"; "Gender: Sexuality"; "Interpersonal Relationships"; "Communication and Decision Making Skills"; "The Body, Puberty, and Reproduction"; "Sexual and Reproductive Heath" (including HIV prevention and contraception); and "Advocating for Sexual Health."

Some basic concepts about adolescent sexuality that YPPs will address will include

Biological Sex

A person's biological sex is usually defined at birth. It is determined by an individual's chromosomes and internal and external sex organs. A person can be born male, female, or intersex. A male has XY chromosomes and male sex organs. A female has XX chromosomes and female sex organs. An intersex person has some combination of male and female chromosomes and sex organs.

Gender and Gender Roles

Gender refers to the socially constructed roles, behaviors, activities, and attributes that society considers appropriate for men and women. Gender roles are the way people act, what they do and say, to express their gender. These characteristics are shaped by society. Gender roles vary greatly from one culture to the next, from one ethnic group to the next, and from one social class to another. But every culture has gender roles — they all have expectations for the way women and men, girls and boys, should dress, behave, and look.

Children learn gender roles from an early age — from their parents and family, their religion, and their culture, as well as the outside world, including television, magazines, and other media. As children grow, they adopt behaviors that are rewarded by love and praise. They stop or hide behaviors that are ridiculed, shamed, or punished. This happens early in life. By age three, children have usually learned to prefer toys and clothes that are "appropriate" for their gender.

Gender Identity

Gender identity is how a person feels about and expresses gender and gender roles. It can refer to a person's own internal sense of being male, female, or something else. It is a feeling that people can have as early as age two or three. People can express their gender identities in many ways — for example, through how they look, speak, and act. Some people find that their gender identity does not match their biological sex. When this happens, the person may identify as transgender.

Sexual Orientation

Sexual orientation is different from gender and gender identity. Sexual orientation is the overall term used to describe a person's sexual and romantic attraction to other people. People who have sexual desire for the other gender are called heterosexual or straight. People who have sexual desire for their own gender are called homosexual or gay. Gay women are also called lesbians. People who have sexual desire for both genders are called bisexual. People who are unsure of their sexual orientation may be called "questioning." Sexual orientation is more complex and diverse than these simple labels.

In many societies, homosexual individuals face discrimination, hatred, and even the threat of violence. In fact, in some countries, homosexual behavior is illegal. The fear of such stigmatization can make the process of determining one's own sexual orientation confusing and difficult for youth.

WHAT ADOLESCENTS NEED TO KNOW ABOUT SEXUALITY

Though all programs need to be tailored to the unique characteristics of the young people they are reaching, public health and education experts have come to some consensus about what young people need to know about sexuality at various stages of development. The United Nations Educational, Scientific and Cultural Organization (UNESCO) created the *International Technical Guidance on Sexuality Education.*[31] UNESCO brought together a commission that looked at sexuality education programs in 13 countries and determined

the key concepts and topics that represent a "basic minimum package" for sexuality education programs for young people aged five–18. For each topic, the experts on the commission then determined the appropriate learning objectives and key ideas that young people should learn at each stage of their development. The key concepts and topics are

- ➔ Key Concept 1: Relationships (Topics: Families; Friendship, Love, and Relationships; Tolerance and Respect; and Long-term Commitments, Marriage, and Parenting)
- ➔ Key Concept 2: Values, Attitudes, and Skills (Topics: Values, Attitudes, and Sources of Sexual Learning; Norms and Peer Influence on Sexual Behavior; Decision Making; Communication, Refusal, and Negotiation Skills; and Finding Help and Support)
- ➔ Key Concept 3: Culture, Society, and Human Rights (Topics: Sexuality, Culture, and Law; Sexuality and the Media; the Social Construction of Gender; and Gender-Based Violence, Sexual Abuse, and Harmful Practices)
- ➔ Key Concept 4: Human Development (Topics: Sexual and Reproductive Anatomy and Physiology; Reproduction; Puberty; Body Image; and Privacy and Bodily Integrity)
- ➔ Key Concept 5: Sexual Behavior (Topics: Sex, Sexuality, and the Sexual Life Cycle; and Sexual Behaviors and Sexual Response)
- ➔ Key Concept 6: Sexual and Reproductive Health (Topics: Pregnancy Prevention; Understanding, Recognizing, and Reducing the Risk of STIs, Including HIV; and HIV and AIDS Stigma, Treatment, Care, and Support)

While YPPs will only deal directly with some of these concepts and topics, it is important for them to be aware of what young people should learn at various ages. (A chart that shows the key concepts, topics, and learning objectives at each age level is included in Appendix A: Training & Counseling Tools. More information, including the key ideas under each topic, can be found in the UNESCO document.)

The pages that follow include activities that focus on teaching young people about adolescent development and sexuality. YPPs need to have an understanding of how young people develop, think, and make decisions. The activities cover important issues that arise during adolescence including gender identity, sexual orientation, and risk-taking behaviors. These activities are primarily intended for use in trainings of master trainers or YPPs.

ADOLESCENT SEXUALITY ACTIVITY

WHAT'S IMPORTANT AT DIFFERENT AGES[32]

Purpose and Goals
To review adolescent characteristics at different ages that may have an impact on their response to workshop exercises as well as their decisions to seek/use contraceptive methods.

Time Needed
30 minutes

Materials Needed
Flipchart, marker pen

Procedure
1. Divide participants into three groups. Assign each group an age — early adolescence, middle adolescence, late adolescence.
2. Ask each group to brainstorm the characteristics of young people in that age group, and how those characteristics can affect
   a. young people's decisions regarding sexual behavior and contraception use
   b. young people's reaction to/participation in YPP-led workshops/activities
3. Bring the groups back together and have each group share their thoughts with the larger group.
4. Discuss the similarities/differences that the groups came up with depending on the age groups they were assigned.

Things to Consider
YPPs and staff may not be familiar with the differences in adolescents at each stage of development. If so, consider conducting the brainstorm of characteristics as a larger group and then allowing smaller groups to discuss how these characteristics affect behaviors.

Using This in the YPP Model
This exercise is appropriate for use in trainings with master trainers or YPPs.

ADOLESCENT SEXUALITY ACTIVITY

WHAT YOUNG PEOPLE SHOULD LEARN[33]

Purpose and Goals
To help master trainers and YPPs consider the topics within SRH that young people should know about, and think about how these topics may come up in their interactions with young people.

Time Needed
30 minutes

Materials Needed
Flipchart, marker

Procedure
1. Ask participants to brainstorm what topics should be covered when training young people on reproductive health and sexuality. Add to it if anything is missing (see list below for ideas).
2. Once the list is created, go over the list and ask participants to label each topic either "SRH Risk" or "Healthy Sexuality." Note which category appears more often.
3. Discuss why programs so often spend more time dealing with health risks than healthy sexuality. Discuss the problems with dealing with sexuality solely from a risk perspective (alienates young people, perpetuates misperceptions about sex being dirty and shameful, ignores the importance of pleasure, etc.).
4. Ask participants if there are ways to reframe some of the risks in a more positive light.

Possible Sexuality Topics

➔ normal physical and emotional changes during puberty

➔ exercise and nutritional needs

➔ psychosocial issues related to adolescence, such as developing self-identity, the importance and influence of peers, rebellion against adult guidance, and changing family dynamics as the young people mature

➔ emerging sexuality and sexual orientation

➔ sexual roles and responsibilities

➔ role that drugs and alcohol and play in sexual decision making

➔ gender roles

➔ reasons for engaging in sexual activity and reasons for not doing so

➔ social and personal alternatives to sexual activity (spending time with someone, holding hands, hugging, dry kissing, masturbation)

➔ positive and negative consequences of early sexual activity (for example, pleasure, effects on reputation, self-esteem, guilt, shame, unintended pregnancy, unsafe abortion, STIs)

➔ contraceptive methods, including EC

➔ consequences of early pregnancy (the younger the adolescent, the greater the risks: higher risks of miscarriage, stillbirths, pre-term delivery, babies of low birth weight, difficult labor)

➔ responsible parenthood

➔ physical, psychological, and social consequences of HIV or STI infection

Things to Consider

In many places, educators frame adolescent sexuality in terms of risk because it is the only way to get support for their programs; adults are often willing to talk to young people about risk but less willing to acknowledge pleasure. Consider adding a discussion about the cultural norms and realities in your area and how this can impact the YPP model.

Using This in the YPP Model

This exercise is appropriate for trainings of master trainers or YPPs. Consider noting that the YPP model focuses on contraceptive use and therefore that many of these topics will not be covered or will not be covered in great depth, but that master trainers and YPPs should have a basic understanding of all of these topics because many of them may come up during workshops and counseling sessions. Also, understanding the importance of how topics are framed (risky vs. healthy) can help YPPs promote healthy sexuality and remain nonjudgmental.

ADOLESCENT SEXUALITY ACTIVITY

WHY THEY DO IT (OR DON'T)[34]

Purpose and Goals
To enable students to reflect critically about their own and others' decision making related to sex.

Time Needed
20 minutes (trainers may want to allow for longer discussion)

Materials Needed
"Agree" and "Disagree" Signs (Optional)

Procedure
1. Explain that this exercise is to help participants look at the reasons people decide to have sex or not to have sex, that many different circumstances and feelings influence people's decisions about whether or not to have sex.
2. Designate one side of the room "agree," and the other "disagree. You may place "agree" and "disagree" signs at opposite sides of the room.
3. Tell the group that you will read a few statements. Note that they are "values statements," and there is no right or wrong response to any of them. Explain that for each statement, if the participant agrees, he/she should go stand by the side of the room that says "Agree." If he/she disagrees, go to that side.
4. Explain that even though people sometimes have mixed feelings about these issues, for the purpose of this exercise they have to force themselves to choose one side or the other.
5. Read each statement. After each statement, allow time for students to move to their "side." Allow two participants on each side of the room to briefly comment on why they chose their side. Then go on to the next statement even if the conversation has not come to an end. Read as many statements as time allows.
6. Reserve five to ten minutes to sum up, asking: Why is it important for a young person to think clearly about the reasons for his or her choice to have or not have sex? Young people have many different reasons when they choose to have or not to have sex. What kinds of misunderstandings or problems can result from these differences in reasons? We see that people often are not aware of all their motivations and feelings, or have not analyzed their circumstances. What are some ways that we can become more aware of what is going on, how we feel, and what we want and do not want?

Possible Values Statements

➔ I feel bad for boys because they have to act as if they want sex all the time, even when they don't want it.

➔ If a girl loves her boyfriend, she should show it by having sex with him.

➔ I think most young people have conflicting feelings about sex; they want and do not want to have sex at the same time.

➔ I think it is fine to give someone money or a gift for sex.

➔ I think it is fine to accept money for having sex, if you need the money.

➔ I think that a real man takes risks and is sexually aggressive.

➔ Images on television and in magazines make young people feel that they should be having sex.

➔ Pressuring someone to have sex against his or her will, even if you don't use physical force, is more or less the same as rape.

➔ Some girls act as if they are just seeking sexual pleasure without emotional involvement, but down deep this is not what they want; they really want an emotional connection.

➔ A lot of girls I know have sex because they feel obligated to do so.

➔ People who are attracted to others of the same sex should wait longer (until an older age) to start having sexual experiences than their heterosexual peers do.

➔ Lots of young people just do not want to have sex. Their feeling has nothing to do with AIDS or pregnancy or with what adults tell them. They just do not want to be having sex, even if they have a boyfriend or girlfriend.

➔ Sexual intercourse is always an extremely intimate and personal experience for the two people involved.

➔ A lot of people who decide to have sex regret it later.

➔ A lot of people who decide not to have sex regret it later.

➔ Before they have sex, most young people talk thoroughly with their partner about whether they both feel comfortable and want to have sex, as well as about how to protect against infection and pregnancy.

Things to Consider
Read the list of possible statements carefully to weed out anything that is not relevant to your audience and add anything you think is missing.

Using This in the YPP Model
This exercise is appropriate for training of master trainers, YPPs, or young people in the community. The discussion with master trainers and YPPs might also explore how these values may affect young people's decisions to access contraception and how they can address these values when working with young people in their community. This is a forced-choice activity; the same procedures can be used to address numerous topics simply by varying the value statements read. This exercise could be used to discuss other aspects of adolescent sexuality, contraception use, STIs, sexual orientation, or specific cultural issues or taboos.

ADOLESCENT SEXUALITY ACTIVITY

CRITICAL THINKING ROLE-PLAY

Purpose and Goals
To let young people practice real-life situations in order to gain critical thinking and communication skills.

Time Needed
Up to trainer (each role-play takes approximately 15 minutes to conduct and discuss; trainers can determine how much time they have to devote to this and plan accordingly.)

Materials Needed
None

Procedures
1. Ask for two volunteers to come to the front of the room.
2. Assign the pair a scene to act out. Use the list of possible scenarios below; create your own scenarios; or use some workshop time to ask participants to create their own scenarios. You may want to assign scenes randomly such as by having the actors pick them out of a bag.
3. Let the "actors" run through the scene. Stop it at a natural stopping place or when they seem to get stuck. (One variation on this is to stop the scene with those actors and pick two new actors from the audience to pick up where it left off.)
4. Discuss the scene and the issues that come up with the group as a whole.
5. Repeat with other scenes as time allows.

Possible Scenarios:

➔ Two young women discussing whether one of them (who has never had sexual intercourse) should have sexual intercourse with her boyfriend.

➔ A young man explaining to his girlfriend why it is important that they use condoms even though she has agreed to take the pill.

➔ A young woman asking her boyfriend about his sexual history because she is concerned she might have an STI.

➔ A young person talking to his or her mother or father about contraception.

➔ A young man telling a friend that he thinks he might have an STI.

Things to Consider
It is very important that these scenarios be relevant to your audience and that cultural issues be taken into account. If the scenarios do not ring true to your area, the audience will tune out.

Using This in the YPP Model
These role-plays are appropriate to use in training of master trainers, YPPs, and young people in the community. When using with young people in the community, YPPs may want to participate themselves as one or both actors in a scene in order to deliberately model "good" or "bad" behavior.

ADOLESCENT SEXUALITY ACTIVITY

WORD WEB, MEN, AND WOMEN[35]

Purpose and Goals
To enable students to define "gender" and to distinguish between which characteristics attributed to males and females are biological and which are socially determined.

Time Needed
20 minutes

Materials Needed
Pens and paper

Procedure
1. Divide participants into groups of four or five.
2. Explain: Today we will discuss the topic of gender roles (what society says it means to be a man or a woman). Each group will create webs of words that are often associated with being a man and being a woman.
3. If you have never used a word web before, you might want to clarify the concept of a "word web," by giving an example on the board of a word web on another subject. See the example for the word "dog" below.
4. Give each group of students two to three minutes to make a word web for "man" and another two to three minutes to make one for "woman."
5. Write "Woman" and "Man" on the board and make two columns under each word, one labeled "biological" and the other labeled "social." Starting with one group of participants, ask:
   a. What is one characteristic from your word web associated with being a man?
   b. Is that characteristic biologically determined ("Biological") or socially determined ("Social")?
   c. If participants assign a "social" characteristic to the "biological" category, correct them by asking: If a boy or man does not possess that characteristic, is he still a male?
6. Add one new characteristic to the list from each group of participants until you have all the responses for being a man.
7. Repeat this process for characteristics associated with "being a woman."
8. Reserve 10 minutes for a full-group discussion:

   ➔ A few characteristics of males and females are biological. For example, only males can make a female pregnant; only females can give birth or breastfeed.

   ➔ But most characteristics associated with being male or female are socially determined — not based on biology.

   ➔ Male and female roles that are socially determined are called "gender roles." Who has heard of this term before?

   ➔ What feelings do you have about gender roles in our society? Do you agree with all aspects of how females are supposed to act and live? How males are supposed to act?

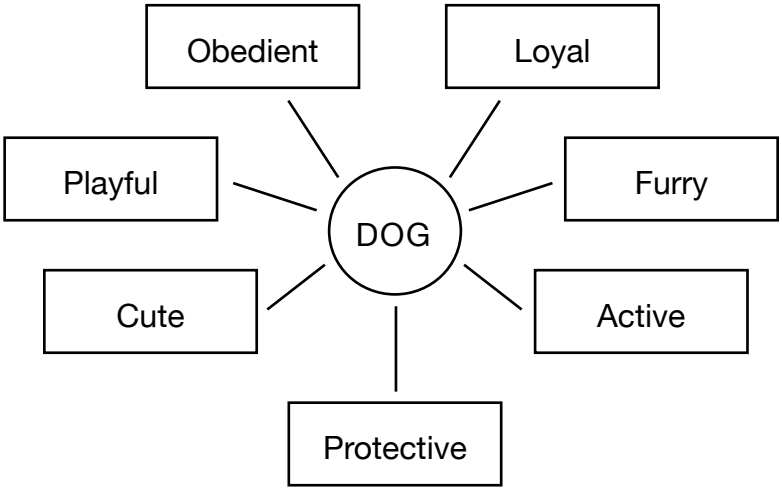
   ➔ What do you think "gender equality" means?

   ➔ In every community and society some people hold attitudes about gender and equality that are not the conventional ones.

   ➔ As society changes through time or from region to region, so do attitudes about gender roles.

Sample Word Web

A word web for dog:



Things to Consider
It is important that this activity be culturally relevant to YPPs and the young people they serve. Because this activity asks the participants to provide responses, it is in many ways automatically tailored to your community. Nonetheless, it is good to use the discussion to explore the various factors that dictate gender roles in your community. For example, do different religious groups in your area promote different ideas of gender? You might want to ask participants to consider how gender roles have changed since their parents and grandparents were young.

Using This in the YPP Model
This activity is intended for use with master trainers or YPPs. The ideas generated by this discussion, however, will likely be relevant to the work of YPPs as gender roles often come into play in decisions about contraception. For example, whose responsibility is it to carry a condom? Do young people think differently of young women who carry condoms than they do of young men who do so? In addition, word webs can be used to spur discussion on how participants feel about other topics such as sexual orientation or STIs.

Topic 1: Adolescent Development and Sexuality

Topic 2: Reproduction

Topic 3: Contraception

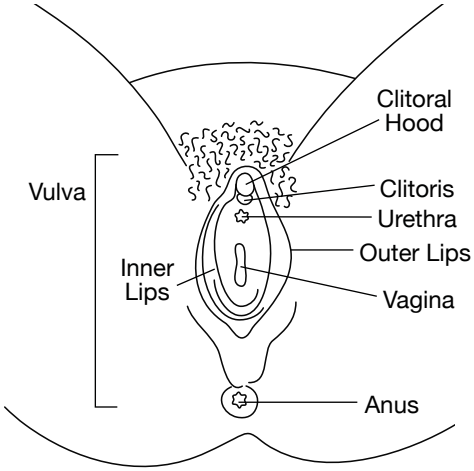
Topic 4: Sexually Transmitted Infections and HIV/AIDS

Topic 5: Sexual Behavior and Safer Sex

TOPIC 2: REPRODUCTION

In order to educate young people about preventing pregnancy, YPPs need to have a basic understanding of how the human reproductive systems work. This section includes diagrams and definitions about male and female reproductive anatomy, reproductive cells and fluids, and reproductive functions. It also includes a detailed explanation of menstruation and pregnancy. The information and diagrams in this section are appropriate for staff, master trainers, YPPs, and young people in the community.

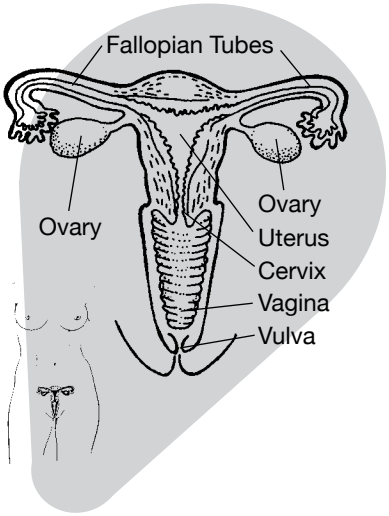
FEMALE REPRODUCTIVE SYSTEM



Anus is the opening that connects the intestine to the outside of the body; it is where feces exit the body.

Cervix is the lower part of the uterus, which extends into the upper part of the vagina. The opening of the cervix is called the os; it allows sperm to enter the uterus and menstrual blood and tissue to exit. The os dilates during labor and delivery to allow the fetus to exit the uterus as well.

Clitoris is the external female sex organ located at the top of the labia. It can fill with blood and become erect when stimulated. The main function of the clitoris is to provide sexual pleasure. The clitoris is covered by a flap of skin called the clitoral hood.



Fallopian tubes are the thin tubes that connect the ovaries to the uterus. Once an egg is released it travels down the fallopian tubes to the uterus. Fertilization most often happens in the fallopian tubes.

Inner lips (labia minora) are two folds of skin, inside the outer lips, that extend from the clitoris.

Outer lips (labia majora) are two folds of skin, one on either side of the vaginal opening, that protect the female organs.

Ovaries are the internal organs where eggs develop. Women have two ovaries, one on either side of the uterus. Each month an egg becomes mature and is released.

Urethra is the tube that carries urine from the bladder outside the body. The opening to the urethra is found under the clitoris.

Uterus, also called the womb, is an internal organ. It is where a fertilized egg grows and develops into a fetus.

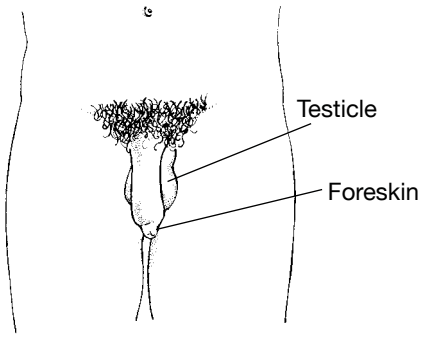
Vaginal opening is the opening that leads to the vagina. This is where a penis is inserted during intercourse, where blood and tissues exit during menstruation, and where a fetus comes out during delivery.

Vagina is the opening connects the uterus to the outside of the body. The walls of the vagina are made of muscles which can expand to allow a penis to be inserted or a fetus to be delivered.

Vulva is the term used to describe the external female genitals including the labia majora, labia minora, clitoris, urethral opening, and vaginal opening.

MALE REPRODUCTIVE SYSTEM

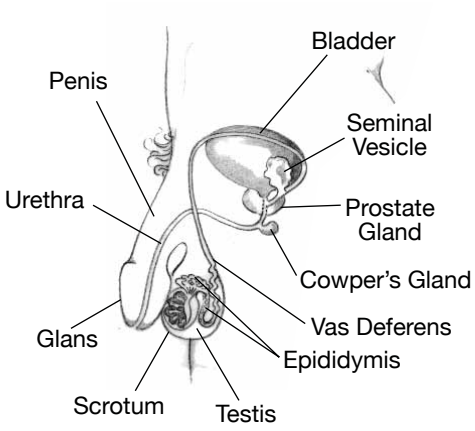
Epididymis is a tube in back of the scrotum that stores sperm for two to three months while they develop.



Penis is the external male sex organ that is made of spongy tissue. When a man becomes sexually excited, this tissue fills with blood and the penis becomes erect. The head of the penis is called the glans. When men are born, the glans is covered with foreskin. In some men this foreskin is surgically removed in a procedure called circumcision. Other men keep the foreskin intact.

Scrotum is a pouch of thin loose skin that holds the testicles.

Seminal Vesicles, Cowper's gland, and prostate gland are the glands that produce the fluids that, along with sperm, make up semen or ejaculate.



Testicles (testes) are the two oval-shaped sex organs located just below the penis. The testicles produce sperm and male hormones.

Urethra is the tube through which urine and semen exit the body. The opening of the urethra is located in the glans of the penis.

Vas deferens is the tube that carries sperm from the epididymis to the urethra.

REPRODUCTIVE CELLS AND FLUIDS

Eggs (ova) are the cells that carry the female's genetic material. Once a woman starts menstruating (getting her period), her ovaries usually release one egg (ovum) a month. Ova are more commonly called eggs.

Vaginal fluid is secreted in the vagina when a woman is sexually aroused. The clear liquid lubricates the vagina to help sperm travel through the vagina and to help increase sexual pleasure.

Semen is the fluid that is released when a man ejaculates. It is made up of sperm and other fluids released from the glands in a male's reproductive system.

Sperm, short for spermatozoa, are the cells that carry the male's genetic material. Males usually release millions of sperm each time they ejaculate. In order for a pregnancy to happen, one sperm cell needs to meet one egg cell.

REPRODUCTIVE FUNCTIONS

Ejaculation is the release of semen through the penis. Ejaculation often happens at the same time as orgasm, the peak of sexual excitement.

Erections occur when blood rushes into the penis or clitoris causing it to swell and making it larger and harder.

Fertilization occurs when a sperm cell enters an egg. This usually takes place in a woman's fallopian tube.

Implantation occurs when a ball of cells that is formed after an egg is fertilized attaches to the lining of the uterus. It takes about three to four days, after fertilization, for the ball of cells to reach the uterus.

Ovulation is the release of a mature egg (ovum) from an ovary. Ovulation is controlled by hormones as part of the menstrual cycle. A woman begins to ovulate when she enters puberty and usually ovulates once a month or every 20 to 40 days.

Menstruation is the shedding of the lining of a woman's uterus (which is made up of blood and tissue). Each month as part of a woman's menstrual cycle, the uterus builds up a thick lining in order to prepare for a fertilized egg to implant. If no fertilized egg implants in the lining, the blood and tissues that are built up come out through the vagina (over approximately four–seven days), so that a fresh new lining can be built up for the next cycle.

Sperm Production is controlled by hormones and occurs continually in the testes once a male reaches puberty.

MENSTRUATION AND PREGNANCY

Each ovary holds hundreds of thousands of pinpoint-sized eggs. Girls are born with all the eggs they will ever have. After puberty, one ovary releases a mature egg about once a month. This is called ovulation.

Before ovulation, the uterus builds up a spongy, soft lining made of tissue and blood. This lining is like a nest for the egg if pregnancy happens.

After ovulation, the egg moves through one of the fallopian tubes toward the uterus. Most of the time, the egg is not fertilized, and breaks apart before it gets to the uterus. The lining of the uterus that built up is not needed and begins to flow out of the uterus, through the cervix and vagina out of the body. This is called menstruation or a "period."

When a man and woman have intercourse and the man ejaculates, millions of sperm are released in the vagina. The sperm swim through the vagina, to the uterus, and into the fallopian tubes. If there are sperm in the fallopian tubes when the egg is released they can join together. This is called fertilization.

There are only certain days during a month when a woman can become pregnant through vaginal intercourse. The egg lives for about a day after ovulation and sperm can live from three to six days in the fallopian tubes. Therefore, there are about seven days during each month when a woman can get pregnant.

If fertilized, the egg then travels the rest of the way through the fallopian tubes and attaches to the lining of the uterus. This is called implantation and is when pregnancy begins. If the fertilized egg continues to grow, it becomes an embryo and then a fetus and, finally, a baby at birth.

Most fertilized eggs do not become babies. Up to half of fertilized eggs do not attach to the uterus and leave the body in menstrual flow. Some implant, but their development ends in fewer than 20 weeks. This is called miscarriage or spontaneous abortion. Sometimes women decide to end their pregnancies through a procedure called induced abortion. Sometimes a fetus dies after 20 weeks or just before or during birth. This is called a stillbirth.

Usually the first sign of pregnancy is a missed period. Other signs are nausea or vomiting, having sore and swollen breasts, fatigue, and increased urination. Women who suspect they might be pregnant should take a pregnancy test or see their health care provider. It is important that pregnant women get prenatal care as soon as possible.

The pages that follow include activities that focus on teaching young people about reproduction. Both YPPs and young people in the community need to have knowledge of anatomy and reproduction in order to communicate with health care providers about their bodies and use modern contraceptive methods correctly. YPPs will also want to make sure they are familiar with all of the body parts and reproductive processes in order to explain conception and contraception to young people in the community.

REPRODUCTIVE ANATOMY ACTIVITY

CATCH THE WORD

Purpose and Goals
To help participants become more comfortable with language about sexuality.

Time Needed
10 minutes

Materials Needed
Paper and pens for all participants, flip charts, markers

Procedure
1. Pass out paper and pens to each participant.
2. Ask them to write down a common slang terms that young people use to describe any of the following: penis, vagina, intercourse or "having sex," masturbation, oral sex, women who have sex with a lot of men, or men who have sex with a lot of women.
3. Have participants crumple the papers into balls and start to throw them at each other — picking up the ones that fall on the floor and keeping them going until you call time. Let this go on for about a minute.
4. Ask participants to pick one or more "balls" and read what they say one-by-one. Remind them that no one will know if they are reading their own. Write all responses on a flip chart.
5. Go over the list, asking questions such as: Why do you think young people use slang instead of medically accurate words? What do these terms tell us about attitudes about sexual behavior? What do they say about gender?

Things to Consider
In some workshops young people use activities like this in an attempt to shock the trainer and other participants by suggesting the most outrageous terms they have heard. It is important not to overreact to these but to move on quickly or use them to help prove points in your discussion such as how language can reinforce gender inequalities. It is also very important that program staff and trainers use correct terminology from the beginning, in order to destigmatize the words and to create an open, respectful environment for discussion.

Using This in the YPP Model
This activity is appropriate for use with master trainers, YPPs, or young people in the community. When using it with YPPs, you might want to discuss how they should handle the use of slang in trainings and counseling sessions. This type of exercise (often referred to as a snowball fight in colder climates) can be adapted to numerous topics to start discussions or as a very fast energizer during a longer training. For example, you can ask participants to write down the most outrageous myth they have heard about contraception or use it as a quiz to see if they know the most prevalent STI in your area.

REPRODUCTIVE ANATOMY ACTIVITY

WORD WIZARD

Purpose and Goals
To help participants become more comfortable with language around body parts.

Time Needed
20 minutes

Materials Needed
Flip charts and markers

Procedure
1. Divide participants into groups of four or five. Tell them that you're going to have a contest.
2. Give each group three minutes to brainstorm common slang terms that young people use to mean penis. Then give them another three minutes to brainstorm common slang terms for vulva/vagina.
3. Explain that each group will get one point for every word they came up with that is not on another group's list. Have the first group read from their "penis" list and ask members of other groups to call out if the same word is on their list as well. Have the groups put a check mark next to each word that only they have and count up the checks. Consider giving a prize to the winning group.
4. Go over the list, asking questions such as: Why do you think young people use slang instead of medically accurate words? What do these terms tell us about attitudes toward men and women? When/why would it be important for young people to know and use accurate words to describe their bodies?

Things to Consider
In some workshops young people use activities like this in an attempt to shock the trainer and other participants by suggesting the most outrageous terms they can think of. It is important not to overreact to these but to move on quickly or use them to help prove points in your discussion such as how language can reinforce gender inequalities. It is also very important that program staff and trainers utilize correct terminology from the beginning, in order to destigmatize the words and to create an open, respectful environment for discussion.

Using This in the YPP Model
This activity is appropriate for use with master trainers, YPPs, or young people in the community. When using it with YPPs, you might also want to discuss how they should handle the use of slang in trainings and counseling sessions. This type of activity is a variation of the "Game of Catch" that is suggested in **Adolescent Sexuality Activity: Catch the Word.** This, too, can be used to examine language around many different sexuality issues.

REPRODUCTIVE ANATOMY ACTIVITY

HUMAN REPRODUCTIVE ANATOMY WORKSHEETS[36]

Purpose and Goals
To help participants master knowledge of reproductive anatomy and functions.

Time Needed
30 minutes

Materials Needed
Reproduction Worksheets 1, 2 & 3, Answer Key, pens

Procedure
1. Give each participant one copy of each of the reproductive worksheets.
2. Give them 10–15 minutes to complete them. Remind them not to write their names on the worksheets.
3. Collect the worksheets and redistribute them to other participants.
4. Begin to go over the correct answers using the answer sheet and providing additional information as you go.

Things to Consider
These worksheets are designed to be integrated into a lecture on reproductive anatomy in order to make it more interactive. You can use the worksheets as a package at the beginning of the workshop or hand them out individually throughout to break up the lecture.

Using This in the YPP Model
This activity is designed for trainings of master trainers and YPPs. While they may need to share some of this information with young people in the community in order to explain how pregnancy occurs and how contraception works, it is unlikely that they will be called upon to facilitate an exercise solely on reproduction or anatomy. Emphasize to YPPs how important it is to be able to properly identify anatomy and physiology when speaking with youth in the community. You may also want to discuss commonly used terms (or slang) for these body parts and processes.

HANDOUT: REPRODUCTIVE SYSTEM WORKSHEET #1

DIRECTIONS

Mark an M next to any part of a male's (a boy's or man's) body, an F next to any part of a female's (a girl's or woman's) body, or E if the part could belong to either a male or a female.

So your choices are M, F, and E.

_____ 1. penis

_____ 2. scrotum

_____ 3. cervix

_____ 4. bladder

_____ 5. vagina

_____ 6. testicle

_____ 7. fallopian tube

_____ 8. Cowper's gland

_____ 9. labia

_____ 10. urethra

_____ 11. seminal vesicle

_____ 12. epididymis

_____ 13. ovary

_____ 14. prostate gland

_____ 15. uterus

_____ 16. anus

_____ 17. vas deferens

_____ 18. clitoris

HANDOUT: REPRODUCTIVE SYSTEM WORKSHEET #2

DIRECTIONS
Write each word next to its correct definition.

conception
ejaculation
erection
fertilization
genitals
implantation
intercourse
menstruation
nocturnal emission
ovulation
ovum
semen
sperm

_____ 1. the penis or clitoris filling with blood and getting harder and larger
_____ 2. the outside parts of the male's or female's reproductive system
_____ 3. ejaculation during sleep (sometimes called "having a wet dream")
_____ 4. the process of fertilization and implantation
_____ 5. a cell from a woman's body that carries female genetic material
_____ 6. A cell from a man's body that carries male genetic material
_____ 7. the meeting of the sperm and ovum
_____ 8. the penis being inside the vagina
_____ 9. a ripe ovum coming out of the ovary
_____ 10. semen coming out of the penis
_____ 11. the nesting of a fertilized egg in the lining of the uterus
_____ 12. the liquid that carries sperm
_____ 13. the lining of the uterus coming out through the vagina (sometimes called "having a period")

HANDOUT: REPRODUCTIVE SYSTEM WORKSHEET #3

DIRECTIONS
Fill in the blanks.

1. Sperm are made in the testicles. They are stored for two–three months in the _____ and then they travel through the _____ and the urethra, which leads out of the penis.

2. Semen is made up of sperm and fluids. The fluids are produced by the _____, the _____, and the _____.

3. A fetus grows for nine months in the _____.

4. The scrotum is the sac that holds the _____.

5. When an egg cell leaves the _____, it travels through the _____ on its way to the uterus.

6. The opening of the uterus into the vagina is called the _____.

Reproductive System Worksheet #1 Answer Key

M 1. penis
M 2. scrotum
F 3. cervix
E 4. bladder
F 5. vagina
M 6. testicle
F 7. fallopian tube
M 8. Cowper's gland
F 9. labia
E 10. urethra
M 11. seminal vesicle
M 12. epididymis
F 13. ovary
M 14. prostate gland
F 15. uterus
E 16. anus
M 17. vas deferens
F 18. clitoris

Reproductive System Worksheet #2 Answer Key

erection	1. the penis or clitoris filling with blood and getting harder and larger
genitals	2. the outside parts of the male's or female's reproductive system
nocturnal emission	3. ejaculation during sleep (sometimes called "having a wet dream")
conception	4. the process of fertilization and implantation
ovum	5. a cell from a woman's body that carries female genetic material
sperm	6. A cell from a man's body that carries male genetic material
fertilization	7. the meeting of the sperm and ovum
intercourse	8. the penis being inside the vagina
ovulation	9. a ripe ovum coming out of the ovary
ejaculation	10. semen coming out of the penis
implantation	11. the nesting of a fertilized egg in the wall of the uterus
semen	12. the liquid that carries sperm
menstruation	13. the lining of the uterus coming out through the vagina (sometimes called "having a period")

Reproductive System Worksheet #3 Answer Key

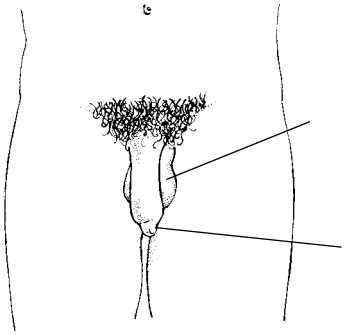
1. Sperm are made in the testicles. They are stored for two–three months in the *epididymis* and then they travel through the *vas deferens* and the urethra, which leads out of the penis.
2. The semen is made up of sperm and fluids. The fluids are produced by the *seminal vesicles*, the *prostate gland*, and the *Cowper's glands*.
3. A fetus grows for nine months in the *uterus*.
4. The scrotum is the sac that holds the *testicles (or testes)*.
5. When an egg cell leaves the *ovary*, it travels through the *fallopian tubes* on its way to the uterus.
6. The opening of the uterus into the vagina is called the *cervix*.

HANDOUT: REPRODUCTIVE SYSTEM WORKSHEET #4

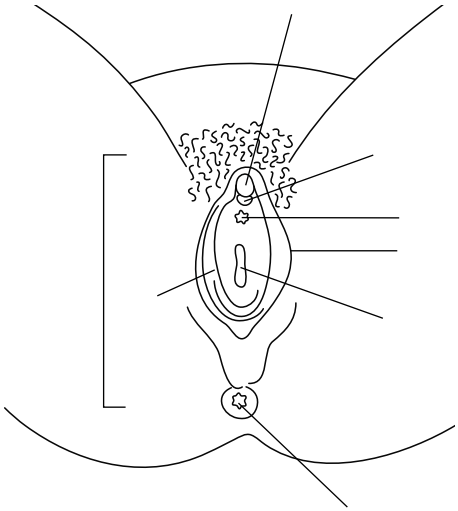
DIRECTIONS

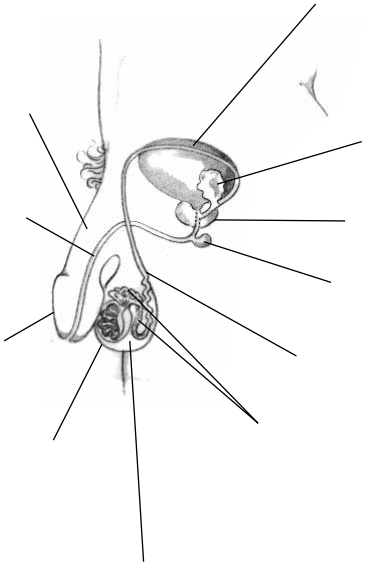
Label the parts on the diagrams of the male and female reproductive systems.

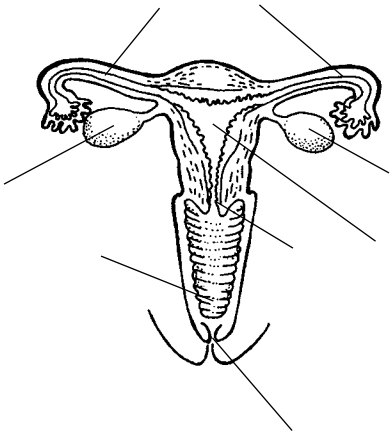
Male



Female







Topic 1: Adolescent Development and Sexuality
Topic 2: Reproduction
Topic 3: Contraception
Topic 4: Sexually Transmitted Infections and HIV/AIDS
Topic 5: Sexual Behavior and Safer Sex

TOPIC 3: CONTRACEPTION

Perhaps the most important topic to understand when working to prevent adolescent pregnancy and childbearing is contraception, sometimes called birth control. In both group sessions and one-on-one conversations with young people, YPPs will most frequently be talking about preventing pregnancy.

This section provides general information on the various approaches to preventing pregnancy and some of the modern methods of contraception that are most common worldwide. It goes on to provide additional detailed information on the methods that YPPs are most likely to offer.

PREVENTING PREGNANCY

Contraceptive methods are often grouped together by how they work; the most common categories are barrier methods, hormonal methods, and behavioral methods. Barrier methods, for example, prevent pregnancy by putting a physical barrier such as a condom or a diaphragm between sperm and egg. Hormonal methods work primarily by preventing ovulation meaning there will be no egg that could be fertilized. In contrast, behavioral methods refer to those actions that individuals and partners can take to ensure that sperm and egg never meet, such as abstaining from intercourse. There are also other methods that do not fit in any of these categories, such as the intrauterine device (IUD) which works primarily by preventing implantation.

Young people choosing the best method for themselves need to consider a number of factors, including how easy it is to access the method, how easy/hard it is to use the method, how expensive it is, and how comfortable they feel using it. Individuals should also think about which partner is in control of the method and whether it requires communication and cooperation between partners as well. Most importantly, however, they need to consider how reliable the method is at preventing pregnancy.

Each method of contraception has two efficacy rates. The first tells us how well it works under perfect conditions where a man always uses the method and uses it exactly as directed. The second tells us how well it works under typical conditions because partners sometimes make mistakes. These numbers are often expressed by noting what percentage of partners who use the method will get pregnant during the first year of use. Condoms, for example, are 98 percent effective when used consistently and correctly. Put another way, with perfect use about two percent of partners will become pregnant in the first year. In contrast, with typical use 17 percent of partners using condoms as their primary method of contraception will get pregnant in the first year of use. It is important to note, however, that those partners experiencing an unintended pregnancy were not necessarily using a condom when they got pregnant or may have been using it incorrectly.[37]

In addition to efficacy, there are also some medical considerations to be made. Some methods may not be appropriate for people with certain medical histories and conditions. Other people may experience side effects when using certain contraceptive methods. For example, some people are allergic to latex and others are allergic to spermicides, which are found in some condoms.

Finally, individuals need to note whether the method provides any protection against STIs.

Barrier Methods of Contraception[38]

Male condoms, also known as “rubbers,” are worn over the penis to catch the sperm so they can’t enter the uterus and fallopian tubes. Most male condoms are made out of latex, a thin but strong rubber material. Condoms can also be made out of polyurethane.

Correct Use: A condom is rolled onto the erect penis, leaving space at the tip for semen by squeezing the air out of the space. The male then withdraws the penis after intercourse, while it is still erect, holding the condom on the base of the penis, so it won't slip off and spill sperm into the vagina. Condoms can only be used once and should then be thrown away.

Effectiveness: If used consistently and correctly, male condoms are a very effective method of contraception. About two percent of partners who use condoms perfectly will get pregnant in the first year. Under typical use (when they might be used inconsistently or incorrectly), about 17 percent of partners get pregnant in the first year of use.

STI Prevention: Condoms are the only form of contraception that also provides protection against STIs. Male condoms are highly effective at preventing HIV and can help reduce the risk of other STIs as well.

Female Condoms, also known as "internal condoms," are soft, loose-fitting pouches with two flexible plastic rings on each end. They are put in the vagina to collect semen and block the sperm from entering the vagina.

Correct Use: The female condom is inserted into the vagina with the closed side (inner ring) closest to the cervix and the open side (outer ring) left about 1 inch outside the vagina on the outer lips. It can be put in many hours before intercourse, but should not be left in for more than a total of eight hours. After intercourse, the female condom should be taken out immediately by gently squeezing and twisting the outer ring to keep semen inside the pouch. This should be done before standing up. Female condoms can only be used once and should then be thrown away.

Effectiveness: If used consistently and correctly, female condoms are an effective method of contraception. About five percent of partners who use female condoms perfectly will get pregnant in the first year. Under typical use (when they might be used inconsistently or incorrectly), about 21 percent of partners get pregnant in the first year of use.

STI Prevention: If used correctly, the female condom can provide protection against STIs.

Other barrier methods include diaphragms and cervical caps though these are less popular especially with young people.

Hormonal Methods of Contraception

Oral Contraceptive Pills, also known as "birth control pills" or "the pill," are a kind of medication made up of hormones that keep a woman's ovaries from releasing eggs as long as she keeps taking them. They also thicken cervical fluid and thin the lining of the uterus to keep the sperm from joining the egg.

Correct Use: There are many different brands of oral contraceptive pills depending on your area — most come in either 21-day or 28-day packages. Both types have 21 days of active pills; 28 day packs also have seven reminder pills. Women using a 21-day pack take one pill every day for three weeks in a row, wait a week, and then start a new pack; they will likely begin menstruating (get their period) during the week between packs. Women using a 28-day pack take one pill every day and start a new pack as soon as they finish; they will likely begin menstruating (get their period) during the last week of pills.

Effectiveness: If used consistently and correctly (a woman never misses a pill), oral contraceptive pills are a very effective method of contraception. Less than one percent of partners who use the pill perfectly will get pregnant in the first year. Under typical use (when they might be used inconsistently or incorrectly), about eight percent of partners get pregnant in the first year of use.

STI Prevention: Oral contraceptive pills provide no protection against STIs.

Injectables, also known as "the shot," are an injection of hormones that is given into a woman's arm, hip, thigh, or buttocks either every month or every three months depending on the type. The hormones keep a woman's ovaries from releasing eggs and thicken the cervical fluid to keep the sperm from joining with the egg. There are two types of injectable contraception available, a progestin-only shot that is given every three months and a monthly injectable that contains both estrogen and progestin

Correct Use: A woman receives an injection every four–12 weeks. In many areas, women can only receive the shot from a health care provider; however, there are some programs that allow community-based access agents, including YPPs, to provide the shot.

Effectiveness: If used consistently and correctly (a woman always gets her shot on time), injectables are a very effective method of contraception. Less than one percent of partners who use injectables perfectly will get pregnant in the first year. Under typical use (when they might be used inconsistently or incorrectly), about three percent of partners get pregnant in the first year of use.

STI Prevention: Injectables provide no protection against STIs.

Other hormonal methods include a contraceptive patch (which is worn on the skin), a contraceptive ring (which is placed inside the vagina), and implants (which are placed under the skin inside a women's inner arm by a health care provider). These methods are not available everywhere.

Emergency Contraceptive or **"EC" Pills** are oral contraceptive pills that can prevent pregnancy if taken after unprotected intercourse. EC pills are not "abortion pills"; they will not work if a woman is already pregnant. In some areas prepackaged EC pills are available while in others they are not legal. If EC is not available, a woman can use regular oral contraceptive pills for this purpose, however, she must follow exact dosing instructions. EC pills should not be used as a form of ongoing contraception because there are other forms of contraception that are much more effective and have fewer side effects.

Correct Use: The pills should be taken within 120 hours (five days) after unprotected intercourse, but the sooner that a woman takes the pills, the better chance she has of preventing a pregnancy.

Effectiveness: If the pills are taken within 120 hours they can be 75–89 percent effective.

STI Prevention: EC pills provide no protection against STIs.

Behavioral Contraceptive Methods

Abstinence, also called "celibacy," can be defined differently by different people. Some people define it as not having vaginal intercourse while others use the term to mean not engaging in any kind of sexual behavior with another person.

Correct Use: For the purposes of preventing pregnancy partners must avoid vaginal intercourse.

Effectiveness: Abstinence can be 100 percent effective at preventing pregnancy if partners never engage in vaginal intercourse.

STD prevention: Abstinence from vaginal intercourse can also reduce individuals' risk of contracting an STI, though it is important to remember that sexual behaviors other than vaginal intercourse can carry some risk of STIs.

Withdrawal, also called "coitus interruptus," means the man pulls his penis out of the vagina before he ejaculates.

Correct Use: The man pulls out before he ejaculates and avoids getting semen in the woman's vagina or near her genitals.

Effectiveness: Withdrawal can be an effective method of contraception. If used consistently and correctly about four percent of partners using withdrawal will become pregnant in the first year. Under typical conditions (when it might be used inconsistently or incorrectly), however, about 27 percent of partners using withdrawal will become pregnant in the first year.

STI Prevention: Withdrawal provides no protection from STIs.

Fertility Awareness-Based Methods are ways to track a woman's ovulation in order to avoid intercourse during the times that pregnancy are most likely.

Correct Use: There are several ways to study a woman's fertility cycle. She may take her temperature daily with a special thermometer and/or learn to check for changes in the discharge from her cervix. After charting these things for at least three months, the partners then know when a woman is most fertile and avoid intercourse during those times or use a barrier method.

Effectiveness: Though fertility awareness can be effective if used with careful study, practice, and charting, this can be very difficult to do. In fact, 25 percent of partners who use this method under typical conditions become pregnant in the first year. Moreover, this method is not recommended for young people because many young women have irregular cycles.

STI Prevention: Fertility awareness provides no protection from STIs.

Additional Methods of Contraception

Intrauterine Devices or **IUDs** are small plastic objects, containing copper or hormones that are placed in the uterus by a health care provider. IUDs interfere with how sperm travel, preventing fertilization of the egg, and they also alter the lining of the uterus. IUDs with hormones thicken cervical fluid to keep the sperm from joining the egg.

Correct Use: An IUD must be put in and taken out by a health care provider. It lasts from five to 10 years.

Effectiveness: IUDs are a highly effective method of contraception; less than one percent of partners will experience a pregnancy during the first year of use.

STI Prevention: IUDs do not protect against STIs.

Sterilization, also called "tubal ligation" or "hysteroscopic tubal sterilization" in women and "vasectomy" in men, is an operation in which a health-care provider blocks or ties the fallopian tubes of a woman or the vas deferens of a man, so that eggs and sperm can't travel to meet one another. These methods are meant to be permanent.

Correct Use: These procedures must be performed by a health-care provider. The health care provider will inform the woman or man when and how to determine whether the procedure was effective.

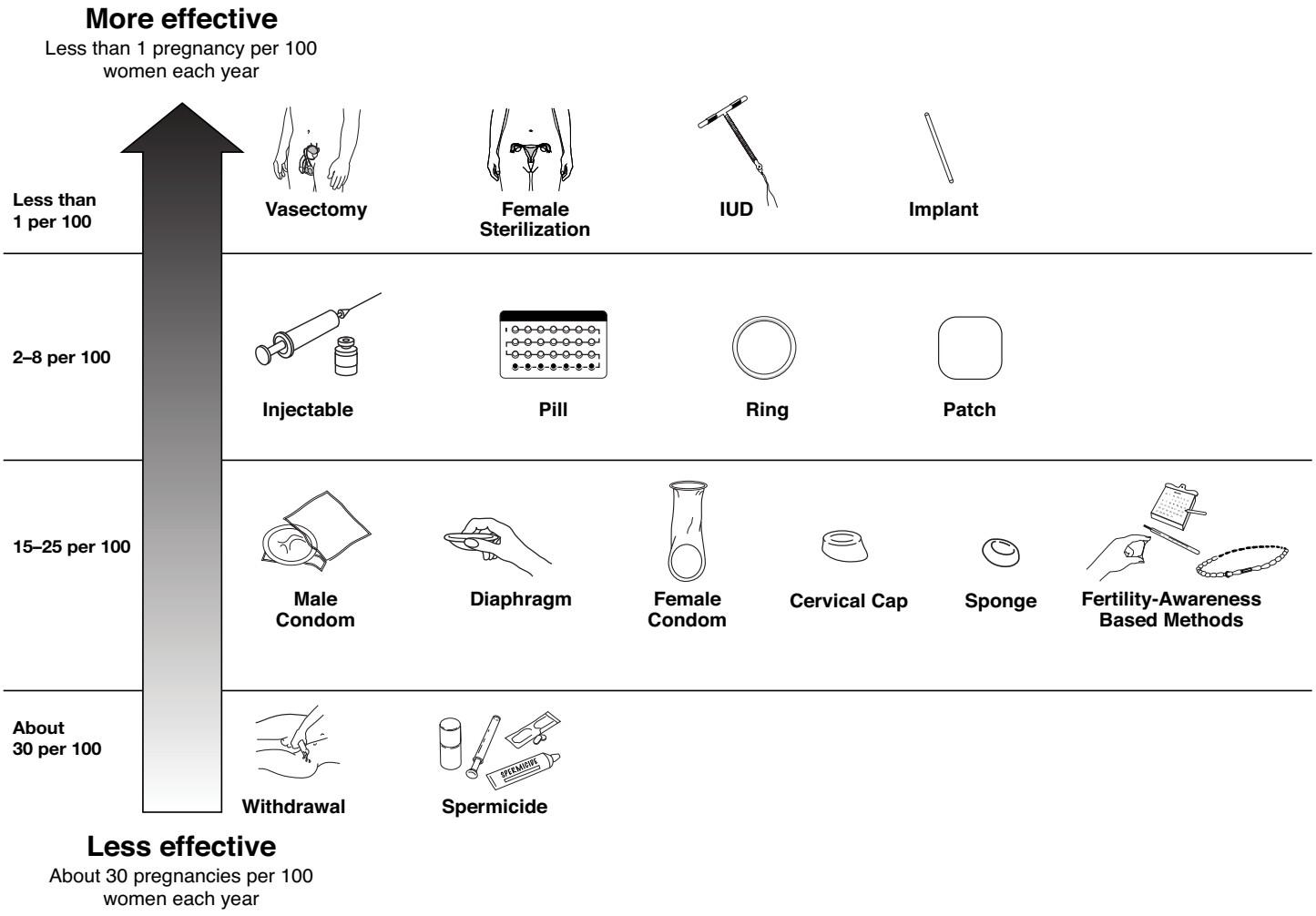
Effectiveness: The procedures are highly effective; less than one percent of partners will experience a pregnancy during the first year of use.

STI Prevention: Sterilization does not protect against STIs.

Spermicides come in the form of gel, foam, cream, film, suppositories, or tablets. These contain a chemical that prevents sperm from moving up the vagina to reach the egg. Though spermicides have been used to prevent pregnancy and are sometimes used to lubricate condoms, recent research suggests that they can increase a woman's risk of contracting certain STIs, including HIV. For this reason, health care providers no longer recommend the use of spermicides.

COMPARING CONTRACEPTIVE METHODS

Comparing effectiveness of birth control methods



Source: Adapted from WHO, 2007.

PLANNED PARENTHOOD GLOBAL

METHOD	PERCENT OF PARTNERS WHO GET PREGNANT IN THE FIRST YEAR[39]	POTENTIAL SIDE EFFECTS	POTENTIAL ADVANTAGES	POTENTIAL DISADVANTAGES
BEHAVIORAL METHODS				
Abstinence	0% (perfect use) not measured (typical use)	none	can be used at any point in life; can provide protection against STIs (if partners refrains from any sexual behavior that involves exchanging bodily fluids or skin-to-skin contact of the genitals)	requires commitment to refraining from sexual intercourse/ behavior
Withdrawal	4% (perfect use) 22% (typical use)	none	can be used anytime; does not require advanced planning	provides no protection from STIs; male controlled
Fertility Awareness Methods	3–5% (perfect use) 16–24% (typical use)	none	may be good method for individuals who don't want to use modern methods for religious or traditional reasons	requires daily commitment to tracking cycle; can be difficult in women with irregular cycles; requires commitment to refrain from intercourse or use a barrier method during fertile times
BARRIER METHODS				
Male Condoms	2% (perfect use) 18% (typical use)	allergy to latex	requires little advanced planning; only need to use when having intercourse; provides protection against STIs	decreased sensation during intercourse; may disrupt sex; male controlled
Female Condoms	5% (perfect use) 21% (typical use)	none	requires little advanced planning; only need to use when having intercourse; provides protection against STIs	some find them awkward to use; may move, be noisy, or uncomfortable
HORMONAL METHODS				
Oral Contraceptive Pills	less than 1% (perfect use) 9% (typical use)	nausea; headaches; dizziness; spotting between periods; weight gain; breast tenderness	do not interfere with sex; female controlled; regulates menstrual cycle; can stop using at any point without consulting a health care provider	need to take every day (even when not having intercourse); provide no protection against STIs
Injectables	less than 1% (perfect use) 6% (typical use)	nausea; headache; changes to menstrual cycle; weight gain; depression; breast tenderness	do not interfere with sex; female controlled; shots only required once per month or once every 3 months	cannot stop taking immediately even if side effects are unpleasant; provides no protection against STIs

METHOD	PERCENT OF PARTNERS WHO GET PREGNANT IN THE FIRST YEAR[39]	POTENTIAL SIDE EFFECTS	POTENTIAL ADVANTAGES	POTENTIAL DISADVANTAGES
OTHER METHODS				
IUDs	Less than 1% (typical and perfect use)	menstrual cramping; spotting; increased bleeding	does not interfere with sex; female controlled; once inserted, requires no effort on part of user; can last 5–12 years	needs to be inserted and removed by health care provider; provides no protection against STIs; can make some women more susceptible to infections
Sterilization (male and female)	less than 1% (typical and perfect use)	pain at surgical site	meant to be permanent, requires no effort on part of user	meant to be permanent (may not be reversible even if user changes mind); needs to be performed by a health care provider; can be expensive in some areas; provides no protection against STIs

ADDITIONAL INFORMATION ON METHODS YPPs MAY OFFER

In most programs, YPPs will offer condoms and oral contraceptive pills. In some programs they will also provide emergency contraception. If a client chooses a form of contraception that YPPs do not offer, such as an IUD, the YPPs will refer the young person to the partner health care facility and should follow up to ensure that he/she received the services. This section provides additional information on the methods YPPs will offer so that they can have a greater understanding of who is/is not a candidate for using each method and how each method is used.

Oral Contraceptive Pills

There are two types of oral contraceptives pills — combined oral contraceptive pills (which contain both estrogen and progestin) and progestin-only pills. Though progestin-only pills can be as effective as combined oral contraceptive when used perfectly, some women find progestin-only pills harder to use because they must be taken at the same time every day. YPPs, therefore, primarily provide combined oral contraceptive pills, and all of the information in this section is specific to this type of pill.

If a client chooses oral contraceptive pills, there are many things that the YPP must go over with her during the initial counseling session to ensure that she is an appropriate candidate for the pill and that she leaves the session with a firm understanding of how to use this method.

Determining Candidacy

Combined oral contraceptive pills (pills that contain both estrogen and progestin) are safe for the vast majority of women, however women with certain medical conditions may be at increased risk of complications therefore it is critical that women be screened for risk factors before they start. Therefore there are some women who should not use this method or need medical supervision while using the pill. These include women who are over 40 years old, women over age 35 who smoke, women who are very overweight, and women who have high blood pressure, diabetes, heart disease, migraines, or liver problems. Women who are pregnant or during the first six months of breastfeeding should also not take the oral contraceptive pills.[40]

YPPs need to talk to clients about these issues during counseling. This simple list of questions can help YPPs make sure oral contraceptive pills are appropriate for clients.[41]

Questions to Ask Clients to Determine Candidacy for Oral Contraceptive Pills

1. Are you or might you be pregnant?

If she is unsure, ask when was the last time she had intercourse, if she used protection, and when her last period was. If pregnancy is possible, suggest a pregnancy test before starting oral contraceptive pills.

2. Are you breastfeeding a baby less than six months old?

If exclusively or nearly exclusively breastfeeding: Give her oral contraceptive pills and tell her to start taking them six months after giving birth or when breast milk is no longer the baby's main food — whichever comes first. If partially breastfeeding: She can start oral contraceptive pills as soon as six weeks after childbirth.

3. Have you had a baby in the last three weeks that you are not breastfeeding?

If yes, give her oral contraceptive pills now, but tell her to start taking them three weeks after childbirth.

4. Do you smoke cigarettes?

If yes, urge her to stop smoking and tell her that if she is still smoking when she is over 35 she can no longer use the oral contraceptive pill.

5. Do you have cirrhosis of the liver, a liver infection, or liver tumor? (Are her eyes or skin unusually yellow? [signs of jaundice]) Have you ever had jaundice when using oral contraceptive pills?

If she reports serious active liver disease (jaundice, active hepatitis, severe cirrhosis, liver tumor) or if she ever had jaundice while using oral contraceptive pills, do not provide them. Help her choose a method without hormones or refer her to a health care provider to determine whether another hormonal method might be appropriate.

6. Do you have high blood pressure?

If she reports a history of high blood pressure, or if she is being treated for high blood pressure, do not provide oral contraceptive pills. Refer her to a health care provider for a blood pressure check if possible and help her choose a method without hormones.

7. Do you have damage to your arteries, vision, kidneys, or nervous system caused by diabetes?

If yes, do not provide oral contraceptive pills. Help her choose a method without hormones or refer her to a health care provider to determine whether another hormonal method might be appropriate.

8. Do you have gallbladder disease now or take medication for gallbladder disease?

If yes, do not provide oral contraceptive pills. Help her choose a method without hormones or refer her to a health care provider to determine whether another hormonal method might be appropriate.

9. Have you ever had a stroke, blood clot in your legs or lungs, heart attack, or other serious heart problems?

If yes, do not provide oral contraceptive pills. Help her choose a method without hormones or refer her to a health care provider to determine whether another hormonal method might be appropriate.

10. Do you have or have you ever had breast cancer?

If yes, do not provide oral contraceptive pills. Help her choose a method without hormones.

11. Do you get throbbing, severe head pain, often on one side of the head, that can last from a few hours to several days and can cause nausea or vomiting (migraine headaches)? Such headaches are often made worse by light, noise, or moving about.

If yes, help her choose a method without hormones or refer her to a health care provider to determine whether another hormonal method might be appropriate.

12. Are you taking medications for seizures? Are you taking medications for tuberculosis, HIV, or another illness?

If yes, help her choose another method as these can make oral contraceptive pills less effective. Ask her to talk with the health care provider who is giving her the other medication about whether she can use contraceptive pills while using the other medication.

13. Are you planning major surgery that will keep you from walking for one week or more?

If yes, she should ask her medical provider when she can start using the pill again. Until then, she should use a backup method.

Though the specific policy and procedure is up to each agency to determine, YPPs will likely want to err on the side of caution and refer a client to a health care provider anytime they think she might not be a candidate. YPPs should remember that if they refer clients to a health care provider, they should provide the client with another method of contraception (like condoms) for use in the meantime.

Client Instructions[42]

These instructions can help YPPs explain all aspects of using oral contraceptive pills to clients. YPPs should remember to speak slowly and clearly, use words that the client is most likely to understand, repeat the instructions when necessary, and ask clients to repeat them as well to make sure the instructions were understood.

1. Show the client the pill packet and explain how to take the pills.
   - ➔ Client can start taking the pill anytime during her cycle as long as she is reasonably certain that she is not pregnant. If she starts more than five days after the start of her monthly bleeding, she should use a backup method of contraception (such as condoms) for the first week.
   - ➔ She should take one pill every day, at the same time of day.
   - ➔ If the client has a 28-day packet, when she finishes one packet, she should take the first pill in the next packet on the next day. If the client has a 21-day packet, she should wait seven days, and then begin the next packet.
2. Explain to the client that if she forgets to take her pills, she may become pregnant. If she forgets to take her pills, she should do the following:
   - ➔ If she misses any non-hormonal pills (the last seven pills in 28-day packs), she should discard the missed pill, continue taking one pill each day, and start a new pack as usual.
   - ➔ If she misses one or two hormonal pills, or starts a pack 1 or 2 days late, she should take a pill as soon as she remembers. Take the next one at the regular time. There is little or no risk of pregnancy.
   - ➔ If she misses three or more pills in the first or second week (or starts the new pack more than three days late), the client should take a pill as soon as she remembers, avoid sex or use a backup method for the next seven days, and finish pill pack and start a new one as usual.

➔ If she misses three or more pills in the third week, the client should take a pill as soon as she remembers and avoid sex or use a backup method for the next seven days. She should finish all of the hormonal pills in the pack and then start a new pack immediately. (Meaning she should skip the pill-free week in a 21-day pack and discard the last seven pills in a 28-day pack.)

3. Review possible side effects:
   ➔ Most women have no side effects.
   ➔ Occasionally, women may experience nausea, breast tenderness, headaches, unexpected bleeding or spotting, depression, or dizziness.
4. Review the reasons why she should contact a professional health care provider immediately:
   ➔ chest pain or shortness of breath
   ➔ severe headaches (with blurred vision)
   ➔ swelling or severe pain in one leg
   ➔ jaundice (a yellowing of the skin that can signal liver problems)

Providing the Pill

Every agency will have slightly different rules about providing oral contraceptive pills. YPPs need to know where they should store the pills, how many packets they should give to a client at a time, whether the client needs to follow-up with a health care provider, and when to follow up themselves.

Also, YPPs should remember that all clients should also be told about the importance of condoms in preventing STIs, and clients who use the pill should nonetheless leave with some condoms to use as backup and/or STI prevention.

Emergency Contraception (EC)

Many YPPs will also be asked to offer emergency contraceptive pills to clients (ECPs). Each agency must make its own policies regarding the distribution of emergency contraception. In places where ECPs are available, the agency may decide that YPPs should routinely offer this method to clients so that young women have it on hand when they need it. Alternatively, the agency may decide that YPPs can offer this method to young women as needed; however, given that ECPs have to be taken within 72–120 hours this may not feasible.

In places where ECPs are not available, YPPs can instead provide clients with information on the Yuzpe method, which explains how many regular contraceptive pills (brand specific) to take to prevent pregnancy.

Determining Candidacy

All women can use ECPs safely and effectively, including women who cannot use ongoing hormonal contraceptive methods. Because of the short-term nature of their use, there are no medical conditions that make ECPs unsafe for any woman.

Client Instructions[43]

These instructions can help YPPs explain all aspects of using emergency contraceptive pills to clients. Because availability of ECPs varies by regions, it is very important that YPPs have information specific to the brands available in their area. YPPs should remember to speak slowly and clearly, use words that the client is most likely to understand, repeat the instructions when necessary, and ask clients to repeat them as well to make sure the instructions were understood.

1. Show the client the pills and explain how to use them (make sure to give the instructions for the pills that are available in your area.)
   - ➔ Emergency contraceptive pills can be taken anytime within five days after unprotected intercourse. The sooner ECPs are taken, the more effective they are.
   - ➔ To reduce the chance of nausea, a client should try to take pills at night or after a meal.
   - ➔ If she vomits within two hour after taking the pills, the client should contact a health care provider to determine if she needs an extra dose.
   - ➔ A client should not take extra pills (unless she has vomited within two hours of taking a dose). They won't help reduce the risk of pregnancy, but they will make nausea and other side effects more likely.
2. Review possible side effects.
   - ➔ ECPs often cause temporary side effects such as nausea and vomiting. Sometimes it can cause headaches, dizziness, cramping, or breast tenderness. These side effects generally do not last more than 24 hours.
3. Review what to expect after using EC Pills.
   - ➔ A woman will not see any immediate signs showing whether the ECPs worked. A client's menstrual period should come around the expected time (or a few days early or late).
   - ➔ If a client's period is more than a week later than expected, or if she has any other cause for concern, she should see a health care provider.
4. Remind the client that ECPs are not recommended for routine use as birth control because they are less effective than regular contraceptive methods and suggest that she consider other methods such as oral contraceptives or condoms.

Providing Emergency Contraceptive Pills

Each agency will have its own policies and procedures about providing emergency contraceptive pills with YPPs. YPPs need to know where they should store the pills, when they can give them to clients, and whether the clients need to follow up with a health care provider. It is a good idea for YPPs to give all clients who receive ECPs a referral to a health care clinic/provider in case she has symptoms or questions.

Also, YPPs should remember (if it is indeed the policy of their agency) that all clients should also be told about the importance of condoms in preventing STIs.

Condoms

It is likely that YPPs will discuss condoms with most clients, even those who choose oral contraceptive pills or injectables as their primary method of contraception, because condoms are the only method that provides protection against STIs and because they are a reliable backup method as well. Therefore, it is important that YPPs are very comfortable explaining the benefits of condoms and demonstrating their use.

Determining Candidacy

Almost all individuals can safely use condoms. A small number of individuals have an allergy to latex.[44] If a client reports being irritated by condoms you can suggest additional lubrication or refer him/her to a health care provider to determine if there is an allergy to latex. In some areas other types of condoms (such as polyurethane condoms) are available.

Client Instructions[45]

These instructions can help YPPs explain all aspects of using condoms to clients. YPPs should remember to speak slowly and clearly, use words that the client is most likely to understand, repeat the instructions when necessary, and ask clients to repeat them as well to make sure the instructions were understood.

1. Show the client the condom and explain how to use it.
   - ➔ Open the package carefully so the condom doesn't tear.
   - ➔ Don't unroll the condom before putting it on.
   - ➔ Place the unrolled condom on the tip of the hard penis.
   - ➔ Hold the tip of the condom with the thumb and forefinger.
   - ➔ Unroll the condom until it covers the penis.
   - ➔ Leave enough space at the tip of the condom for the semen.
   - ➔ After ejaculation, hold the rim of the condom and pull the penis out of the vagina before it becomes soft.
2. Explain about the care of condoms.
   - ➔ Don't apply oil-based lubricants (like baby oil, cooking oil, petroleum jelly/Vaseline, or cold cream) because they can destroy the condom. It is safe to use, clean water, saliva, or water-based lubricants.
   - ➔ Store condoms in a cool, dry place. Don't carry them near the body because heat can destroy them.
   - ➔ Use each condom only once.
   - ➔ Don't use a condom if the package is broken or if the condom is dry or sticky or the color has changed.
   - ➔ Take care to dispose of used condoms properly.
3. Review possible side effects:
   - ➔ Most men and women have no side effects. Occasionally men or women can be allergic to condoms or spermicides. If itching, burning, or swelling develops, the client should see a health care provider to discuss another method or a condom made out of another material such as polyurethane (if available in your area).
4. Tell the client to follow up:
   - ➔ any time there is a problem
   - ➔ in time for resupply
   - ➔ if either partner is unhappy with the method
   - ➔ if either partner thinks she or he may have been exposed to an STI

Providing Condoms

Each agency will have their rules about providing condoms. YPPs need to know where they should store them because condoms are sensitive to hot or moist environments. They should know the rule of "first in/first out" as a way to ensure that condoms don't stay in storage for too long, and they should remember to check the expiration dates before giving condoms to clients. Also YPPs need to know the agency's rules about how many condoms they should give to a client at a time and whether this varies depending on situation and venue of their interaction with the client.

Unlike oral contraceptive pills, which many agencies will only provide after a one-on-one counseling session, it is likely that YPPs will be providing condoms to individuals they meet in larger groups, as well as young people they meet more casually such as at a school, bar, or club.

The pages that follow include activities focus on teaching young people about contraception. Some of them review the general information while others focus on helping individuals understand their own risk of pregnancy and choose the best method for them. As community-based distributors of contraception, it is very important for YPPs to be familiar with the advantages and disadvantages of all of the methods available.

CONTRACEPTION ACTIVITY

METHODS BRAINSTORM[46]

Purpose and Goals
To introduce the group to modern methods of contraception and how they work.

Time Needed
20–40 minutes

Materials Needed
Flip charts and markers

Procedure
1. Ask participants what partners can do if they want to prevent a pregnancy at a given time.
2. Point out that the answer is remain abstinent (do not have sexual intercourse) or use contraceptive methods.
3. Ask participants to brainstorm all of the methods of contraception that they have heard of. Note these on the flip chart.
4. After the list is complete, circle anything that is not a real method (such as douching after intercourse) and add any methods that the group missed, including EC.
5. On a new piece of paper create columns or rows marked behavioral, barrier, hormonal, spermicides, other. Ask the group where each modern method on the list belongs. Point out that behavioral **methods** include **abstinence, withdrawal,** and **fertility awareness** and briefly discuss the pros and cons of these methods. Do the same for **barrier methods, hormonal methods,** and **other methods**.

Things to Consider
Remember that the types of modern contraception that are available vary by area. Make sure to tailor your lists to what is available in your area. If participants mention contraceptive methods they have heard of that are not available in your area, be sure to explain that those are methods available elsewhere but that you are going to concentrate on what is available in your community. Also, make sure you are aware of the laws regarding contraception in your area.

Using This in the YPP Model
This activity is appropriate for use with master trainers, YPPs, and young people in the community. It is a good introductory exercise to use when beginning to discuss modern contraceptive methods. For training of master trainers and training of YPPs, this is likely the first of a number of exercises, lectures, and discussions about contraception because these audiences will have to master this information in order to talk to young people in the community. Therefore, this brainstorm can be relatively brief and you can point out when you will follow up with more information about each method. In contrast, this may be the only exercise YPPs do with young people in the community and they may want to take the opportunity to go over all of the information they think participants need to know.

CONTRACEPTION ACTIVITY:

WHY YOUNG PEOPLE DON'T ALWAYS USE CONTRACEPTIVES

Purpose and Goals
To spark a conversation about why young people don't use contraceptives and dispel any myths or misperceptions that may be getting in the way.

Time Needed
20 minutes

Materials Needed
Flip chart and markers

Procedure
1. Ask participants why they believe that young people in your community do not always use contraceptives.
2. Record all answers.
3. Read over complete list and note common themes. For example, if participants noted that the local clinic had bad hours, that contraceptives were pricey, and that there was no good transportation to get there, you can point out that these are all problems with access. Similarly, if they note that young people don't think the pill works or are afraid that the clinic does not serve unmarried women, you could point out that these are problems of misperception.
4. Once you've identified themes, ask participants for ideas of how to overcome these barriers.
5. Point out which of these ideas you will be working on in this workshop/program (i.e., providing information, correcting misconceptions, providing modern methods of contraception).

Things to Consider
When using this exercise with young people, it may help to ask why "their friends" or "their peers" don't use contraceptives. This helps make the issue more concrete and will probably yield more specific answers than just asking about young people in general. At the same time it helps assure participants that you are not trying to find out what they themselves do. In addition, because these are behaviors of peers and likely participants themselves, try not to sound judgmental when going through the list.

Using This in the YPP Model
This activity is appropriate for use with master trainers, YPPs, and young people in the community; however, the discussion that follows will be different based on the audience. For example, in a training with YPPs you might want to discuss how the YPP program and they themselves can be integral in overcoming these barriers. This type of a brainstorm can be used in numerous others ways as well by asking participants open-ended questions about related topics such as adolescent sexuality, STIs, or sexual orientation.

CONTRACEPTION ACTIVITY

DO YOU AGREE?[47]

Purpose and Goals
To help participants explore their own values and attitudes related to sexuality and reproductive health.

Time Needed
30 minutes

Materials Needed
"Agree/Disagree" signs, tape

Procedure
1. Put the signs at the opposite ends of a line (real or imaginary) on the floor that will act as a continuum.
2. Ask participants to stand together in the middle of the room.
3. Explain that you will read out some controversial statements, and they have to take a stand on the imaginary line somewhere between "agree" and "disagree" according to their response to this statement.
4. After you have read the first statement, have participants go to the spot which best describes their response. When they are all standing somewhere along the line, ask a volunteer to explain why he or she is standing there. Let three volunteers give their viewpoint, then let the other participants react to these opinions.
5. Continue with the next statement.
6. After reading and reviewing all the statements, you can ask the participants how they felt about exposing their values to other participants, especially if they were in the minority.
7. You can also give group members the opportunity, after listening to the views of some of the other participants, to move to the position that best expresses their feeling now. Ask them if it was easy or hard to change their stand.

Possible Value Statements

➔ Teenagers should know about condom use and have free access to condoms.

➔ It is okay for teenage girls to access contraception without telling their parents.

➔ I would be mad if my girlfriend/boyfriend asked me to use a condom.

➔ I would be happy if my girlfriend/boyfriend asked me to use a condom.

➔ Contraception is a woman's responsibility.

Thing to Consider
Read the list of possible statements carefully to weed out anything that is not relevant to your audience and add anything you think is missing. Be sensitive toward your participants, acknowledging their own values may make them uncomfortable. Make sure that they feel comfortable sharing — or not sharing — information.

Using This in the YPP Model
This exercise is appropriate for training of master trainers, YPPs, or young people in the community. The discussion with master trainers and YPPs might also explore how these values may affect young people's decisions to access contraception and how they can address these values when working with young people in the communities. This is a forced-choice exercise; the same procedures can be used to address numerous topics simply by varying the value statements read. This exercise could be used to discuss other aspect of adolescent sexuality, contraceptive use, STIs, sexual orientation, or specific cultural issues or taboos.

CONTRACEPTION ACTIVITY
METHOD QUIZ

Purpose and Goals
To learn basic information about modern contraceptive methods.

Time Needed
20 minutes

Materials Needed
Quiz cards

Procedure
1. Prior to the workshop write out true/false statements about contraceptives on pieces of paper or index cards. Use the possible statements below and/or add your own. Make sure to have enough cards so that each participant gets one.
2. Hand out cards to each participant.
3. Going around the room have each participant read his/her question and say whether the statement is true or false. (If participants seem reluctant to answer in front of the group, you can let the whole group answer instead.)
4. Use each question to add any relevant information or spur discussion. For example, if the question asks whether withdrawal is an effective form of contraception, discuss why this method may be risky and note that it does not protect against STIs as viruses may be present in pre-ejaculate and some STIs are transmitted through skin-to-skin contact.

Possible True/False Statements	True	False
1. You need to visit a health care provider before accessing oral contraceptive pills.	❑	❑
2. EC is available in local clinics.	❑	❑
3. Using two condoms is safer than using one.	❑	❑
4. Condoms are the only contraceptive method that also offers STI protection.	❑	❑
5. The contraceptive pill is not appropriate for women under age twenty.	❑	❑

Things to Consider
The answers to some of these questions will vary by location. For example, in some countries contraceptive pills are only available by prescription. You can note these differences to participants, but be sure they have a firm understanding of what it is like in your area.

Using This in the YPP Model
This activity is appropriate for use with master trainers, YPPs, or young people in the community. You can increase the challenge of it for trainers and YPPs by posing harder or more technical questions. This is also a good example of how a quiz can be used to teach information and can be easily adapted to other workshops simply by changing the topic and the statements.

CONTRACEPTION ACTIVITY

COMPARING CONTRACEPTIVE METHODS

Purpose and Goals
To help participants evaluate the advantages and disadvantages of a variety of contraceptive methods.

Time Needed
30 minutes

Materials Needed
Paper, flip charts, and markers

Procedures
1. Break participants into four smaller groups and give each group a flip chart or large piece of paper and a marker.
2. Write each of four methods (condoms, the pill, injectables, and abstinence) on a piece of paper and fold it.
3. Ask each small group to pick one from the four and write the advantages and disadvantages of their methods in two columns on their flip chart.
4. Allow approximately 10 minutes for small group work; walk around the room and make sure that groups are on task.
5. Bring groups together and ask one member of each to report what they recorded.
6. Ask members of other groups if they agree or disagree with the lists or if they have anything to add.
7. During the small group presentation provide basic information on the methods if necessary and correct any misperceptions that may come up.
8. Once all groups have reported back, have the larger group compare and contrast the methods based on their advantages and disadvantages.

Things to Consider
This exercise requires some basic knowledge of contraceptive methods. If you conduct it too soon during a training or workshop, participants are more likely to pass on misinformation. Instead, use this after other exercises and lessons that introduce the methods.

Using This in the YPP Model
This is most appropriate for training of master trainers and YPPs. You might then take it one step further to discuss which methods would be best for which clients or types of clients.

CONTRACEPTION ACTIVITY

METHOD REVIEW[48]

Purpose and Goals
To help participants become familiar with available contraceptive methods including how they are used and how effective they are.

Time Needed
25 minutes

Materials Needed
Contraceptive worksheet

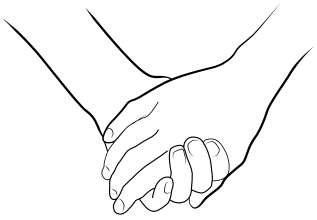
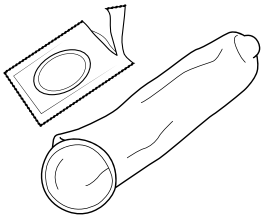
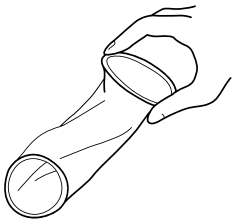
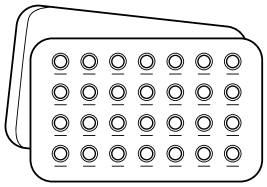
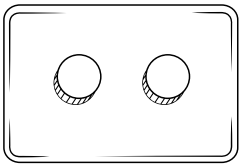
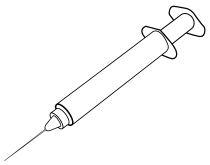
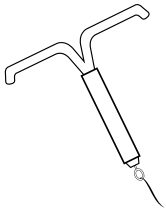
Procedure
1. Hand out the contraceptive worksheet.
2. Give participants 10 minutes to fill out the work sheet on their own.
3. Bring the group back together to discuss their answers. Correct any misinformation.

Things to Consider
Young people may not be familiar enough with the available methods of contraception to identify pictures. If this is the first exercise on contraception you use, consider having participants brainstorm all of the methods they have heard of and leave the list up as they complete their worksheets.

Using This in the YPP Model
This activity is appropriate for use with master trainers, YPPs, and young people in the community. This exercise can be used with any group as an introduction to contraceptive methods. You may want to review the mechanisms of pregnancy and the categories of contraception (behavioral, barrier, and hormonal) before handing out the worksheets.

HANDOUT: CONTRACEPTIVE WORKSHEET[49]

Name each of the methods pictured and then answer what type of method it is (behavioral, barrier, or hormonal) and who uses it (man, woman, or both).

	NAME	TYPE OF METHOD	WHO USES IT
			
			
			
			
			
			
			

CONTRACEPTION ACTIVITY[50]

EMERGENCY CONTRACEPTION TRUE OR FALSE

Purpose and Goals
To educate youth about the existence, safety, and effectiveness of EC.

Time Needed
30 minutes

Materials Needed
"Myth/Fact" signs, copies of the EC Fact Sheet

Procedure
1. Tape the "Myth" and "Fact" signs at opposite ends of the room.
2. Ask the group if anyone knows of a method to prevent pregnancy after partners have had unprotected sexual intercourse, if a contraceptive method fails, or if a young woman has been raped.
3. Explain that many people, even adult women and some health care providers do not know about EC, or harbor some misperceptions about it. Ask the group to stand. Explain that you are going to read a series of statements about EC. If they believe the statement is true, ask them to move to stand under the sign that says "Fact." If they believe the statement is false, ask them to stand under the sign that says "Myth." Check to see if there are any questions.
4. Read the first statement on the EC Fact Sheet. Ask the group standing under the "Myth" sign first to explain why they chose that answer. Then ask the group standing under the "Fact" sign to explain why they chose their answer. Be sure to gently dispel any continuing myths and stress that the goal of the activity is to become more educated about the topic, not to embarrass anyone. Continue for the rest of the statements.
5. Brainstorm the benefits of EC and also some of the concerns about it. See if the group can reach consensus that EC could be an important resource for all young people to know about.
6. Ask the following questions: What did you learn about EC that surprised you? Do you think it is important for all teens to have accurate information about EC? Why or why not?

Things to Consider
Remember that the availability of EC varies by area. Be sure to know what is available in your area and focus on that during your conversation.

Using This in the YPP Model
This activity is appropriate for training of master trainers, YPPs, or young people in the community. As YPPs are being trained, in part, to become leaders in the community, when doing this activity with them you might also want to explore why laws around EC are different and if/how they can advocate for increased access to this method.

ANSWER KEY: FACTS ABOUT EMERGENCY CONTRACEPTION

1. **There are several types of EC available.**
   A: True. In some areas, prepackaged emergency contraceptive pills are available. However, it is also possible to use different doses of some regular brands of oral contraceptives.

2. **EC is a type of contraception that must be used before a person has sex.**
   A: False. Emergency contraceptive is used after a person has unprotected sexual intercourse.

3. **Emergency contraceptive pills can reduce a woman's risk of pregnancy by 75 percent when taken within 120 hours of unprotected sexual intercourse.**
   A: True. Women should use EC within 120 hours (five days) after unprotected sexual intercourse. And, the sooner the better — efficacy rises to 85 percent when taken within 72 hours (three days).

4. **EC can be used in a number of circumstances.**
   A: True. It may be used if partners have had unprotected sexual intercourse. It also works if partners experience incorrect contraceptive use or method failure — for example, if a condom breaks, or if a woman misses two or more regular oral contraceptive pills or her contraceptive injection and has had sex. Women can also use EC in the event of rape or sexual assault.

5. **EC doesn't cause any side effects.**
   A: False. Some women taking EC may feel nauseous, dizzy, or tired. Some women vomit and have a headache or sore breasts. These side effects are temporary and should last less than a day or two. There are no medical risks in taking EC.

6. **EC may be harmful to young women.**
   A: False. Emergency contraceptive pills are a safe and effective option for young women. In fact, research shows that emergency contraceptive pills are safer than aspirin. Furthermore, they do not cause birth defects or abortion if a woman is already pregnant when she takes them.

7. **Emergency contraceptive pills protect against STIs, including HIV.**
   A: False. EC prevents pregnancy, not STIs. Using condoms every time a person has intercourse is the best way to prevent STIs.

8. **Emergency contraceptive pills can cause abortion.**
   A: False. Emergency contraceptive pills work by preventing pregnancy, not by causing abortion.

9. **EC can only be obtained from a health care provider.**
   A: Varies by region. Explain what is true in your area.

10. **It is possible to have EC on hand before a person needs it.**
    A: Varies by region. Because EC should be taken within 120 hours (five days) after unprotected intercourse, some health care providers encourage women to have EC on hand in case the need arises. If/how this can be done varies by region. Explain what is true in your area.

Topic 1: Adolescent Development and Sexuality
Topic 2: Reproduction
Topic 3: Contraception
Topic 4: Sexually Transmitted Infections, including HIV/AIDS
Topic 5: Sexual Behavior and Safer Sex

TOPIC 4: SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS

Sexually Transmitted Infections (STIs) are a worldwide public health problem. The World Health Organization estimates that 340 million new cases of curable STIs occur each year in individuals aged 14-49 throughout the world. In developing countries, STIs and their complications rank in the top five disease categories for which adults seek health care.[51] "Infection with STIs can lead to acute symptoms, chronic infection, and serious delayed consequences such as infertility, ectopic pregnancy, cervical cancer, and the untimely death of infants and adults."[52]

YPPs will likely be called upon to provide young people in the community with information about STIs, including HIV/AIDS, and their prevention. In addition, in the course of counseling young people about contraception methods, it is important to discuss STI prevention as well.

This section provides general information on STIs, with a focus on prevention, and provides some additional information on common STIs. It is important to remember that YPPs do not diagnose or treat specific STIs. Still, YPPs need basic information on symptoms in order to refer clients for testing and treatment.

STI BASICS

STIs are caused by bacteria, viruses, or parasites. For the most part, infections caused by bacteria and parasites can be cured. If individuals take the medication correctly, the infection and any symptoms go away permanently (unless, of course, the individual contracts it again). Infections caused by viruses cannot be cured. Health care providers can treat the symptoms, but the virus remains inside a person's body and symptoms may come back.

Transmission

Different STIs are passed from one person to another in different ways. Some are passed through infected body fluids including blood, semen, vaginal fluids, and breast milk. Others are passed through skin-to-skin contact. All STIs can be passed during oral, vaginal, or anal sex with an infected partner. STIs that are present in body fluid can be passed from one person to another if they share needles, such as for using drugs. Also, some STIs can be passed from mother-to-child during pregnancy, birth, or breastfeeding.

In general, a woman's risk of infection is higher than a man's. The vagina and rectum are more easily infected than the penis. Women also generally have fewer symptoms than men. As a result, women are less likely to know if they are infected.

STIs are not transmitted through hugging, shaking hands, sharing food, using the same utensils, drinking from the same glass, sitting on public toilet seats, or touching doorknobs.

Symptoms

Many individuals who are infected with an STI will have no symptoms. Men who have symptoms may feel heaviness and discomfort in their testicles, have pain or burning during urination, or see pus coming out of their penis. Symptoms in women may include itching, vaginal discharge, or burning during urination. Both men and women may notice sores on their genitals. Since there may be no symptoms, the only way to know for sure is to see a health care provider and get tested. Also remember, there is no way to tell if another person has an STI just by looking at them.

Testing and Treatment

The most common ways that health care providers test for STIs include collecting urine, taking blood, or swabbing the mouth, throat, penis, or cervix. Individuals who have any symptoms should see a health

care provider immediately. Because so many STIs show no symptoms, all sexually active individual should consider being tested for STIs.

If tests come back positive, health care providers can help individuals decide what to do. They may prescribe medication to cure the infection. If they do, individuals have to take all of their medicine — even if their symptoms subside before they finish taking the medication. Even if STIs can't be cured, health care providers can help individuals treat the symptoms.

Long-Term Health Consequences

If left untreated, STIs can lead to some serious health consequences including pelvic inflammatory disease, infertility, and certain kinds of cancer. Untreated STIs can also lead to complications during pregnancy and in newborns. Some STIs, such as HIV and syphilis can lead to death.

Prevention

The most effective means of preventing STIs is abstaining from oral, vaginal, or anal sex or having sexual intercourse only within a long-term, mutually monogamous relationship with an uninfected partner. Sexually active individuals can also help prevent STIs by using condoms. Male latex condoms, when used consistently and correctly, are highly effective in reducing the transmission of HIV and other STIs. (Other ways to reduce the risk of STIs are discussed in Topic 5: Sexual Behavior and Safer Sex.)

COMMON STIs

There are over 30 sexually transmitted diseases that infect individuals worldwide. How common each disease is varies by country and region. The following section provides basic information on some of the STIs that are more common worldwide. Though it can help for YPPs to have this information, it is not their role to diagnose specific STIs. What is most important is that they help the young people they serve recognize when to seek testing and treatment. Moreover, YPPs should help young people understand how to prevent STIs.

Chlamydia is an infection caused by bacteria. In men and women, chlamydia can infect the urethra, anus, or throat. In women, chlamydia can also infect the cervix, uterus, or fallopian tubes.

Transmission: Chlamydia is passed from an infected person through semen or discharge from the vagina or cervix.

Symptoms: Most people infected with chlamydia don't have any symptoms. Men who have symptoms may feel heaviness and discomfort in their testicles, pain or burning during urination, or pus coming out of their penis. Symptoms in women may include itching, vaginal discharge, or burning during urination.

Testing and Treatment: Health care providers check for chlamydia by testing urine or swabbing the penis, cervix, or throat. Chlamydia can be cured with antibiotics.

Long-Term Health Concerns: If left untreated, chlamydia can cause scar tissue in the urethra, uterus, or fallopian tubes. This can make it very difficult to get pregnant or get someone pregnant.

Gonorrhea is an infection caused by bacteria. In men and women gonorrhea can infect the urethra, anus, eyes, or throat. In women, gonorrhea can also infect the cervix, uterus, or fallopian tubes.

Transmission: Gonorrhea is passed from an infected person through semen or discharge from the vagina or cervix.

Symptoms: Most people infected with gonorrhea don't have any symptoms at all. Men who have symptoms may have a yellowish discharge coming from their penis, burning or pain during

urination, frequent urination, and pain or swelling in their testicles. Symptoms in women may include a yellow or bloody discharge from the vagina and pain or burning during urination.

Testing and Treatment: Health care providers check for gonorrhea by testing urine or swabbing the penis, cervix, or throat. Gonorrhea can be cured with antibiotics.

Long-Term Health Concerns: If left untreated, gonorrhea can cause scar tissue in the urethra, uterus, or fallopian tubes. This can make it very difficult to get pregnant or get someone pregnant.

Trichomoniasis or **"trich,"** is a genital inflammation caused by the protozoa trichomonas vaginalis.

Transmission: Trichomoniasis is transmitted through skin-to-skin contact.

Symptoms: Most men with trichomoniasis do not have signs or symptoms; however, some men may temporarily have an irritation inside the penis, mild discharge, or slight burning after urination or ejaculation. Symptoms in women may include a frothy, yellow-green vaginal discharge with a strong odor. Women may also experience discomfort during intercourse and urination, as well as irritation and itching of the genital area.

Testing and Treatment: Health care providers test for trich by swabbing the urethra or vagina. In women, health care providers may also be able to see sores that indicate trich during a physical exam. Trichomoniasis is curable with antibiotics prescribed by a health care provider. Both partners must undergo treatment at the same time to prevent passing the infection back and forth. They should be sure to finish the full course of antibiotics even if symptoms subside.

Long-Term Health Concerns: Infection with trichomoniasis makes individuals, women in particular, more susceptible to other STIs, including HIV.

HPV stands for human papillomavirus. The virus can cause warts to grow on the cervix, vagina, vulva, penis, scrotum, urethra, or anus.

Transmission: HPV is passed from an infected person through direct skin-to-skin contact.

Symptoms: Warts are small, raised bumps that do not itch or hurt. Most warts are hard for individuals to see because of how small they are and where they located. Many people infected with HPV will never know they have it.

Testing and Treatment: Health care providers may see warts during an exam. In women, the virus might be detected during a gynecological test called a Pap smear. There is no cure for HPV. The warts may disappear on their own, or there are a number of procedures and medications that can remove them. HPV, however, stays in the body and the warts could come back.

Long-Term Health Concerns: Most HPV infections that cause warts do not cause long-term harm in either women or men. Some HPV infections can lead to cancer of the cervix , vulva, vagina, anus, throat, or penis.

Genital herpes is a recurring skin condition caused by a virus. The virus causes sores on the mouth, vulva, penis, scrotum, anus, buttocks, or thighs.

Transmission: Genital herpes is passed from an infected person through direct skin-to-skin contact.

Symptoms: Many people with genital Herpes may experience very mild or no symptoms and not realize that they have the virus. Other people get sores, blisters, cuts, pimples, bumps, or rashes that may itch, burn, or ooze. These symptoms can go away on their own, but the virus remains in the body. Some people might only ever get one outbreak of genital herpes; for other people sores may reappear throughout their life.

Testing and Treatment: Health care providers can see genital herpes if an individual has an exam during an outbreak; they may want to swab them to confirm that it is herpes. There is also a blood test for genital herpes. There is no cure for herpes but some medications can help individuals heal faster and have fewer outbreaks.

Long-Term Health Concerns: Most genital herpes infections do not cause long term harm in either women or men. People with Herpes are at increased risk for contracting another STI, including HIV.

Syphilis is caused by bacteria called spirochetes. It causes sores (chancres) to appear mainly on the external genitals, vagina, anus, or in the rectum. They can also appear on the lips and in the mouth.

Transmission: Syphilis is transmitted through direct contact with sores during unprotected anal, oral, or vaginal sex with an infected person. Syphilis can also be transmitted from mother to newborn during childbirth.

Symptoms: There are three stages of syphilis. During the primary stage, which usually occurs within 10 to 90 days after exposure, a sore may appear. During the secondary phase, which usually occurs within 17 days to six-and-a-half months after exposure, a rash may appear on various parts of the body. If left untreated, syphilis can proceed to the latent stage during which it may have no visible symptoms.

Testing and Treatment: Health care providers can test for syphilis by swabbing any sores or chancres that they see or by performing a blood test. Syphilis is curable with antibiotics prescribed by a health care provider.

Long-Term Health Concerns: If left untreated, syphilis can proceed to the latent stage during which it can cause irreversible damage to internal organs.

HIV/AIDS

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. It attacks the body's immune system, which, when healthy, helps the body fight off infections and other diseases. Over time, HIV gradually destroys the body's ability to fight off infection and disease. This makes people more likely to get infections and cancers that would not normally develop in healthy people.

Acquired Immune Deficiency Syndrome (AIDS) is the last stage of HIV infection, when a person's immune system doesn't work very well anymore. AIDS is diagnosed when a person gets a number of infections or their blood counts reach a certain level.

Though the number of individuals infected and affected by HIV varies widely by region, HIV and AIDS has reached pandemic proportions across the world. In 2009, there were approximately 33.3 million people living with HIV worldwide, and nearly half of new HIV infections are among young people aged 15–24.[53]

It is important to educate and provide services to youth to help protect them from both unintended pregnancy and HIV infection, through abstaining from sex or using condoms consistently and correctly or using a condom consistently and correctly together with another modern contraceptive method. It is important for YPP program staff and YPPs to be familiar with providing contraceptive services to young people, particularly women, living with HIV. One training manual that programs can use is, *Sexual and Reproductive Health for HIV-Positive Women and Adolescent Girls: Manual for Trainers and Programme Managers.*[54]

Transmission

HIV is transmitted through infected body fluids. The four fluids known to transmit the virus are: blood, semen, vaginal fluids, and breast milk.

HIV is transmitted through unprotected vaginal and/or anal sex with an infected partner. It can also be transmitted through sharing needles to use drugs. If a woman is infected with HIV, she can give it to her baby during pregnancy or birth, or by breastfeeding though there are medicines that a woman can take during pregnancy that can prevent the transmission of HIV to her baby. In some areas, individuals can be infected with HIV through blood transfusions. Health care providers can be infected with HIV if they get stuck by an HIV-contaminated needle or get HIV-infected blood in their eyes or in cuts.

HIV is not transmitted through hugging; sneezing; being bitten by a mosquito; shaking hands; sitting on a toilet seat; sharing eating utensils, food, or objects handled by people with HIV; or spending time in the same house, school, or public place with a person who has HIV.

It is very unlikely that HIV is ever transmitted during kissing. It could only happen if the partners was bleeding from their gums or had other sores in their mouths.

Prevention

The only ways an individual can make sure that he/she does not get HIV is to remain abstinent from all forms of sexual behavior and to never share needles.

There are other ways that people can reduce their risk of HIV. Most importantly, research shows that condoms greatly reduce the risk of contracting HIV.

In addition, the fewer partners a person has in his/her lifetime and the longer he/she delays beginning to have sex, the lower his/her risk of getting or giving HIV or other STIs. It is safest to practice monogamy with an uninfected partner. Having concurrent partners (more than one partner at the same time) greatly increases a person's risk of contracting HIV. Sexually active individuals should consider being tested for HIV at regular intervals or before they begin a new sexual relationship.

Testing and Treatment

HIV usually has no symptoms and a person will not know he/she has it unless he/she gets tested. Health care providers test blood and in some places saliva to check for antibodies to HIV. It can take up to three months after an individual is infected for him/her to develop antibodies. This is called the "window period." During the window period, HIV tests may not show that a person has the virus. Therefore, individuals should wait three months from the last time they were possibly exposed to HIV to get tested. It is important to remember that HIV can be passed to other people during the window period.

There is no cure for HIV or AIDS. A person who gets infected with HIV can live a healthy life for many years. There are medications that can help individuals with HIV stay healthy longer. The medications, however, can be expensive, difficult to access, and can cause many side effects.

Most people who have HIV will develop AIDS which means that they will get serious, and possibly deadly, diseases.

The pages that follow include activities that focus on teaching young people about STIs, including HIV/AIDS. While it is good for YPPs and other young people to have some information about specific disease, it is most important that they know how to prevent the transmission of such infections and when to seek testing and treatment. YPPs in particular will want to make sure that they promote the importance of testing and treatment and that they refer individuals to health care providers whenever necessary.

STI ACTIVITY

STI RISK CONTINUUM[55]

Purpose and Goals
To teach participants the relative risk of STI transmission.

Time Needed
15 minutes

Materials Needed
Risk cards and Risk Continuum Behavior cards.

Procedure
1. Place the HIGH RISK and NO RISK cards on the floor at either end of the room.
2. Explain to participants that you are going to distribute cards that have various behaviors on them. Invite them to consider how risky the behavior on their card is or how likely it would be for a person to contract an STI if they are participating in that behavior. Instruct them to place their cards along the continuum you've created on the floor, lining them from lowest to highest risk.
3. After cards are placed on the continuum, invite participants to read the cards aloud. Ask participants if they would like to change the placement of any cards they think are not in the right place.
4. Review the behaviors and explain the reasons why each poses the level of risk that it does. Move cards as necessary.
5. CONTIUUM: NO RISK: Abstinence from sexual activity; abstinence from intercourse; masturbation; holding hands; French kissing; touching each other with clothes on; touching each other while naked; mutual masturbation; finger in vagina; oral sex on vulva; oral sex on penis; penis-vagina sex; penis-anus sex HIGH RISK.
6. Ask participants the following debrief questions:
    a. Are you surprised by how risky any of the behaviors are?
    b. Do you think people consider the risk of behaviors when choosing what sexual behaviors to engage in?
7. Then ask participants which behaviors might move to a different place along the continuum if the partners were using condoms.

Things to Consider
You may want to add or alter behaviors listed to address your community's culture. There may be some disagreement over exactly how risky behaviors are, and some behaviors may fall in different places on the continuum for different STIs. For example, oral sex on vulva poses very little risk for spreading HIV, but herpes can be spread from mouth-to-genitals or genitals-to-mouth. Similarly, penis-vagina sex with a condom poses much less risk for transmitting chlamydia, gonorrhea, or HIV than it does for HPV or herpes because warts and sores can exist in areas not covered by the condom. Be sure to point out these differences during your discussion.

Using This in the YPP Model
This activity is appropriate for use with master trainers, YPPs, or young people in the community. When using it with YPPs, you can get more specific by creating more than one continuum for different STIs and comparing the answers.

STI ACTIVITY

FEELINGS ABOUT SEXUALLY TRANSMITTED INFECTIONS[56]

Purpose and Goals
To give participants the opportunity to explore the negative feelings that young people have about STIs and how these can affect their decisions to seek testing and treatment.

Time Needed
15 minutes

Materials Needed
Paper, pens, flip chart, markers

Procedure
1. Distribute paper to participants and invite them to write the first three words that probably come to mind when their peers/young people in their community hear the term STI.
2. Invite participants to share those words with the large group.
3. Facilitate a brief discussion by asking the following questions:
    a. What do you notice about those words?
    b. What do they tell us about how people feel about STIs?
    c. How might those feelings affect people's ability to get information, testing, and treatment of STIs?

Things to Consider
This exercise is likely to bring up issues about the stigmatization of individuals who have STIs, such as the perception that infections are the result of poor hygiene or immoral behavior. It is important that you continually challenge these notions and tell participants where young people can go to seek testing and treatment without the risk of feeling stigmatized or shamed.

Using This in the YPP Model
This activity is appropriate for trainings of master trainers, YPPs, or young people in their community. When using this activity with master trainers or YPPs, you may also want to ask "given such feelings, what is a YPP's role in teaching about STIs?" This can reinforce the idea of YPPs as agents of social change who can help challenge negative perceptions among their peers.

STI ACTIVITY

STI ROLE-PLAY[57]

Purpose and Goals
To give participants an opportunity to practice providing information to peers about the transmission, testing, and treatment of STIs in a respectful and nonjudgmental manner.

Time Needed
30 minutes

Materials Needed
STI Role-Play Scenarios

Procedure
1. Divide the group into pairs and give each pair one scenario using the sample scenarios below or ones that you have written.
2. Explain that, in their pair, they are to take turns acting out a realistic discussion that could happen between a YPP and the character in the scenario. Remind them that their goal as the YPP is to offer the necessary information in a nonjudgmental manner.
3. Once they have practiced on their own, invite volunteers to perform their discussion for the whole group. Following each performance, ask the actors:
    a. What was it like to play the role of the character in the scenario?
    b. What were you most hoping for from the YPP?
    c. How was it to play the role of YPP?
    d. What was challenging about that role?
    e. How did you decide what to say?
4. After everyone who wants to perform has done so, ask the whole group: What did you hear the person in the role of YPP say that was especially helpful? What information that you felt you needed did you not get?

Possible Role-Play Scenarios

➔ A girl approaches you after a workshop and asks if you can talk in private. Once you get to a quiet corner, she says, "I am worried I might have gotten something from my boyfriend. We were playing around and now it kind of hurts when I pee."

➔ During a break, a participant says, "STIs sound gross! I mean you would have to be so dirty to get one of those!"

➔ Your best friends have been dating for over a year. One day one of them shyly asks, "We want to get tested for STIs, you know just to be safe, but…what are they going to do exactly?"

➔ A friend of a friend tracked you down because she heard you were a YPP. She just got home from the clinic and found out she has chlamydia and she is so worried because she doesn't know if it'll really ever go away. She is panicked that she'll never be able to have kids.

Things to Consider
It is especially important to adapt role-play scenarios to your community so that they represent situations that your YPPs are likely to encounter. If the suggested scenarios do not ring true, create your own. You might also want to ask YPPs to brainstorm scenarios. Consider doing this ahead of time so you can weed through their scenarios and use the most appropriate ones.

Using This in the YPP Model
This activity as written is only appropriate for trainings of master trainers and YPPs because it asks them to practice giving advice on STIs. Make sure YPPs have all of the local information they need to refer young people to testing and treatment services.

STI ACTIVITY

HIV AND AIDS QUIZ[58]

Purpose and Goal
To help participants learn basic information about HIV and AIDS and challenge common myths.

Time Needed
30 minutes

Materials Needed
True/false quiz and answer key, pens

Procedure
1. Hand out a copy of the quiz to each of the participants.
2. Give them five minutes to complete the quiz.
3. Bring the group back together and go over the answers one-by-one, adding information and correcting misperceptions as needed.

Things to Consider
When using any kind of quiz or test, one way to ensure that participants are not embarrassed by having the wrong answer is to collect all the quizzes and pass them back out to others in the room. Then have the participants read the question and answer on the paper they received which is now an anonymous response. If you plan to use this variation, tell participants not to put their name on their paper and remind them that if they end up with their own paper after the switch, no one else will know.

Using This in the YPP Model
This activity is appropriate for trainings of master trainers, YPPs, or young people in the community. This exercise can be a good introduction to HIV and AIDS and an easy way to begin to address myths and stigmatization. In your discussion, it is important to localize the information about AIDS because the severity of the epidemic, common transmission mechanisms, and availability of treatment can vary widely. Also, be sure to include local resources for testing and treatment.

HANDOUT: HIV AND AIDS QUIZ

1. What does AIDS stand for?

2. What does HIV stand for?

3. Can you get HIV from kissing? Why or why not?

4. "You can catch AIDS from sharing infected needles." Is there anything wrong with this statement? Answer by yes, no, or I don't know. If you answer yes, explain what is wrong with the statement?

5. What does it mean if someone is diagnosed as HIV-antibody positive (HIV+)?

6. How can HIV be transmitted from mother to child?

7. In the context of testing for HIV, what do we mean by the 'window period?'

8. Outside the body, the HIV virus cannot survive. True or false?

9. Why does anal sex carry more risk of HIV transmission than other kinds of sex?

10. You cannot get HIV infection from giving blood with sterile syringes. True or false?

HIV AND AIDS QUIZ ANSWER KEY

1. What does AIDS stand for?

   Acquired Immune Deficiency Syndrome

2. What does HIV stand for?

   Human Immunodeficiency Virus

3. Can you get HIV from kissing?

   No. There is not enough HIV in saliva to transmit the virus. If partners had bleeding gums or sores in their mouth it would theoretically be possible to transmit HIV but this is highly unlikely.

4. "You can catch AIDS from sharing infected needles." Is there anything wrong with this statement? Answer by yes, no, or I don't know. If you answer yes, explain what is wrong with the statement?

   Yes. AIDS is a diagnosis given to individuals infected with HIV. You cannot "catch" AIDS. You can, how ever, transmit or contract HIV from sharing infected needles.

5. What does it mean if someone is diagnosed as HIV- positive (HIV+)?

   It means that they have contracted HIV and that antibodies to the virus have been seen on a blood test or saliva test.

6. How can HIV be transmitted from mother to child?

   During pregnancy, birth, or breastfeeding.

7. In the context of testing for HIV, what do we mean by the "window period"?

   It takes three months from the time of infection for antibodies to HIV to show up in a test. During this period an infected individual might have a false-negative test. This is called the window period.

8. Outside the body, the HIV virus cannot survive. True or false?

   True.

9. Why does anal sex carry more risk of HIV transmission than other kinds of sex?

   Because of the possibility of tearing skin in the anus which can lead to open sores making HIV transmission more likely.

10. You cannot get HIV infection from giving blood with sterile syringes. True or false?

    True.

STI ACTIVITY

HIV, HOW RISKY IS IT?

Purpose and Goals
To help young people assess the relative risk of HIV infection through different activities.

Time Needed
20 minutes

Materials Needed
Handout: How Risky Is It? answer key, pens

Procedure
1. Hand out a "How Risky Is It?" work sheet to each of the participants.
2. Give them five minutes to complete the quiz.
3. Bring group back together to go over the answers one-by-one, adding information and correcting misperceptions as needed.
4. Refer to (or hand out) the answer sheet during the discussion. Note that some behaviors have one check with a definitive answer and others have more than one check. This is because there can be some variation over how risky a behavior really is. For example, the risk for transmitting HIV through breastfeeding depends, in part, on the health of the mother and whether she is taking medication.

Things to Consider
You may want to consider a variation of this activity that can be more interactive. Instead of simply going over the worksheet as a group, label one corner of the room "A Big Risk," one "A Risk," one "A Very Small Risk," and one "Not a Risk." After you read each statement have the participants walk to the corner of the room that they think has the best answer to the question, "How risky is it?"

Using This in the YPP Model
This activity is appropriate for trainings of master trainers, YPPs, or young people in the community. When using this in training with YPPs you may want to discuss how they can use this information to help individuals assess their own risk.

HANDOUT: HOW RISKY IS…

How Risky is…….	A Big Risk	A Risk	A Very Small Risk	Not A Risk
➔ abstaining from sex and drugs	❑	❑	❑	❑
➔ sharing needles to inject drugs	❑	❑	❑	❑
➔ having vaginal or anal sex without a condom	❑	❑	❑	❑
➔ having oral sex	❑	❑	❑	❑
➔ having vaginal or anal sex with a condom	❑	❑	❑	❑
➔ having sex: two uninfected people in a committed relationship who don't have sex with anyone but each other	❑	❑	❑	❑
➔ kissing (closed mouth)	❑	❑	❑	❑
➔ kissing (open mouth)	❑	❑	❑	❑
➔ touching doorknobs, toilet seats, telephones, towels, bed linens, dishes, glasses	❑	❑	❑	❑
➔ shaking hands, hugging, touching	❑	❑	❑	❑
➔ being with someone who is crying, coughing, or sneezing	❑	❑	❑	❑
➔ breastfeeding from a mother with HIV	❑	❑	❑	❑
➔ giving first aid	❑	❑	❑	❑
➔ getting a mosquito bite	❑	❑	❑	❑
➔ being with people who have HIV in pools, hot tubs, or showers	❑	❑	❑	❑
➔ sharing a toothbrush or razor	❑	❑	❑	❑
➔ piercing or tattooing with a needle that someone else already used	❑	❑	❑	❑
➔ going to school with a person who has HIV	❑	❑	❑	❑

ANSWER KEY: HOW RISKY IS…

How Risky is…….	A Big Risk	A Risk	A Very Small Risk	Not A Risk
➔ abstaining from sex and drugs	❑	❑	❑	☑
➔ sharing needles to inject drugs	☑	❑	❑	❑
➔ having vaginal or anal sex without a condom	☑	☑	❑	❑
➔ having oral sex	❑	❑	☑	☑
➔ having vaginal or anal sex with a condom	❑	☑	❑	❑
➔ having sex: two uninfected people in a committed relationship who don't have sex with anyone but each other	❑	☑	☑	☑
➔ kissing (closed mouth)	❑	❑	❑	☑
➔ kissing (open mouth)	❑	❑	☑	☑
➔ touching doorknobs, toilet seats, telephones, towels, bed linens, dishes, glasses	❑	❑	❑	☑
➔ shaking hands, hugging, touching	❑	❑	❑	☑
➔ being with someone who is crying, coughing, or sneezing	❑	❑	❑	☑
➔ breastfeeding from a mother with HIV	☑	☑	❑	❑
➔ giving first aid	❑	❑	☑	❑
➔ getting a mosquito bite	❑	❑	❑	☑
➔ being with people who have HIV in pools, hot tubs, or showers	❑	❑	❑	☑
➔ sharing a toothbrush or razor	❑	❑	☑	☑
➔ piercing or tattooing with a needle that someone else already used	❑	❑	☑	☑
➔ going to school with a person who has HIV	❑	❑	❑	☑

Topic 1: Adolescent Development and Sexuality
Topic 2: Reproduction
Topic 3: Contraception
Topic 4: Sexually Transmitted Infections and HIV/AIDS
Topic 5: Sexual Behavior and Safer Sex

TOPIC 5: SEXUAL BEHAVIOR AND SAFER SEX

Individuals engage in sexual behavior for a variety of reasons; to express love, to be close to another person, to experience pleasure, or to procreate. While many people equate "sex" with vaginal intercourse, there are many different sexual behaviors that individuals and partners may choose to engage in over the course of their lifetimes or their relationships. When deciding what behaviors to engage in, it is important to think about the risk of pregnancy or transmitting STIs, including HIV/AIDS.

In the course of counseling young people about contraceptive use and STI prevention, it is likely that YPPs may be asked to discuss sexual behaviors. Understanding the risks of behaviors — both for pregnancy and STIs — as well as the importance of using condoms consistently and correctly, is vital in order to help young clients practice safer sex.

SEXUAL BEHAVIORS

There are many different sexuality behaviors that partners and individuals engage in at various stages of their lives and their relationships.

Kissing is touching one's lips to another person's body. Many people explore different ways of kissing. Though many partners kiss each other on the lips, they may also explore kissing different body parts. Kissing carries no risk of pregnancy and presents a very low risk of transmitting most STIs including HIV/AIDS. Some people, however, get herpes sores on their mouths (often referred to as cold sores) and this virus can be transmitted through kissing.

Masturbation is touching one's own genitals for sexual pleasure or orgasm. Many people enjoy touching their own genitals. It's the most common way to be sexual. Partners can masturbate alone, together, or watch each other. They may hug and kiss while they do it. Masturbation carries no risk of pregnancy or STIs.

Manual Stimulation is touching another person's genitals with one's hands. This behavior, sometimes called mutual masturbation or masturbating a partner, carries no risk of pregnancy and little risk of STI.

Body-to-Body Rubbing (Frottage) is rubbing bodies or body parts together for pleasure and orgasm. This behavior carriers little risk of pregnancy or STI, however, there are some STIs that can be passed through skin-to-skin contact such as herpes or HPV. Partners who rub their genitals together may be at risk for transmitting these infections.

Oral Sex is touching one's mouth to another person's genitals. Mouth-to-penis oral sex is sometimes called fellatio while mouth-to-vulva oral sex can be referred to as cunnilingus. While oral sex carries no risk of pregnancy and little risk of transmitting HIV/AIDS, there is risk of transmitting some STIs including chlamydia and gonorrhea (which can infect the throat) and herpes (which can infect the lips/mouth).

Vaginal sex/vaginal intercourse refers to inserting a man's penis into a woman's vagina. This is the only sexual behavior that carries a real risk for pregnancy. (While it is possible that any behavior in which a man ejaculates on or near a woman's vagina could result in pregnancy this is extremely rare.) Vaginal intercourse also carries risk for all STIs, including HIV/AIDS.

Anal sex/intercourse refers to inserting a man's penis into another individual's anus. This behavior carries risk for all STIs, including HIV/AIDS.

SAFER SEX

Practicing safer sex allows partners to reduce their sexual health risks. The basic rules for safer sex are to prevent contact with genital sores as well as the exchange of body fluids, such as semen, blood, and vaginal secretions. Practicing safer sex all the time is very important because infections are usually spread between partners who have no symptoms of infection.

The most effective means of preventing pregnancy and STIs is abstaining from oral, vaginal, or anal sex. Sexually active individuals can reduce their risk of STIs by reducing the number of sexual partners they have, by engaging in less risky behaviors, and by using latex condoms.

Reducing Partners

The fewer partners a person has in their lifetime and the longer he/she delays beginning to have sex, the lower his/her risk of transmitting or contracting HIV or other STIs. It is safest to practice monogamy (having only one partner) with an uninfected partner. Partners do not need to worry about STIs if neither partner has ever had sex with anyone else, has ever shared needles with anyone else, or has ever had an STI. The only way to know this for sure, however, is for both partners to be tested for STIs and HIV by a health-care provider. It is important to remember that individuals may not know they had an infection, may not be totally honest about their sexual history, or may have been born with HIV.

In addition, having concurrent partners (more than one partner at the same time) greatly increases a person's risk of contracting STIs, including HIV.

Sexually active individuals should consider being tested for STIs and HIV at regular intervals or before they begin a new sexual relationship.

Engaging in Safer Behaviors

Another way to reduce the risk of contracting an STI is by engaging in lower risk sexual behaviors like masturbation, manual stimulation, body rubbing, and kissing. Again, to prevent STIs it is important to avoid contact with body fluids, including blood and semen, as well as any sores or growths caused by STIs.

It is also important to remember that people can come into contact with blood through other non-sexual behaviors such as sharing needles (for drug use or tattoos). Avoiding these behaviors is also essential to preventing HIV in particular.

Using Condoms

Sexually active individuals can help prevent STIs by using condoms. Male latex condoms, when used consistently and correctly, are highly effective in reducing the transmission of HIV and other STIs. Female condoms can also reduce the risk of STI transmission when used correctly

The pages that follow include lessons that focus on safer sex and condom use. In the course of counseling young people on contraceptive use YPPs will likely stress safer sex and condom use. The following activities help young people understand the importance of condoms and practice how to use them correctly.

SAFER SEX ACTIVITY

CONDOM STEPS IN ORDER

Purpose and Goals
To help young people become more comfortable with proper condom use.

Time Needed
15 minutes

Materials Needed
Large cards with proper steps of condom use, tape

Procedure
1. Hand out each card to a participant. Explain that these are all of the steps to using a condom correctly.
2. Ask participants to put the cards in the proper order (either by standing in a line themselves or lining the cards up on the floor or wall).
3. Read the order the group has come up with. Ask if anyone thinks any changes should be made.
4. Move any cards you feel are in the wrong order. Explain why.
5. Reread steps in order.

Steps for Cards
➔ Check expiration date.
➔ Squeeze package to make sure that it is not damaged.
➔ Open condom package, don't use teeth or sharp objects.
➔ Squeeze tip of condom and place on head of penis.
➔ Hold tip of condom and unroll until penis is completely covered.
➔ Have intercourse.
➔ Ejaculate.
➔ Hold onto condom at base of penis.
➔ Remove penis from vagina or anus.
➔ Carefully remove condom without spilling any semen.
➔ Dispose of condom carefully.
➔ Never reuse a condom.

Things to Consider
The best way to conduct this activity is often dictated by the space you have. Lining cards on the floor, for example, will only work if there's enough space for participants to walk around and read them. Similarly, having participants tape cards in order on the wall will only work if you have a long wall that's easy for everyone to see. Decisions like this are why it is important for trainers to arrive early and size up the room. Also, if you have more participants than there are steps in the process/cards have those participants who have cards put themselves or their cards in order and then allow the rest of the participants a chance to move them around.

Using This in the YPP Model
This exercise is appropriate for trainings of master trainers, YPPs, or young people in the community. You can easily vary it to best suit your audience. For example, while you may use it as an introduction to proper condom use with young people in the community, it may serve as a quick energizer for YPPs who already know this information. Some trainers ask participants to do this activity without speaking, meaning that if a participant thinks a card is in the wrong order, he or she would silently move it. Once you've gone through all of the basic steps in order, you can add cards to the list such as "put condom on inside out," "condom breaks," or "lose erection" to test how participants would deal with such situations.

SAFER SEX ACTIVITY

CONDOM RACES

Purpose and Goals
To help participants practice proper condom use.

Time Needed
15 minutes

Materials Needed
Non-lubricated condoms, penis models or bananas (if available)

Procedure
1. Demonstrate the steps of proper condom use using a penis model or banana (if available) and two fingers (if not).
2. Ask for eight volunteers. Break them into pairs.
3. Give one member of each pair a non-lubricated condom. Give the other member a penis model or banana or tell him/her to hold up two fingers.
4. Have the volunteers with penis models stand in a row at the front of the room.
5. Have the volunteers with condoms stand behind a "starting line" or at the back of the room.
6. Tell them that when you say go, the volunteers with the condom are to run to their partner and put the condom on correctly. The partner's job is to make sure that all steps are followed in the proper order.
7. The volunteer who finishes first (and correctly) wins.

Things to Consider
This is meant to be a lively and fun game. Feel free to use more teams if space allows. Consider making this a relay race where teams of four or five compete to be the first in which all team members put condoms on correctly, one after the other.

Using This in the YPP Model
This activity is appropriate for trainings of master trainers, YPPs, or young people in the community. It can be used as the only condom demonstration/practice activity or as an energizer with groups (like YPPs) who already know correct condom use.

SAFER SEX ACTIVITY

TALKING ABOUT SEX AND SAFETY[59]

Purpose and Goal
To enable participants to practice negotiation skills and talking about sex and safety; to strengthen critical thinking skills.

Time Needed
80 minutes

Materials Needed
Flip chart, markers

Procedure

1. Introduce the activity with the following guiding questions: Today we are going to think about and practice having conversations about sexual safety. How easy is it to talk about things related to sex? Why? What can make it easier?
2. Ask participants to form pairs. Write the following topics on the board:
   a. whether or not to have sex
   b. previous sexual experience
   c. STIs, including HIV and AIDS
   d. previous drug use
   e. using condoms
3. Explain: In your pairs, you will practice starting conversations about difficult but important subjects. For each of the topics on the board, discuss how to start a conversation with a potential sex partner. Write down at least one specific way to open the conversation. Also decide when a first conversation should take place: When you meet? After a first kiss? When you are already in a sexual situation? Remember that people do not need to talk about everything at once.
4. For each topic, ask one group to share their ideas; write their responses on the board. Ask: Does anyone want to share a different suggestion? (Add these to the list.) Which ideas do you think might work and why? Are there any suggestions that you think may not be a good approach? Why? When in a relationship should this first conversation take place? Why?
5. After reviewing all five topics, ask: What can make it easier to have these types of conversations? Say: Now we will practice thinking about how those conversations might go in real life.
6. Explain: The first person will start the conversation; however, the second person should make the conversation difficult. The second person may show awkwardness, might disagree, or might try to avoid the conversation. The job of the first person is to try to keep the conversation moving forward, at least a little bit.
7. Ask for two volunteers to act out a conversation about the first topic (whether to have sex). Explain: change the names for your characters, and try to be realistic. Here is a sample scenario:

   "Ali and Lia have been dating for a while now and have begun to feel close physically. They have not had sex. Neither is sure about the sexual or drug-taking behavior of the other before they began dating. Ali believes that they could become more sexually involved and is really worried about HIV. Right now they are taking a walk."

   Everyone else should make notes about how the two volunteers are communicating.

8. Facilitate a brief discussion, drawing on the following questions: What went well? What might have been handled differently? Was the conversation realistic? Do you have any advice for Ali or Lia?
9. Repeat steps 6–8 for as many of the following scenarios as time allows:

   ➔ Anjali starts a conversation with Mo about whether or not to have sex. They may or may not agree about what to do.

   ➔ Carlo starts a conversation with Mar about their previous sexual experience and drug use.

   ➔ Henry and Mia have talked and they think they want to have sex. Henry starts a conversation with Mia about using condoms. [Instruct Henry privately that he does not want to have sex without a condom and instruct Mia privately that she does not think it is necessary to use condoms.]
10. Wrap up with the following questions, writing key responses on the board: Before you have a conversation like this, what do you need to think about yourself? [Probe for: how you feel, what you want, what you want to say.] What are some tips for successful communication? What are some tips for saying "no" respectfully? What rights does each person have? [Probe for: the right to express your opinion, the right to say no, the right to protect your own health.] Whose responsibility is it to start such conversations in a relationship? Why?

Things to Consider

It is very important that these scenarios ring true in your area. If the ones given do not seem appropriate for your participants, change details or create new scenarios. Consider asking participants or YPPs to create their own scenarios.

Using This in the YPP Model

This activity is appropriate for training of master trainers, YPPs, or young people in the community. This is an effective way to have participants practice negotiation skills in sexual relationships.

SAFER SEX ACTIVITY

SHOULD THEY USE CONDOMS?

Purpose and Goals
To help young people understand the importance of condoms and determine when/why they are appropriate.

Time Needed
20 Minutes

Materials Needed
Stories of partners, pictures of partners (if possible), paper, and pens.

Procedure

1. Give each participant a paper and a pen.
2. Tell participants that in this exercise you are going to introduce them to a number of partners who are considering using condoms.
3. Read the first story and ask participants to write on their piece of paper whether they think these partners should use condoms. Tell them that possible answers are: definitely, probably, or not necessary.
4. Read the rest of the stories.
5. Bring the group together and go through each story asking them why they chose their answer. Make sure they considered contraception and STI protection for each partners. Ask the group which part of the partners' story was most influential in making their recommendation.
6. Conclude the exercise by reinforcing that condoms are the only form of contraception that also protect against STIs and that most young partners can benefit from using condoms.

Possible Stories

➔ **Partners A:** Have been together for three months. Each of them has had two partners in the past. Neither of them has been tested for HIV. They usually practice withdrawal.

➔ **Partners B**: Have been together for nine months. One of them has had sex with five people; the other has never had sexual intercourse. The woman is on oral contraceptive pills. They've both been tested for HIV and other STIs and are negative.

➔ **Partners C:** Have been together for two years. They have not told each other how many prior partners they have had. One of them has had other partners during the relationship, and it is unclear whether the other is aware of this or not. The woman uses injectables for contraception.

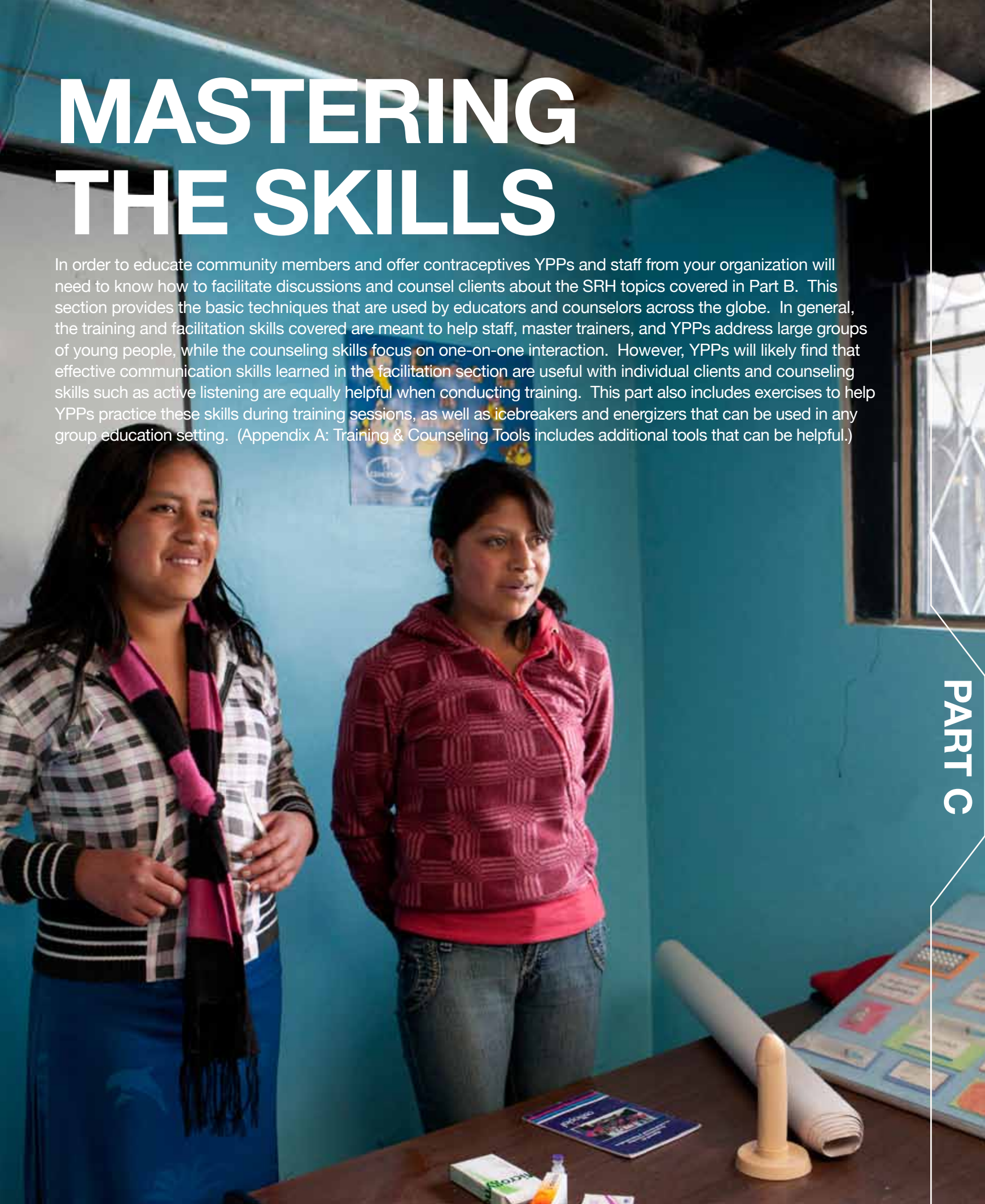
➔ **Partners D:** Have been together for three years. They have both been tested for HIV and other STIs. The woman takes oral contraceptive pills but misses a few doses most months.

Things to Consider
Anytime you make up characters it helps to add as many culturally appropriate and locally relevant details as possible. Use names that are common to your area and consider using pictures that reflect young people in your community. Adding details like how old they are, where the partners met, and where they go to school can make them seem more real to participants. Consider making at least one of the partner's same-sex.

Using this in the YPP Model
This exercise is appropriate for trainings of master trainers, YPPs, or young people in the community. If using it with YPPs, ask them how they would explain their recommendation to the partners in a nonjudgmental way.

MASTERING THE SKILLS

In order to educate community members and offer contraceptives YPPs and staff from your organization will need to know how to facilitate discussions and counsel clients about the SRH topics covered in Part B. This section provides the basic techniques that are used by educators and counselors across the globe. In general, the training and facilitation skills covered are meant to help staff, master trainers, and YPPs address large groups of young people, while the counseling skills focus on one-on-one interaction. However, YPPs will likely find that effective communication skills learned in the facilitation section are useful with individual clients and counseling skills such as active listening are equally helpful when conducting training. This part also includes exercises to help YPPs practice these skills during training sessions, as well as icebreakers and energizers that can be used in any group education setting. (Appendix A: Training & Counseling Tools includes additional tools that can be helpful.)



Topic 1: Training and Faciliation Skills

Topic 2: Training Techniques

Topic 3: Counseling Skills and Techniques

TOPIC 1: TRAINING AND FACILITATION SKILLS

At some point all YPPs will likely have to address a large group of people in a formal or semi-formal setting such as a classroom or workshop. Their task will be to help these groups gain knowledge and understanding of SRH issues. In this role, the YPP acts as an expert, a socializing agent, and a facilitator. He or she provides information, answers questions, clears up misconceptions, and helps participants clarify their own values.

This section introduces basic planning steps to create a workshop, as well as communication skills and training techniques such as energizers, icebreakers, role-plays, and brainstorms. It then explains how these and other techniques can be used to provide information, address cultural taboos, or guide discussions on values. It includes some examples of activities that staff may want to use in training master trainers or YPPs and that YPPs will ultimately use in the community. Throughout this section we have included examples of these techniques, as well as activities to help staff and YPPs practice facilitation skills.

Keep in mind that this section is designed to be read and used by staff, master trainers, and YPPs. All of the facilitation techniques are appropriate for use in training of master trainers, training of YPPs, or group workshops facilitated by YPPs in the community. The activities included are designed to practice the techniques and skills and most can be used or adapted for each of the above situations as well. When reading through this section, know that the term "trainer" (as well as the pronoun "you") is used to refer to whomever is taking on that role (be it a staff member, a master trainer, or a YPP) and that "participants" or the "audience" may be master trainers, YPPs, or young people in the community.

PLANNING A WORKSHOP

Whether you are planning a weeklong training for master trainers or a 45-minute, after-school workshop for young people in your community, the first step is to come up with the goals of what you'd like to accomplish by the end of your session, e.g. developing YPPs' counseling skills or increasing their knowledge about a particular topic. Once you have determined goals (that are reasonable), you are ready to plan an agenda using the activities and information in this manual. There are some things to keep in mind as you plan.

Appropriate

Throughout this manual you will notice many places where you are being reminded of the need to tailor the program to your community and your audience. This cannot be stressed enough, especially when it comes to group learning sessions. If the activities and materials you use do not resonate with your audience, they will tune out and you will have missed an opportunity to reach them with messages of unintended pregnancy and infection prevention. Areas to be aware of while preparing for a workshop include: the names of the characters in role plays or examples, the colors and types of clothing worn by characters in pictures, the people portrayed in pictures, the language in which the information is presented, the educational level participants will need to understand the materials provided, and the type of audio-visual materials used.

Some of the ways to make your training sessions relevant are obvious; clearly, it does not make sense to spend a session training YPPs on how to provide methods that they will not be offering to their peers. Less obvious, though, are small details that do make a difference. For example, including a role-play scenario that involves driving in a community where few people own cars may alienate your participants. Similarly, your audience will have much more trouble relating to characters in a role-play if they have names that are never heard in your area. Paying attention to details like these will help your program be more genuine. Many of the activities included in this manual draw on the experiences of the YPPs, which is a great way to ensure that they will be meaningful to the young people in your community. As you create new activities and conduct additional trainings, continue to be mindful of this.

Audience

The audience for each workshop will undoubtedly be a little different. Before planning the agenda, consider who they are — age, gender, and education are all important. Also think about how well they know each other coming into the workshop and what experience they already have with the topic. Some icebreakers, for example, will seem silly to a group of young people who have been in school or in a club together for years. And you do not want to spend too much time on information your participants already have, but you also don't want to skip important information on the assumption that they already know it. Having a good idea of who your audience is in advance can help you plan appropriately. With experience, facilitators also learn to read signals from the audience such as boredom or confusion and adapt their activities as needed.

Another consideration involving the audience is simply how large it is. While some activities are good for audiences of all sizes, others can be difficult to conduct with an audience that is too big or too small. It can be as hard to do an interactive, group discussion with 200 people as it is to break five people into smaller groups. Consider the activities you want to include and how you might be able to adapt them for larger or smaller groups.

Time

Time will likely be the most limiting factor when creating your agenda. As you choose topics and activities, make sure to plan enough time for each. You may feel like there isn't ever enough time to cover all the information and conduct all the activities you would like. Resist the temptation to squeeze too much in; it is usually better to cover a few topics completely than to rush through too many. Also, don't forget to leave enough time for breaks; people will need to use the bathroom, stretch their legs, and possibly even have a snack or a meal.

There will likely be some groups of participants that you will meet more than once. When conducting training of master trainers and YPPs, for example, you have to decide how many sessions you will have over how long a period of time. Does it make more sense to have one week of full-day trainings or will you have one or two afternoon trainings each week for a month or two? In any training that takes place on more than one day, remember to include time to review what happened during the previous session.

Facility

The physical space in which the workshop or training will take place often has more of an impact than might be anticipated. You will need to know what the space is like ahead of time if possible. First, you want to ensure that there is enough room for all participants. Then you have to decide how they will be arranged; will they be sitting at desks, behind tables, in a circle? In interactive workshops, it is important for participants to have enough room to move around, so you will want to consider if there is sufficient open space or if tables and chairs can be quickly rearranged. Arriving ahead of time to make these decisions is always helpful.

CONDUCTING A WORKSHOP

There are a number of basic things that trainers need to keep in mind during the workshop in order to ensure that participants get the most out of the experience.

Set Ground Rules

One of the first things most trainers do in any workshop is to work with participants to agree on ground rules. These rules should help participants feel more comfortable sharing ideas and feelings throughout the training, avoid situations in which some participants feel insulted or put down, and allow the trainer to keep order within the group. Allowing the group to come up with ground rules together creates buy-in

and helps to ensure that everyone will feel bound to the same code of conduct. During the process of deciding on rules, however, the trainer should make sure to add any essential rules that the group did not think of on its own.

Common ground rules include:
All Participants Should:

- ➔ Use "I" statements when speaking. (Say "I think…." "I feel…" so as to avoid assuming that all participants have the same experience or ideas.)
- ➔ Respect each other's opinions even if you disagree (no put downs or humiliation).
- ➔ Participate actively.
- ➔ Have the right to pass on an activity or question if they feel uncomfortable
- ➔ Respect the privacy and confidentiality of the group. (No one is allowed to share personal information shared by other participants outside of the room.)[60]

Keep the Workshop Moving
One of the trainer's primary responsibilities is to keep the workshop on track and help participants follow the activities and points that are being made. It is important to think ahead of time about the most logical order for topics and activities and to practice smooth transitions between topics. Providing signals or "road signs" — such as saying "there are five elements of a successful training" or "before we talk about the symptoms of STIs, we are going to do a quick activity to see if we know the most common infections," — can help participants know what to expect. It is also the trainer's job to sum up what participants have learned in each session or during the course of the session. Be sure to leave yourself adequate time to do this.

CO-FACILITATION SKILLS

Though these decisions are up to each program, both master trainers and YPPs often work in teams of two to facilitate workshops and trainings. Working in pairs can help trainers preserve energy (especially in longer trainings) and act as an extra pair of eyes, ears, and hands. It also means that neither trainer has to facilitate every activity — if there are some topics or activities that a YPP feels less comfortable with, he or she can rely on the co-facilitator to take the lead.

At the same time, working in pairs can have its own challenges if co-facilitators compete for the spotlight or undermine each other in front of participants. Using a tag-team approach, in which one facilitator takes point on each activity and discussion, can be a good idea.

Consider these do's and don'ts of co-facilitating as well:[61]

- ➔ Do go over with your co-facilitator what you will each be covering before you get to a training workshop. Be clear who is doing what and in what time frame.
- ➔ Do be on time. Be early enough to decide how you and your partner want to set the room up and then to arrange it.
- ➔ Do be responsible for your own time. Carry a watch with you and check it so you are aware of how much time you have to go.
- ➔ Do start and end on time. If you run out of time and you haven't covered all that you were supposed to, stop where you are and do better next time. Remember, participants can always stay and speak to you after the session is over.

- ➔ Do contribute to your partner's leadership. Wait to be invited to speak by your co-facilitator. You can always talk to participants afterwards to give them the correct information or you can add what you know about the subject when it's your turn to present next.
- ➔ Do invite your co-facilitator to speak when you need help. Don't assume they will come in to rescue you. Say: "Joe, do you have anything to add?" or "Jane, do you know the answer to that?"
- ➔ Do sit off to the side when your partner is presenting a subject. Sit somewhere off to the side so that you can both make eye contact but also where the person who is presenting can have the whole spotlight.
- ➔ Do focus on what your partner is saying. When presenting after your co-facilitator, try to refer to what she/he said. If you pay attention to what your co-facilitator said, your participants will too.
- ➔ Do help when needed. Don't give directions for activities that contradict what your partner is trying to do.
- ➔ Do compliment your partner. Tell your partner what you liked about their presentation (what they said and what they did). Positive feedback on specific actions means that action will be repeated.

PUBLIC SPEAKING SKILLS

Becoming a good trainer takes training, time, and, most of all, practice. Some people work all of their professional lives to be good at training. Some basic rules of thumb can help you get started. Keep these in mind whether you are addressing an audience of five young people, 200 community members, or 30 master trainers.

Be Prepared

Trainers need to be prepared so that they are able to handle changes in the agenda, and don't get caught off guard, flustered in front of a group, or spend time during a training deciding what to do next. All trainers should have a basic agenda sketched out whether they are conducting a full-day training or a 90-minute workshop. Obviously, trainers need to have a grasp of the specific subjects that are on the agenda. If the workshop is on contraception, consider re-reading some training materials the night before to make sure the information is fresh in your mind. Though trainings are designed to be flexible to meet the needs of the audience, it may help to have notes written down to remind yourself of the points you want to be sure to make during each section or activity. Also be sure that you have any materials you need — such as flip charts, markers, and tape, as well as pictures or pre-printed cards that you will use for specific activities — readily accessible so that you don't have to rifle through a bag or leave the room.

Be Aware of How You Look and Sound

When leading a training it is not just what you say that is important but also how you say it. Trainers must speak loudly and clearly and vary their tone and speed in order to emphasize points and keep participants awake and interested. Monotone presentations can easily put an audience to sleep. Trainers must also watch their tone of voice for hidden meaning as your tone can unintentionally make you sound angry, defensive, or even bored.

Nonverbal communication is also important. It is important to look relaxed, smile, make eye contact with participants (if culturally appropriate), show interest when participants are speaking, appear thoughtful, and show approval. A trainer who has his arms crossed in front of his chest or is looking at her shoes will not engage the group.

Be Aware of Your Audience

A trainer must keep checking in with the audience to make sure they are engaged. Give clear directions for each activity and then ask if these are understood. If you have assigned small group activities, for example, walk around the room and ask questions to see if each group is staying on task. Trainers must also give feedback and encouragement to the group in order to keep the energy-level up and encourage

further participation. Phrases like “thank you for bringing that up” or “that is a really important point” can go a long way. It’s also important to take stock of the overall energy in the room; are participants listening attentively or are they tired or fidgety? This can help trainers know when to continue a long discussion, move on to the next topic, or introduce a quick activity like an energizer.

Practice, Practice, Practice

It is normal to be nervous when public speaking, many people are. In fact, a little bit of nervousness can help you stay on your toes and remain engaged and engaging. Too much nervousness, however, can lead to mumbling, stuttering, or constant use of “um” between thoughts. The only real way to overcome nervousness is to practice. The activities included in this section are designed to give master trainers and YPPs opportunities to practice facilitation skills. If the equipment or resources are available, it can also help to videotape or audiotape practice sessions; this can allow YPPs to see both their positive and negative training styles.

The pages that follow include activities that are designed to help master trainers and YPPs practice the facilitation skills they are learning.

PRACTICE ACTIVITY:

THE TRAINER'S ROLE[62]

Purpose and Goals
To allow trainers and YPPs to reflect on their roles when conducting workshops/training sessions.

Time Needed
15 minutes

Materials needed
Flip chart, marker

Procedure
1. Ask participants to list the roles facilitators play during trainings with young people.
2. Ask them to describe what each role entails.
3. Compare their answers with the roles and tasks defined below:
   - ➔ Expert: the trainer transmits knowledge and skills, answers questions (or promises to obtain information for participants later), and clears up misconceptions.
   - ➔ Socializing agent: the trainer strives to share values and ideals with trainees (for example, young people and adults should treat both female and male peers as equals and take responsibility for promoting healthy sexuality).
   - ➔ Facilitator: the trainer helps learning take place on the basis of the participants' experience.
4. Mention that trainers have the responsibility to facilitate different types of learning during a workshop. These can be summarized as:
   - ➔ Learning information (for example, how modern contraceptive methods work).
   - ➔ Clarifying values and overcoming myths (for example, is it okay for unmarried young women to access contraception?).
   - ➔ Helping young people apply the information they learned (for example, encouraging consistent and correct use of contraception).

Things to Consider
Depending on how experienced participants are with training they might not come up with the three roles of trainers (expert, socializing agent, facilitator). With YPPs and less experienced master trainers, you might want to write the answers on the flip chart instead of having them brainstorm and use the time to accurately define these roles as a group.

Using This in the YPP Model
This exercise is appropriate for use in trainings with master trainers or YPPs. It is a good introduction to YPPs' role as trainer.

PRACTICE ACTIVITY:

COMMUNICATION STYLES[63]

Purpose and Goals
To allow trainers and YPPs to review communication skills and the role of verbal and nonverbal communication.

Time Needed
15 minutes

Materials Needed
Slips of paper with emotions written on them

Procedure
1. Ask participants to name ways in which we communicate with other people. Write their responses on a flip chart, adding the following information, if necessary:
   - ➔ voice: tone, volume, speed at which we speak
   - ➔ body language: eye contact, facial expressions, posture, body movement, touch
   - ➔ words/expressions: language used, what is said or left unsaid
2. Give a number of participants slips of paper with emotions written on them, such as "confusion," "fear," "anger," "indifference," "happiness," "anxiety," "disinterest," "disapproval," and "surprise."
3. Ask these participants to express their emotion while saying this sentence "The prime minister is making a speech."
4. Ask other participants to guess what emotion they portrayed, mentioning what made them think of tha emotion (for example, tone of voice, voice volume, facial expression, body language).
5. Next give some participants slips of paper with other emotions written on them, such as "happiness," "approval," "pride," "pain," "disgust," "boredom," "nervousness," "love," "rage," "grief," "amusement," and "excitement."
6. Ask these participants to express their emotions without words.
7. Again ask the other participants to guess what emotion they portrayed, mentioning what made them think of that emotion (for example, facial expression, body language).
8. Sum up by discussing the importance of verbal and nonverbal communications.

Things to Consider
Remind participants that the clues we use to interpret verbal and nonverbal communication may differ according to culture and age group. For example, in some cultures, young people may feel threatened by direct eye contact because they interpret it as staring or they have been taught that it is rude. Ask them if there are any cultural norms around communication that they can think of that will be important to consider when dealing with young people.

Using This in the YPP Model
This exercise is appropriate for use in trainings with master trainers or YPPs. It is a good introduction to communication styles.

PRACTICE ACTIVITY

PUBLIC SPEAKING[64]

Purpose and Goals
To help participants practice and gain confidence in their public speaking skills.

Time Needed
30 minutes

Materials Needed
Chairs for all participants

Procedure
1. Explain that this is an exercise in which everyone will be given 30 seconds to speak to the group about anything she or he would like to.
2. Tell the participants: "At the end of the 30 seconds, no matter what is happening, I will start to clap, and that will be the signal for everyone else to begin clapping. During your 30 seconds, you can do whatever you want. However, even if you stop speaking, we will not begin to clap until your 30 seconds are over. It is the job of everyone in the group to give each speaker their undivided attention and delighted, enthusiastic interest. Please do not interrupt any speaker in any way at all. Do not try to rescue them in any way. We should clap as loudly for the last person as we did for the first, and for everyone in between."
3. The first person is told when to begin; after 30 seconds, even if she or he is in mid-sentence, the clapping begins. Remind other participants to give the speaker his/her undivided attention and to remain quiet the whole time.
4. After all participants have a chance to be the speaker ask them how it felt to do this activity, how they felt as the speaker, and how they felt as the audience when the speaker was doing a good job and when he/she was floundering.

Things to Consider
Some participants may be very nervous, but it is important that everyone has the opportunity to do this because it is the first step in becoming more comfortable in speaking in front of a group. It may help, however, to remind the group that becoming comfortable is a process and they should not be discouraged if they're nervous.

Using This in the YPP Model
This activity is only appropriate for master trainers and YPPs as it is designed to practice facilitation skills. You can use this activity more than once to give participants additional opportunities to practice speaking in front of a group. You may want to change it by requiring participants to speak about certain subjects.

PRACTICE ACTIVITY

CO-FACILITATION SKILLS

Purpose and Goals
To help master trainers and YPPs practice co-facilitating an activity.

Time Needed
Variable (depending on activity)

Materials Needed
Variable (depending on activity)

Procedures
1. Choose any activity or activities in this manual and assign it to teams of master trainers or YPPs in order to practice both the activity and co-facilitation styles.
2. Let the first team follow the Do's and Don'ts of Co-facilitation as listed in the YPP manual.
3. Tell one member of the next team that he/she should purposely behave poorly by interrupting or shooting down the partner's ideas.
4. Bring the group together to compare and contrast how the two examples went.

Things to Consider
If you want more than one team to demonstrate, you may want to practice with short exercises like energizers or brainstorms.

Using This in the YPP Model
This activity is only appropriate for master trainers and YPPs as it is designed to practice facilitation skills. You can also use this as an opportunity for the participants to practice any exercises or facilitation techniques that you think they need more time with.

PRACTICE ACTIVITY

TRAINING SCENARIOS ROLE-PLAY

Purpose and Goal
To let YPPs and master trainers practice responding to scenarios that may occur during training sessions. This exercise can also help YPPs and trainers practice how to set up a role-play which is a training technique they will likely be using often.

Time Needed
Up to trainer (each role-play takes approximately 15 minutes to conduct and discuss, trainers can determine how much time they have to devote to this and plan accordingly).

Materials Needed
None

Procedures
1. Ask for two volunteers to come to the front of the room.
2. Assign the pair a scene to act out. Use the list of possible scenarios below; create your own scenarios; or use some workshop time to ask participants to create their own scenarios. You may want to assign scenes randomly such as by having the actors pick them out of a bag.
3. Let the "actors" run through the scene. Stop it at a natural stopping place or when they seem to get stuck. (One variation on this is to stop the scene with those actors and pick two new actors from the audience to pick it up where it left off.)
4. Discuss the scene and the issues that come up with the group as a whole.
5. Repeat with other scenes as time allows.

Possible Scenarios

➔ Workshop participant approaches trainer after program to say she thinks she may have an STI.

➔ Workshop participant asks trainer what method of contraception he/she uses in the middle of the program.

➔ YPP suggests to client that he/she have an HIV test.

Things to Consider
It is very important that the scenarios be relevant to your audience and that cultural issues be taken into account. If the scenarios do not ring true to your area, YPPs may tune out and miss the opportunity to practice the skills they are learning.

Using This in the YPP Model
These role-plays are appropriate to use in training of master trainers and YPPs; they are not for young people in the community. Trainers may want to participate themselves or ask YPPs to deliberately model "good" or "bad" behavior.

Topic 1: Training and Faciliation Skills

Topic 2: Training Techniques

Topic 3: Counseling Skills and Techniques

TOPIC 2: TRAINING TECHNIQUES

Though all activities have to be tailored to the topic, audience, and time frame of your workshop, there are some basic techniques that trainers around the world come back to time and time again when facilitating group learning sessions.

ENERGIZERS

An energizer is a quick activity that is true to its name; it is designed to perk participants up, get them moving around, and generally increase the energy in the room. Though energizers can be related to the training topic, this is often not the case as the point of these activities is not necessarily to educate but to stimulate individuals and get them ready for learning. Trainers often schedule energizers at the beginning of a day to wake the audience up or after a lunch break to bring everyone back together and fight the sleepiness and inattention that can follow a meal. Trainers can also add an energizer that was not on the agenda at any time during a workshop if the participants seem to be getting restless or bored. Below is a sample energizer and at the end of this section you will find additional energizers that can be used with master trainers, YPPs, or young people in the community.

Sample Energizer: Circle Dash[65]

Purpose and Goals

Get people moving around. Create energy. Create focus. Allow participants to connect with each other.

Time Needed

Five–15 minutes

Materials Needed

None

Procedure

1. Have all participants stand in a circle around one person who is standing in the center.
2. Explain that the object of the game is for any two people in the group to silently signal each other and switch places.
3. Tell participants that this is a silent game and that more than one pair can go at a time.
4. The person in the middle tries to get into an open spot before the switchers. The person left takes the spot in the middle.
5. You can teach the game by being in the middle and demonstrating it, then playing it with them.

Things to Consider

Because this is a physical activity you need to keep in mind the space that you are in as well as any physical limitations that participants may have. You need to ensure that everyone can participate and that all participants stay safe.

Using This in YPP Model

This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

ICEBREAKERS

Icebreakers are similar to energizers in that they are short activities that may or may not be related to the workshop's main topics or themes. These exercises can create a positive atmosphere, help participants relax, break down social barriers, and energize a group. Some icebreakers are referred to as team-building exercises because they are used to help groups get to know each other and become comfortable together. This is particularly important in longer trainings and groups that are going to work together over long periods of time like YPPs. Below is a sample icebreaker and at the end of this section you will find additional icebreakers that can be used with master trainers, YPPs, or young people in the community.

Sample Icebreaker: Categories[66]

Purpose and Goals

An introductory activity that enables participants to mix, mingle, and learn some interesting facts about one another.

Time Needed

10–15 minutes

Materials Needed

None

Procedures

1. Tell participants that when you call out a category, they are to separate into smaller groups based on what you have said.
2. Call out a "category" using any of the suggested questions below (or make up your own).
3. Allow enough time for the groups to form (anywhere from five seconds to 30 seconds, depending upon the category).
4. Repeat steps one and two. Continue until the group is warmed up and ready for a new activity.

Possible Categories

➔ Fold your arms across your chest. Is your right arm on top or is your left arm on top?

➔ Which month of the year were you born in?

➔ Which season of the year were you born in?

➔ What is your shoe size?

➔ Can you roll your tongue?

Things to Consider

In addition to these categories think of some that might be particularly relevant to the group you are training, like the neighborhood or area they live in or the school they attend. Remember that some of these "categories" will produce 50/50 splits while others will give you as many as 12 small groups. Unless you have a particular reason to do otherwise, alternate 50/50 splits with larger splits.

Using This in the YPP Model

This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

More examples of icebreakers and energizers at the end of this section.

BRAINSTORMS

This is one of the simplest techniques in training as well as one of the most flexible. Simply put, a trainer asks the group to come up with everything they can think of on a specific topic. The trainer may ask the group to brainstorm about facts, misconceptions, or ideas. For example, you may ask a group to name all of the modern methods of contraception they have heard of, list the most outrageous misconception they have heard about contraception, or come up with all of the reasons they think young people might not use contraception consistently. As the group calls out answers the trainer typically writes the responses on a chalkboard or flipchart and then goes back to the list at the end of the exercise to clarify points, add to the information, and look for common themes.

Remember that all answers are acceptable, at least at first. The idea of a brainstorm is to get information and ideas on the board so that you can assess the knowledge and attitudes of the group and help refine them. Therefore, it is important not to correct participants as they are brainstorming (this could make them or other participants scared of offering another suggestion) and to include all possible ideas on the list. Once the participants have finished throwing out answers, the trainer should discuss making changes to the group's answers or question some of the ideas that were mentioned.

Brainstorms are often used to introduce or break up a lecture or to launch a facilitated discussion on perceptions and values. The trainer, for instance, can ask participants to brainstorm all of the existing modern methods of contraception. Once the list is established, the trainer can go through it using each item as a way to introduce a new point. The trainer can then build on this activity by asking the group to rank the methods listed by any number of characteristics from price and availability to ease of use and effectiveness.

Brainstorms can also be used to bring out myths and misconceptions, to explore the language young people use, and to address sensitive cultural issues. Trainers can also start discussions by giving participants opportunities to respond directly to myths and misconceptions and practice what they would say to someone who believed them. Below is a sample brainstorm. Many of the activities on specific SRH topics included in Part B also employ the brainstorm technique.

Sample Brainstorm: Contraception Brainstorm[67]

Purpose and Goals

To introduce the group to modern methods of contraception and how they work.

Time Needed

20–40 minutes

Materials Needed

Flip Charts, markers

Procedure

1. Ask participants what partners can do if they do not want to have a baby at a particular time.
2. Point out that the answer is remain abstinent (do not have sexual intercourse) or use contraception methods.
3. Ask participants to list all of the kinds of contraception methods they have heard of. Note these on the flip chart.
4. After the list is complete, circle anything that is not a real method (such as douching after intercourse) and add any methods that the group missed, including EC.

5. If abortion is on the list, ask participants why it should or should not be circled. Point out that it does not prevent pregnancy and therefore is not a method of contraception.
6. On a new piece of paper create columns or rows marked behavioral, barrier, hormonal, spermicides, other. Ask group where each modern method on the list belongs. Point out that behavioral methods include abstinence, withdrawal, and fertility awareness and briefly discuss the pros and cons of these methods. Do the same for barrier methods (male condom, female condom, diaphragm, and cervical caps); hormonal methods (the pill, the patch, the vaginal ring, injectables, and emergency contraception); spermicides (foam, cream, gel, suppositories, tablets, film, and the sponge); and other (IUDs and sterilization).

Things to Consider

Remember the types of modern contraception that are available vary by area. Make sure to tailor your lists to what is available in your area. If participants mention contraceptive methods they have heard of that are not available in your area, be sure to explain that those are methods available elsewhere but that you are going to concentrate on what is available in your community. Also, make sure you are aware of the laws regarding contraception in your area.

Using This in the YPP Model

This activity is appropriate for use with master trainers, YPPs, and young people in the community. It is a good introductory exercise to use when beginning to discuss modern contraceptive methods. For training of master trainers and training of YPPs, this is likely the first of a number of exercises, lectures, and discussions about contraception because these audiences will have to master this information in order to talk to young people in the community. Therefore, this brainstorm can be relatively brief and you can point out when you will follow up with more information about each method. In contrast, this may be the only exercise YPPs do with young people in the community and they may want to take the opportunity to go over all of the information they think participants need to know.

ROLE-PLAYS

One of the most frequently used and flexible training techniques is role-play because it helps illustrate common situations and model important skills. In a role-play, two or more participants are asked to assume roles and act out a scene based on a predetermined situation. Some role-plays mimic real-life situations in order to further explore topics such as using contraception. For example, a role-play may ask participants to act as new partners who are trying to determine whether or not to use condoms. A trainer can allow participants to do this without any guidance and see where the partners end up or may give the "actors" guidelines (such as telling one member of the couple that his/her character is opposed to using condoms) in order to ensure that certain issues are addressed.

Trainers can divide the participants into pairs or groups so as to allow all participants a chance to practice the role-play scenario. Or, they can ask two or more people to act out the situation in front of the entire group. Often, trainers will conduct a role-play activity in front of all participants and then invite the whole group to break into pairs and run through a similar scenario. Regardless of how the role-plays are conducted, the trainer should lead the entire group in a discussion on the topic and what important information and ideas were brought up in the role-play. This discussion can be started by asking the actors how they felt during the exercise.

Below is a sample role-play. Many of the activities on specific SRH topics included in Part B also employ the role-play technique. This section also includes numerous role-plays designed to help master trainers and YPPs practice situations that might come up in trainings or counseling sessions.

Sample Role-Play: Critical Thinking

Purpose and Goals
To let young people practice real-life situations in order to gain critical thinking and communication skills.

Time Needed
Up to trainer (each role play takes approximately 15 minutes to conduct and discuss; trainers can determine how much time they have to devote to this and plan accordingly)

Materials Needed
None

Procedures
1. Ask for two volunteers to come to the front of the room.
2. Assign the pair a scene to act out. Use the list of possible scenarios below, create your own scenarios, or use some workshop time to ask participants to create their own scenarios. You may want to assign scenes randomly such as by having the actors pick them out of a bag.
3. Let the "actors" run through the scene. Stop it at a natural stopping place or when they seem to get stuck. (One variation on this is to stop the scene with those actors and pick two new actors from the audience to pick up where it left off.)
4. Discuss the scene and the issues that come up with the group as a whole.
5. Repeat with other scenes as time allows.

Possible Scenarios
- ➔ Two young women discussing whether one of them (who has never had sexual intercourse) should have sexual intercourse with her boyfriend.
- ➔ A young man explaining to his girlfriend why it is important that they use condoms even though she has agreed to take the pill.
- ➔ A young woman asking her boyfriend about his sexual history because she is concerned she might have an STI.
- ➔ A young person talking to his or her mother or father about contraception.
- ➔ A young man telling a friend that he thinks he might have an STI.

Things to Consider
It is very important that these scenarios be relevant to your audience and that cultural issues be taken into account. If the scenarios do not ring true to your area, the audience will tune out.

Using This in the YPP Model
These role-plays are appropriate to use in training of master trainers, YPPs, and young people in the community. When using with young people in the community, YPPs may want to participate themselves as one or both actors in a scene in order to deliberately model "good" or "bad" behavior.

FORCED-CHOICE ACTIVITIES (CLARIFYING VALUES)

In order to help young people think critically about their behavior, it is necessary to help them explore their values and the values of their family and community, as well as cultural taboos, myths, and misconceptions about SRH. In this role, trainers are rarely lecturing participants but using activities and group discussions to clarify and guide their thinking. Guided discussions allow participants to share ideas and experiences, practice critical thinking skills, and gain respect for other people's ideas and opinions.

There are many techniques that trainers use to start these discussions and get the group thinking about sensitive issues. Forced-choice activities are a good way to get a group to make decisions or explore controversial value-laden issues. True to their name, these exercises force each participant to decide quickly how he/she feels about an issue.

To start such an exercise, a trainer may draw a line down the center of the room or post signs in each of the four corners. She/he then asks participants a question and has them move to the spot in the room that represents their answer. For example, an activity designed to start a discussion on values about sexuality might ask participants to agree or disagree with statements like "it is okay for unmarried partners to have intercourse" or "I would support a friend who was in a same-sex relationship." Participants who agree would step to the right of the center line and those who disagree would step to the left. Variations on this allow for participants to be undecided or to "strongly agree" or "somewhat agree" by stepping to the area of the room that has that sign.

Forced-choice exercises are excellent launching points for discussions as they can help participants acknowledge their own values and thoughts. During the discussion, the trainer must keep the conversation moving, ensure that it stays on topic, encourage equal participation (by prompting shy participants and limiting talkative ones), clarify concepts as necessary, and summarize what individuals are saying. It is important that the trainer remains impartial and encouraging even if he/she does not agree with what a participant is saying.

Forced choice exercises can also be used as a way to make quick group decisions. For example, a trainer who has limited time could ask YPPs if they felt they needed more practice counseling clients or facilitating activities. The group response would then dictate what the training for the following day would include.

Below is a sample forced-choice activity and many of the activities on specific SRH topics included in Part B also employ the forced-choice technique.

Sample Forced-Choice Activity: Do You Agree?[68]

Purpose and Goals

To help participants explore their own values and attitudes related to sexuality and reproductive health.

Time Needed

45 minutes

Materials Needed

"Agree/Disagree" signs

Procedure

1. Put the signs at the opposite ends of a line (real or imaginary) on the floor that will act as a continuum.
2. Ask participants to stand together in the middle of the room.
3. Explain that you will read out some controversial statements, and they have to take a stand on the imaginary line somewhere between "agree" and "disagree" according to their response to the statements.
4. After you have read the first statement, the participants go to the spot that best describes their response. When they are all standing somewhere along the line, ask a volunteer to explain why he or she is standing there. Let three volunteers give their viewpoint, then let the other participants react to these opinions.
5. Continue with the next statement.
6. After reading and reviewing all the statements, you can ask the participants how they felt about exposing their values to other participants, especially if they were in the minority.
7. You can also give group members the opportunity, after listening to the views of some participants, to move to the position that best expresses their feeling now. Ask them if it was easy to change their stand.

Possible Value Statements

➔ Teenagers should know about condom use and have free access to condoms.

➔ It is okay for teenage girls to access contraception without telling their parents.

➔ I would be mad if my girlfriend/boyfriend asked me to use a condom.

➔ I would be happy if my girlfriend/boyfriend asked me to use a condom.

➔ Parents should be the ones to teach their children about sex and contraception.

➔ If a girl gets pregnant, she still has the right to go to school and finish her education.

➔ If a boy has many partners, it is okay as long as he uses a condom with all of them.

➔ It is okay for a girl to have many partners.

➔ Contraception is a woman's responsibility.

Things to Consider

Read the list of possible statements carefully to weed out anything that is not relevant to your audience, and add anything you think is missing. Be sensitive toward your participants, acknowledging their own values may make them uncomfortable. Make sure that they feel comfortable sharing — or not sharing — information.

Using This in the YPP Mode

This exercise is appropriate for training of master trainers, YPPs, or young people in the community. The discussion with master trainers and YPPs might also explore how these values may affect young people's decisions to access contraception and how they can address these values when working with young people in the communities. The same procedures can be used to address numerous topics simply by varying the value statements read. This exercise could be used to discuss other aspects of adolescent sexuality, contraception use, STIs, sexual orientation, or specific cultural issues or taboos.

QUIZZES AND MINI-LECTURES (TEACHING INFORMATION)

When teaching information, in particular, it is often tempting to fall back on a traditional style of lecturing a group in which a teacher or leader presents facts and ideas to a mostly passive audience. Not only is this one of the fastest methods of providing information to a group, it is often how we remember being taught in school or university. Unfortunately, this is not necessarily the most effective or interesting way for participants to learn and many participants, especially young people, will tune out and come away with no new information. The training that staff needs to provide to YPPs and that YPPs will subsequently provide to young people in the community should be interactive, incorporate the work and life experiences of the audience, and be both relevant and practical to participants. Experiential exercises are a way to educate individuals and ensure that they not only acquire information but are able to apply it in their day-to-day lives.

That said, trainers often use mini-lectures combined with activities in order to present information in a usable way. For example, you may start a lesson on contraception with a true/false quiz about modern contraceptive methods. As each participant reads one question on the quiz, the group can decide if it is in fact true or false, and the trainer can add information bit by bit rather than in a long lecture. Similarly, an exercise on human reproductive anatomy may start with all participants labeling parts of the male and female body. As the trainer goes through the labeled pictures he or she can acknowledge answers, change incorrect responses, and add details about each part and how they work together. This allows trainers to provide the same information they would in a traditional lecture but do so in interactive ways that keep the audience engaged.

Below is a sample quiz that could be used as an introduction to a topic and many of the activities on specific SRH topics included in Part B also employ quizzes as a technique. Similar quizzes could be used as a basis for pre- and post-tests, which can measure the change in knowledge of the participants in a particular area. (Examples of pre- and post-tests are included in Appendix A: Training & Counseling Tools.)

Sample Quiz: Contraception Quiz

Purpose and Goals

To learn basic information about modern contraception methods.

Time Needed

20 minutes

Materials Needed

Quiz cards

Procedures

1. Prior to the workshop write out true/false statements about contraception on pieces of paper or index cards. Use the possible statements below and/or add your own. Make sure to have enough cards so that each participant gets one.
2. Hand out cards to each participant.
3. Going around the room, have each participant read his/her question and say whether the statement is true or false. (If participants seem reluctant to answer in front of the group, you can let the whole group answer instead.)
4. Use each question to add any relevant information or spur discussion. For example, if the question asks whether withdrawal is an effective form of contraception, discuss why this method may be risky and note that it does not protect against STIs, as viruses may be present in pre-ejaculate and some STIs are transmitted from skin-to-skin contact.

Possible True/False Statements	True	False
1. You need to visit a health-care provider before accessing oral contraceptive pills.	❑	❑
2. EC is available in local clinics.	❑	❑
3. Using two condoms is safer than using one.	❑	❑
4. Condoms are the only form of contraception that also offer STI protection.	❑	❑
5. Oral contraceptive pills are not appropriate for women under age 20.	❑	❑

Things to Consider

The answers to some of these questions will vary by location. For example, in some countries oral contraceptive pills are only available by prescription. You can note these differences to participants, but be sure they have a firm understanding of what it is like in your area.

Using This in the YPP Model

This activity is appropriate for use with master trainers, YPPs, or young people in the community. You can increase the challenge of it for trainers and YPPs by posing harder or more technical questions. This is also a good example of how a quiz can be used to teach information and can be easily adapted to other workshops simply by changing the topics and the statements.

The pages that follow include additional examples of icebreakers and energizers. Additional examples of the other training techniques are found in Part B.

ICEBREAKER

CATEGORIES[69]

Purpose and Goals
To allow participants to mix, mingle, and learn some interesting facts about one another.

Time Needed
10–15 minutes

Materials Needed
None

Procedures
1. Tell participants that when you call out a category, they are to separate into smaller groups based on what you have said.
2. Call out a "category" using any of the suggested questions below (or make up your own).
3. Allow enough time for the groups to form (anywhere from five seconds to 30 seconds, depending upon the category).
4. Repeat steps one and two. Continue until the group is warmed up and ready for a new activity.

Possible Categories

➔ Fold your arms across your chest. Is your right arm on top or is your left arm on top?

➔ Which month of the year were you born in?

➔ Which season of the year were you born in?

➔ What is your shoe size?

➔ Can you roll your tongue?

Things to Consider
In addition to these categories think of some that might be particularly relevant to the group you are training like the neighborhood or area they live in or the school they attend. Remember that some of these "categories" will produce 50/50 splits while others will give you as many as 12 small groups. Unless you have a particular reason to do otherwise, alternate 50/50 splits with splits into smaller groups.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

ICEBREAKER

MY MOTHER SAYS[70]

Purpose and Goals
To allow participants to mix, mingle, and learn some interesting facts about one another and to explore common beliefs about health.

Time Needed
10–15 minutes

Materials Needed
None

Procedure
1. Explain that throughout our lifetimes, we receive lots of advice and folk wisdom about how to stay healthy and what we should do if we get sick.
2. Ask the participants to try to remember some health-related messages they heard as a child from parents, grandparents, aunts, uncles, teachers, etc.
3. Ask them to stand, turn to a person nearby, and reach out and shake hands. Ask them to introduce themselves to one another, while sharing a piece of wisdom from one of their childhood "experts" on health. For example, someone might say, "Hi, I'm Chandra and my mother always told me that if I didn't wash my ears mushrooms would grow in them."
4. Ask the participants to exchange introductions and wisdom with at least two more participants, trying to recall a different health-related message each time they introduce themselves.
5. After the participants return to their seats, ask them the following questions:
    a. What are some of the most interesting pieces of advice you heard?
    b. How many of you could relate those pieces of advice to a particular culture?
    c. How many of you were told pieces of information that you have later learned were untrue?

Things to Consider
This activity can just be used as an icebreaker to help participants learn more about each other and enjoy some of the pieces of advice they learned. Alternatively, you could also use it to spark a discussion about information on sexual health by asking participants about advice they may have heard on this topic. Note who this advice came from, whether males and females were given different or similar advice, and whether it was accurate.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

ICEBREAKER

MAROONED[71]

Purpose and Goals
To allow participants to learn about each other's values and problem-solving styles. To promote teamwork.

Time Needed
20 minutes

Materials Needed
Flip chart, marker

Procedure
1. Split the group up into teams.
2. Tell the group that they are marooned on an island. Ask them what five (or a different number, such as seven, depending upon the size of each team) items they would bring if they knew they were going to be stranded. Note that they are only allowed that number of items per team, not per person.
3. Have someone from each team write their items on a flip chart and discuss and defend their choices with the whole group.
4. Discuss with them what each team valued.
5. Ask teams what their problem-solving styles were while determining the items.

Things to Consider
Explore further with the group whether the decisions were unanimous, and, if not, how it was decided which items were included.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

ICEBREAKER

MAGIC WAND[72]

Purpose and Goal
To allow participants to learn about each other's desires and frustrations.

Time Needed
20 minutes

Materials Needed
None

Procedure
- ➔ Ask the participants what they would do if they just found a magic wand that allows them to change three work-related activities. They can change anything they want. How would they change themselves, their job, their supervisor, those they work with, an important project, etc.?
- ➔ Have the participants discuss why it is important to make the change.
- ➔ Another variation is to have them discuss what they would change if they became their parents or supervisors (depending on the group) for a month.

Things to Consider
Some participants may be reticent to share especially if participants know each other or work together outside of the YPP program. Encourage the group to be respectful and supportive of each other and remind them of the ground rules about confidentiality.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers or YPPs. When using with younger YPPs or those who are not working, this activity could focus on school instead.

ICEBREAKER

THREE QUESTIONS[73]

Purpose and Goals
For participants to learn about each other.

Time Needed
20 minutes

Materials Needed
Paper and pens or pencils.

Procedure
1. Participants write down three questions that they might ask someone they have just met at a party or other social situation.
2. Each person then finds someone in the room they do not know well.
3. Each participant then asks her/his three questions of the other.
4. Have group come together and ask each participant to introduce his/her partner to the group by sharing both the questions and the answers.

Things to Consider
If a participant does not feel comfortable answering one of the questions, the interviewer may ask an alternative question.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

ENERGIZER

CIRCLE DASH[74]

Purpose and Goals
Get people moving around. Create energy. Create focus. Allow participants to connect with each other.

Time Needed
5–15 minutes

Materials Needed
None

Procedure
1. Have all participants stand in a circle around one person who is standing in the center.
2. Explain that the object of the game is for any two people in the group to silently signal each other and switch places.
3. Tell participants that this is a silent game and that more than one pair can go at a time.
4. The person in the middle tries to get into an open spot before the switchers. The person left takes the spot in the middle.
5. You can teach the game by being in the middle and demonstrating it, then playing it with them.

Things to Consider
Because this is a physical activity you need to keep in mind the space that you are in as well as any physical limitations that participants may have. You need to ensure that everyone can participate and that all participants stay safe.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

ENERGIZER

YES![75]

Purpose and Goals
To get the group moving around. To allow the group to be vocal and loud. To encourage enthusiasm and support.

Time Needed
10 minutes

Materials Needed
None

Procedure
1. Invite participants to begin walking around in a defined space.
2. Tell participants that at any time, any of them may shout out something for the group to do. Example: "Let's ride a bicycle!"
3. The rest of the participants are to shout "YES" with enthusiasm, then begin pretending to ride bikes.
4. This continues until another participant shouts out a new activity. Again, participants shout "YES" enthusiastically, and begin doing the new activity. Continue as long as you want!!

Things to Consider
Because this is a physical activity you need to keep in mind the space that you are in as well as any physical limitations that participants may have. You need to ensure that everyone can participate and that all participants stay safe.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

ENERGIZER

BALL TOSS[76]

Purpose and Goals
For participants to learn each other's names and also to reinforce information presented in other activities.

Time Needed
20 minutes

Materials Needed
Soft ball, bean bag, or paper rolled into lightweight ball.

Procedure
1. Have participants form a circle (in large groups you can have them form more than one circle, each circle having 10 or 12 participants).
2. Have each person in the circle say her/his name, one by one. Repeat this once or twice and remind the group to call out their names slowly and clearly so that the others have a chance to remember more names.
3. Hand the ball to a participant or start the game yourself. The person holding the ball will call out the name of someone in the group and then throw the ball to her/him.
4. The person who receives the ball makes eye contact with another group member, calls out that person's name, and tosses the ball to them. If someone forgets a name, she/he can ask the person to repeat it.

Things to Consider
Make sure that the circles are positioned with a safety zone of one or two meters of space behind each group, in case the participants move backwards to try to catch a ball.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community. This activity can also be used throughout the training to reinforce information presented. Instead of calling out people's names during the ball toss, participants can respond to trainer's questions. For example, the trainer may ask, "What are the indications for IUD use?" The ball is tossed around the circle and participants call out a different indication as they catch the ball.

ENERGIZER

PASS THE BEAT[77]

Purpose and Goals
To help participants get to know each other and become aware of their dependence upon one another.
To raise the group's energy.

Time Needed
10 minutes

Materials Needed
None

Procedure
1. Participants and trainer form a circle.
2. The trainer makes eye contact with the person on left. They try to clap their hands at the same moment.
3. The second person turns to the left and claps hands at the same time with the person next to her/him.
4. The beat is passed around the circle.
5. It is important to make eye contact and try to clap at the same time.
6. The trainer can call out "faster" or "slower" to change the speed.
7. Keep it going, even if it stops for a moment when someone misses the beat. When the first round of handclaps is well established, start a new round. Eventually there might be three or four beats going around the group at the same time.
8. Briefly ask whether participants enjoyed the exercise. Ask the group to describe, without singling anybody out, what happens in an interdependent team game when a player drops the beat. Remind the group that, to get the best results when working as a team, everyone depends on the other team members.

Things to Consider
It is important to clearly explain and demonstrate the steps in this activity so participants understand it.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

ENERGIZER

LAST WORD[78]

Purpose and Goals
To help participants get up, move around, and have fun. To raise the group's energy level.

Time Needed
10 minutes

Materials Needed
None

Procedure
1. Participants and trainer stand in a circle.
2. One participant moves and stands randomly in front of another. He/she makes a statement (e.g., "It is such a lovely day"). The person spoken to then moves in front of another person and makes a statement starting with the last word in the statement, (e.g., "Day one of the course was very tiring").
3. Each participant takes turns to ensure that everybody gets a chance to participate.

Things to Consider
This activity can work as an energizer in which participants are allowed to say a statement about anything they wish. Alternatively, you can use it as a wrap-up to a day and ask participants to choose statements based on what they learned that day.

Using This in the YPP Model
This activity is appropriate for use in trainings of master trainers, YPPs, or young people in the community.

Topic 1: Training and Faciliation Skills
Topic 2: Training Techniques
Topic 3: Counseling Skills and Techniques

TOPIC 3: COUNSELING SKILLS AND TECHNIQUES

In addition to providing information and education in group settings, many YPPs will work with individual young people to offer information and answer questions about SRH as well as to help them make decisions about contraception and STI prevention.

In the context of the YPP Model, the purpose of counseling is to help young people gain understanding of their sexuality, sexual health, and pregnancy prevention. Ultimately YPPs will help clients decide what (if any) modern contraceptive method they wish to use, learn to use the method correctly, and solve any problems or questions they have about contraception.

This section covers basic counseling skills as well as specific counseling techniques. The information about counseling skills and techniques is designed to be read and used by anyone in the program — staff, master trainers, or YPPs — who is serving as a counselor. The term "you" in this section, therefore, is used to refer to anyone in the program who is counseling young people about their reproductive health. Similarly, the term "client" is used to refer to those young people who seek contraception from YPPs. The end of this section includes numerous activities designed to help YPPs practice the counseling skills described here.

COUNSELING SKILLS

The goal of counseling is not to lecture clients or tell them what to do but instead to listen to what they have to say and answer questions so that the client thinks about all possible choices and then makes an informed decision. An effective counselor is not only knowledgeable about SRH but also listens attentively, asks and answers questions clearly, helps clarify the client's comments and concerns, gives information clearly and in ways that are understandable and culturally appropriate, and offers praise and encouragement.

When meeting clients one-on-one, YPPs will primarily be counseling them about preventing pregnancy and STIs. Though all counseling sessions are different and unique to the client, there are a number of things that YPPs should try to accomplish in each session. These include: reassuring the client about confidentiality, assessing the client's level of sexual activity, initiating a discussion of contraception and protection from STIs, and helping clients learn to assess their own risk level. If a client chooses a method such as oral contraceptive pills, which do not protect against STIs, the YPP should encourage condom use to help the client protect herself from STIs and HIV and give the client the opportunity to demonstrate condom use on a penis model. Finally, the YPP should also advise clients about signs and symptoms of STIs and how to seek treatment. The skills that follow will help YPPs be effective counselors.

Active Listening

Though we may always hear what other people are saying to us, in day-to-day life we do not always listen closely. We are often distracted by other thoughts or looking for ways in which to get our own stories and ideas into the conversation. In order to be an effective counselor, YPPs should show sincere interest and give full attention to the client. It is the counselor's job to help set the rhythm of the conversation by giving the client time to think, ask questions, and speak; by being silent when necessary; and by using questions and other prompts to encourage the client to participate. The skills that follow (summarizing, reflecting, asking effective questions) will all help you listen attentively and respond appropriately.

In addition, you should be aware of your general demeanor, posture, tone of voice, and facial expressions. One way to remember this is to use the acronym **ROLES: R** = relax by using facial expressions and words that show concern and interest, **O**=open up by using a caring tone of voice, **L**=lean toward client, **E**= eye contact, and **S**= sit squarely and smile.[79] Though each of these may seem small, together they show the client that you are really interested and paying attention.

Summarizing and Reflecting

There are also many verbal ways in which a counselor can show that he/she is listening, understanding, and caring. One method is called summarizing; periodically, a counselor will repeat or paraphrase what he/she has heard in his/her own words. You can do this immediately after the client has said something or at various points throughout the session to point out themes that may have come up more than once. By capturing the client's thoughts and feelings using different words, this method can help make sure that you and your client understand each other. It may also help clients to organize and clarify their own thoughts.

Reflecting deals more with emotions than words. Clients don't always say exactly how they feel in words, but they may express it in other ways such as through their tone of voice, facial expressions, posture, or gestures. As you observe and listen to your client, you should begin to imagine how the client feels. You can then mirror back this emotion by saying "you sound sad" or "you seem confused." This helps the client know that you are listening and understanding, and gives the client an opportunity to think about how he or she feels and why. It also serves to further conversation. If a client acknowledges being confused, for example, you can provide additional information or instructions.

Effective Questioning Skills

Throughout conversations with a client, a counselor must ask questions in order to remain engaged and help the client clarify her/his own thoughts and feelings. Not all questions are equal, however. Closed-ended questions can be easily answered with a yes or no, a number, or just a few words. For example, you could ask a client, "Have you ever had sexual intercourse?" or "Do you currently use contraception?" While these kinds of questions may be useful when discussing medical history, they do not facilitate further conversation.

In counseling clients, it is better to use open-ended questions which call for individuals to provide a more detailed, thoughtful answer. Questions that begin with how or what are most often open ended. Simple questions like, "How can I help you choose a method?" can begin important conversations. Be careful, however, when using why as it can sometimes make clients feel as if they are being accused of something.

Make sure that you ask one question at a time and wait for the response, then, if necessary, you can ask a new, more in-depth question to solicit additional information. Try asking the same question with different words if you're worried that the client didn't understand you.

Giving Clear Instructions

One of the most important things a YPP will likely do during a counseling session is provide the client with instructions on how to use specific methods of contraception. You must be able to explain this simply, clearly, and accurately using language that the client will understand. It is not necessary for clients to know everything that you have learned about a particular contraceptive method. Instead, narrow it down to the important points they will need to know in order to choose the method and use it effectively. It is good to discuss the most important information first and to repeat critical information. It can be helpful to use visual aids such as pictures, drawings, or models, as well as to have samples of the method so the client can see exactly what they need to be doing. Counselors should also check to make sure that clients understand by periodically asking them to repeat the information and instructions they've just been given.

Praising and Encouraging Clients

Finally, it is important to praise and encourage clients. YPPs should compliment them on their dedication to preventing pregnancy, their willingness to use modern methods, and their understanding of the new information they've learned. Tell them that you have faith in their ability to use the method they have chosen consistently and correctly.

GATHER TECHNIQUE

GATHER is an acronym that breaks counseling into six steps. Though the GATHER technique is used for other kinds of counseling, the explanation that follows is tailored toward helping young people make informed decisions about contraception and act on them.

GATHER stands for: **G**reet, **A**sk, **T**ell, **H**elp, **E**xplain, and **R**eturn.

Greet

YPPs should greet all clients politely and warmly. Introduce yourself and make sure the client is comfortable. Though you know that the visit is to discuss contraceptive options, start by asking how you can help. Give your full attention from the beginning and make sure to be polite, friendly, and respectful, and to practice the active listening skills mentioned above.

Ask

This is your opportunity to start the conversation by asking the client about him/herself. If this is the first visit, you may need to use this time to learn basic information about the client such as his/her sexual history, previous use of contraceptive methods, and history and risk for STIs. You should also ask the client if there is any particular method that he/she is interested in and if he/she has any concerns about certain methods. During follow-up visits, this is your opportunity to ask how the client is doing with the method he/she chose, if he/she is using it consistently and correctly, and if he/she is experiencing any side effects.

Tell

YPPs need to make sure that the client knows about all methods that are available locally. After noting all available methods, the YPP can then ask whether the client knows about these methods and offer to explain them. With a new client, it is particularly important to mention all methods even if the client has already expressed a preference because there may be a more appropriate method that the client does not know of yet. For each method that interests the client, you should explain how it works, how it used, its advantages and benefits, and its disadvantages and possible side effects.

Help

The YPP must then help the client choose the method that is best for him/her. Some clients may know what they want but others will not be as clear. Asking certain questions can help narrow down the methods. For example, how often does a client have intercourse; do they have a place where they can safely store pills, condoms, or spermicides; are they likely to remember to use the method correctly; do they know if their partner has any preferences or opinions; will their parents/guardians and/or partner's opinion about their contraceptive use affect their ability to use a method? While it is not the counselor's place to decide on a method for the client based on these answers, you can help a client by explaining why certain methods may or may not work in his/her situation.

Explain

Once a client has chosen his/her method, you need to give clear instructions about how to use it. You need to explain where he/she can obtain it (YPPs will likely be giving clients a supply of contraceptives but must point out how and when they can/should obtain more). If the method requires a referral to a health-care provider, you need to explain why and how the client can go about making an appointment. The next step is to explain point by point how he/she should use the method. Visual aids can be very helpful in doing this. It is also a good idea to have the client repeat the instructions back to you to make sure he/she understood.

Return

Follow-up visits are very important to ensure that young people continue to use the modern method of contraception they chose consistently and correctly. Whenever possible, YPPs should try to make plans for follow-up before the initial counseling session ends. At the follow-up visit, you need to determine if the client is still using the method he/she chose, if he/she is having any problems, and if he/she has any questions or concerns. You will also want to discern if he/she is using it correctly by asking the client to describe how he/she uses it. At this point you should correct any misuses and address any problems or concerns. If a client has stopped using the method, you will want to try to find out why and either get the client to retry the same method (by addressing his/her problems) or help him/her choose a new method.

DISPELLING MYTHS AND MISCONCEPTIONS

A misconception is simply a mistaken interpretation of ideas or information. Misconceptions often arise when individuals or groups do not have enough accurate information to be able to think critically about a topic and separate truth from fiction. SRH issues are frequently a source of misconceptions, especially among young people, as these issues are often not addressed in formal education, considered taboo, and seen as embarrassing to discuss with parents and other adults. Under these conditions unconfirmed stories and rumors spread and myths take on a life of their own.

It is important to be able to dispel these myths without embarrassing clients. YPPs can do this effectively by always listening politely, finding out where the myth originated (this can help you prevent it from being repeated to other young people in the community), explaining the truth using scientific facts, and reassuring the client.

A client may tell you, for instance, that a woman cannot get pregnant the first time she has sexual intercourse. You can start by telling her that this is a common misconception and asking where she heard it. Explain that though many people have been told that women can't get pregnant the first time they have sex, this is not true. Continue by explaining that once a woman has reached puberty, meaning she has started getting her period, she is physically able to get pregnant whenever she has sexual intercourse whether it is the first time or the hundredth time. End by reassuring her that there are many contraceptive methods that can effectively prevent pregnancy.

In order to remain a trusted source of information, YPPs must always tell the complete truth. If a client tells you, for example, that men cannot have orgasms using condoms you can explain that this is a misconception. You may want to start by explaining that condoms are a sheath usually made out of latex that are worn over the penis to prevent sperm from entering the vagina. You can tell the client that while some partners feel that condoms lessen the sensation of intercourse, many more partners agree that the condom prolongs the erection, thus making sexual intercourse a more enjoyable experience. In addition, the peace of mind of being protected against STIs while using a condom results in a more pleasurable and relaxing experience for the partners.

The pages that follow include activities designed to help master trainers and YPPs practice the counseling skills they are learning. Appendix A: Training & Counseling Tools also contains a number of checklists that can help YPPs ensure that they are using all of these skills effectively in counseling sessions.

PRACTICE ACTIVITY

THE COUNSELOR'S ROLE[80]

Purpose and Goals
To allow trainers and YPPs to reflect on their roles when conducting one-on-one sessions with young people.

Time Needed
15 minutes

Materials Needed
Flip chart, markers

Procedure
1. Ask participants to summarize the role of a counselor in one or two sentences. Add or take away until you get something that resembles this sentence:
   - ➔ The goal of counseling is not to lecture clients or tell them what to do but instead to listen to what they have to say and answer questions so that the client thinks about all possible choices and then makes an informed decision.
2. Ask participants to brainstorm the characteristics of an effective counselor (explain that the answers should be specific to counseling youth about contraceptive options). Possible answers include:
   - ➔ knowledgeable about SRH
   - ➔ listens attentively
   - ➔ asks and answers questions clearly
   - ➔ helps clarify the client's comments and concerns
   - ➔ gives information clearly and in ways that are understandable and culturally appropriate
   - ➔ offers praise and encouragement

Things to Consider
Consider using this activity to compare and contrast the role of trainers and counselors. Refer to the exercise on the role of trainers for more ideas.

Using This in the YPP Model
This exercise is appropriate for use in trainings with master trainers or YPPs. It is a good introduction to YPPs' role as counselor.

PRACTICE ACTIVITY

ACTIVE LISTENING

Purpose and Goals
To allow YPPs to practice training and counseling skills.

Time Needed
15 minutes

Materials Needed
None

Procedure
1. Have trainers or YPPs break into pairs.
2. Give them three minutes to talk freely to each other about themselves as if they were speaking with a friend.
3. At the end of the three minutes, tell them that this time one of them is going to talk and the other one is going to practice active listening. Remind them of **ROLES: R** = relax by using facial expressions and words that show concern and interest, **O**=open up by using a caring tone of voice, **L**=lean toward client, **E**= eye contact, and **S**= sit squarely and smile. At the end of that three-minute period have the two switch roles.
4. Bring the group back together and ask them how each part of the exercise felt. Be sure to note how the undivided attention felt.

Things to Consider
Consider having YPPs practice active listening skills more than once. To vary the activity you can have them talk to each other about specific topics.

Using This in the YPP Model
This activity is appropriate to use in training of master trainers and YPPs; it is not for young people in the community.

PRACTICE ACTIVITY

SUMMARIZING AND REFLECTING

Purpose and Goals
To allow YPPs to practice training and counseling skills.

Time Needed
15 minutes

Materials Needed
None

Procedure
1. Have trainers or YPPs break into groups of three: a client, a YPP, and an observer.
2. Tell them they are going to practice an initial conversation with a client who is unsure if she wants birth control pills.
3. Tell the counselors that they are to concentrate on summarizing what the clients have said and reflecting the clients' emotions. Tell the observers that as they watch this role-play they are to write down every time they hear an example of either of these techniques.
4. Give the groups ten minutes to run through the scene. When the scene is done, have them discuss the experience in their small groups. The observers should discuss how many times they noted summarizing and reflecting and give some examples, and the clients should discuss how they felt when this technique was used.
5. Bring the group back together and discuss the experience: Was it hard to summarize and reflect? Did YPPs use the technique more or less often than they thought? Did it help the clients feel listened to?

Things to Consider
When using a series of activities or role-plays in which one person acts as an observer, make sure it is not always the same participant playing that part. Some participants may consistently choose the role of observer because they are shy or worried about being critiqued.

Using This in the YPP Model
This activity is appropriate to use in training of master trainers and YPPs; it is not for young people in the community.

PRACTICE ACTIVITY

EFFECTIVE QUESTIONING SKILLS

Purpose and Goals
To allow YPPs to practice training and counseling skills.

Time Needed
15 minutes

Materials Needed
None

Procedure
1. Ask for two volunteers to come to the front of the room; one to play the YPP and one to play the client in a one-on-one counseling session.
2. Tell YPP to begin a session about contraception but use only closed-ended questions such as, “Do you want to use a modern method of contraception?” “Do you like using condoms?” or “Do you want the pill?”
3. Ask each of them how they felt during the role-play. Did the conversation flow? Were there a lot of awkward pauses?
4. Ask the other YPPs in the audience how they felt watching it. Reinforce how closed-ended questions do not invite information or foster conversation.

Things to Consider
After the role-play ends, ask the group to replay it and determine what questions would have been better.

Using This in the YPP Model
This activity is appropriate to use in training of master trainers and YPPs; it is not for young people in the community.

PRACTICE ACTIVITY

GIVING CLEAR INSTRUCTIONS

Purpose and Goals
To allow YPPs to practice training and counseling skills.

Time Needed
15 minutes

Materials Needed
None

Procedure
1. Ask YPPs to break into pairs of two.
2. Tell one of them to give instructions to the other on something they know how to do like making a scrambled egg, riding a bicycle, or playing a favorite game.
3. Give the other member of each pair an opportunity to go.
4. Bring the group back together to discuss what it felt like to give and receive these instructions.

Things to Consider
There are other exercises designed to help YPPs give instructions specifically on contraceptive methods. In this exercise, it is better to use other topics so that the focus is on their ability to provide clear instructions and not their understanding of the methods.

Using This in the YPP Model
This activity is appropriate to use in training of master trainers and YPPs; it is not for young people in the community.

PRACTICE ACTIVITY
COUNSELING ROLE-PLAY

Purpose and Goals
To allow YPPs to practice counseling skills and the GATHER technique.

Time Needed
1.5 hours

Materials Needed
Counseling checklist, pens, slips of paper with client stories, sample contraceptive methods, visual aids as needed.

Procedure
1. Print a copy of the Counseling Checklist (see Appendix A: Training & Counseling Tools) for each YPP. Print slips of paper with clients' stories using the ones from the list below, your own, or ask the YPPs to write some ahead of time. Though there can be duplicates, try to make sure that each person in the group of three has a different scenario.
2. Break the YPPs into groups of three; explain that they are going to each have a turn to practice all of the counseling skills that they've learned thus far.
3. Pass out role play scenarios.
4. Explain that for each role play, one person will play the client (and use the story he/she was given), one will be the counselor, and one will be the observer. As the client and the counselor role play, the observer should fill out the counseling checklist.
5. Give each team at least 15 minutes for the role play, then 10 minutes to go over the observations.
6. Rotate so that each person has an opportunity to be the counselor.
7. Bring the group back together for a brief discussion about how it felt and what they learned.

Possible Scenarios
- ➔ A first session with a young woman who is just starting her first sexual relationship and does not know what birth control method she should be using.
- ➔ A first session with a young woman who has been on the oral contraceptive pill before but went off of the pill when her relationship ended. She's in a new relationship and not sure she wants to go back on the pill.
- ➔ A first session with a young man who has three sexual partners. He sometimes uses condoms and sometimes uses withdrawal.
- ➔ A follow-up session with a client who used her birth control pills the first month but then forgot about them and went back to practicing withdrawal.
- ➔ A first session with a young woman who usually uses condoms but had unprotected sex the day before.

Things to Consider
Though it can be quite time consuming, it is important to devote sufficient time to this exercise as it is a culmination of all the counseling techniques learned throughout the YPP training. If your training sessions are short, consider breaking this activity up across a few days — do one role play per team each day and reconvene the same teams at the next session.

Using This in the YPP Model
This activity is appropriate to use in trainings with master trainers or YPPs. It is an important tool to help YPPs build skills and become comfortable meeting with clients one-on-one. Before conducting this activity you may want to go over the specifics of record keeping and referrals that your agency has devised so that YPPs can add that to their role-play.

PRACTICE ACTIVITY

HANDLING MYTHS IN COUNSELING SESSIONS

Purpose and Goal
To allow YPPs to practice what to do when faced with myths and misconceptions in one-on-one situations.

Time Needed
30 Minutes

Materials Needed
Paper and pens

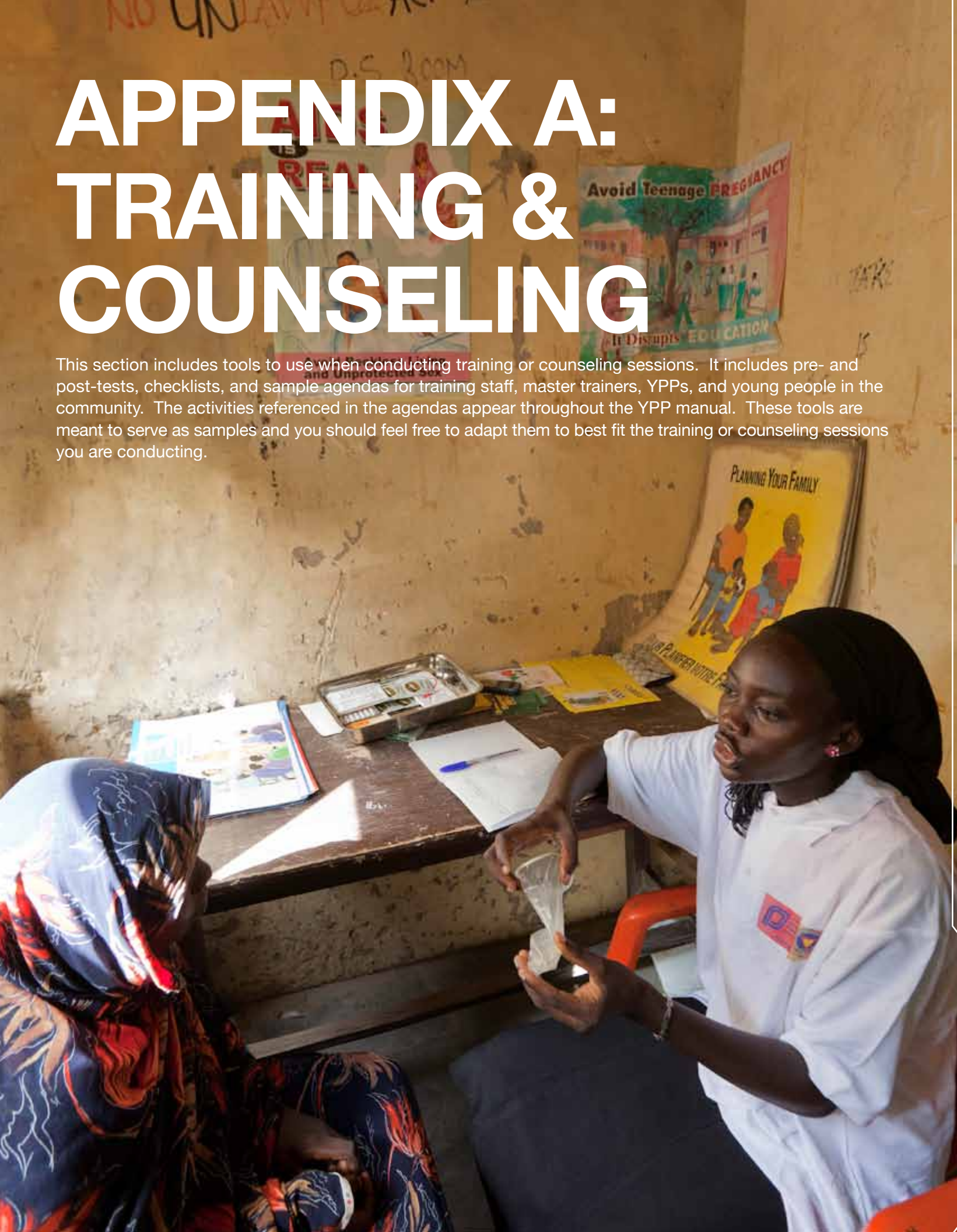
Procedure
1. Hand each participant five small pieces of paper and ask them to write down one myth they have heard about pregnancy or birth control on each.
2. Collect the papers in a bag, hat, or envelop.
3. Ask for two volunteers to come to the front of the room. Have the volunteer playing the client reach into the bag and choose one or more myth(s). Do not tell the counselor or the audience what the myth is.
4. Have the "counselor" start a conversation using the GATHER technique and tell the "client" to work the myth in as soon as possible/logical.
5. Let the scene play out and have the rest of the participants observe to see when the myths come out and how the counselor handles them.
6. Discuss in large group. Ask the client if he/she was satisfied with the counselor's answers, if he/she felt respected, and if the counselor missed any myths. Ask the counselor whether it was difficult to address these concerns. Ask the audience how they think the counselor handled it and if they have other ideas/suggestions.
7. Repeat with other pairs as time allows.

Things to Consider
It is likely that the brainstorm includes duplicates of myths that YPPs have heard frequently. If you are using multiple myths in one role-play or if you are allowing more than one pair to practice, you should discard duplicates and continue picking papers from the bag until a new idea has been chosen.

Using This in the YPP Model
This activity is appropriate to use in trainings with master trainers or YPPs. It is designed to help YPPs practice addressing the misconceptions they are likely to hear. This exercise is also useful in giving them additional opportunities to practice all of their counseling skills at one time. To give more participants the opportunity to practice in a short amount of time, you can break the group into pairs or triads. In a group of three, one person would be the client, one the counselor, and one would observe.

APPENDIX A: TRAINING & COUNSELING

This section includes tools to use when conducting training or counseling sessions. It includes pre- and post-tests, checklists, and sample agendas for training staff, master trainers, YPPs, and young people in the community. The activities referenced in the agendas appear throughout the YPP manual. These tools are meant to serve as samples and you should feel free to adapt them to best fit the training or counseling sessions you are conducting.



TRAINING TOOL

KNOWLEDGE PRE- AND POST-TEST

Please note that the questions your organization will use will depend upon the information that is provided in the training modules for the YPPs. What is presented below are samples that have been used by our partners and Planned Parenthood affiliates.

NAME _____ DATE _____

True or False (T or F)	True	False
1. It is unhealthy for a girl to swim or bathe during her period.	❑	❑
2. A girl cannot get pregnant the first time she has sex.	❑	❑
3. The most likely time for a female to get pregnant is just before her period.	❑	❑
4. Both males and females can have sexually transmitted infections without having any symptoms.	❑	❑
5. If you've been treated for a sexually transmitted infection, you can still get it again.	❑	❑
6. Once a boy gets really excited and has an erection, he has to have sexual intercourse.	❑	❑
7. All sexually transmitted infections are curable.	❑	❑
8. If you have had a homosexual experience, it means you must be gay.	❑	❑
9. If you always use condoms, you cannot ever get a sexually transmitted infection.	❑	❑
10. It is not safe for a woman to use a contraceptive sponge during her period.	❑	❑
11. Abstinence is the most effective method for pregnancy prevention.	❑	❑
12. Sexual orientation is a matter of choice.	❑	❑
13. You can tell if a person is gay or lesbian by the way he or she looks.	❑	❑
14. Most body images shown in movies, TV, and magazines are very realistic.	❑	❑
15. Males are more interested in sex than females are.	❑	❑
16. Both males and females have restrictions put on them because of their gender.	❑	❑
17. During sex, a person has the right to change his/her mind and stop at any point.	❑	❑
18. From puberty on, it is normal to have sexual feelings.	❑	❑
19. Mood swings are normal during puberty.	❑	❑
20. Everyone begins puberty at the same age.	❑	❑

Multiple Choice

1. Sperm can live inside a woman's body for a maximum of

a. only about six hours
b. 24–36 hours
c. as long as seven days
d. indefinitely

2. When intercourse takes place around the time of ovulation, the egg is usually fertilized within

a. 12 hours
b. 24 hours
c. 36 hours
d. never fertilized

3. **Regular breast self-exams should be done**
   a. annually
   b. monthly
   c. weekly
   d. daily

4. **The age group most likely to get testicular cancer is**
   a. boys younger than 15
   b. men age 15–35
   c. men age 35–55
   d. men over 55

5. **A Pap test looks for the possibility of**
   a. pregnancy
   b. gonorrhea
   c. cervical cancer
   d. breast cancer

6. **HIV, the AIDS virus, can be transmitted by**
   a. kissing
   b. sexual intercourse
   c. sharing food or drinks with others
   d. all of the above

7. **People who are infected with HIV**
   a. can seem perfectly healthy
   b. always look very sick
   c. can give it to others by sneezing or coughing on them
   d. always get very sick within a short period of time

8. **If you are going to have sexual intercourse, the best protection available against HIV is**
   a. having the man withdraw before he has an ejaculation
   b. having the woman use birth control pill
   c. using a latex condom correctly
   d. using spermicide alone

9. **To protect against HIV and other sexually transmitted infections, condoms should be used**
   a. only for vaginal sex
   b. for vaginal and anal sex
   c. for vaginal, anal, and oral sex
   d. only if no other form of contraception is being used

10. **HIV is found in all body fluids, but is most heavily concentrated in**
    a. blood, semen, and vaginal fluids
    b. saliva and blood
    c. urine and semen
    d. semen and vaginal fluids

11. The use of force, threat of force, or coercion to obtain sexual contact without a person's willing consent is

a. domestic violence
b. sexual harassment
c. sexual assault
d. not a problem

12. Most sexual offenses

a. have no effect on the victim
b. are committed by a stranger
c. happen in parking lots or car parks
d. are committed by someone the victim knows

13. The majority of sexual assaults occur

a. in isolated places
b. in the home of the victim or offender
c. in automobiles
d. late at night on deserted streets

Freestyle Answers

1. List two hormonal methods of contraception:

2. How long after unprotected sex is EC effective?

3. What method(s) of contraception prevent STIs as well as pregnancy?

4. List two viral STIs:

5. List two bacterial STIs:

6. Which STI can lead to cervical cancer?

7. Which bacterial STI is most common, usually has no symptoms, and can cause infertility?

8. Circle each of the following behaviors that can transmit HIV:

home tattooing

kissing

mosquitoes

oral sex

blood tests

sharing needles

home piercing

anal sex

breastfeeding

masturbation

professional piercing

vaginal sex

9. List two things to check for when using condoms:

10. List two reasons why young people may choose to have sexual intercourse:

11. List two reasons why young people may choose to delay sexual intercourse:

12. List a local community resource for each of the following needs:

drug or alcohol problems _____
condoms _____
HIV test _____
domestic violence _____
sexual assault _____
contraception _____

13. List four things partners should discuss before having sexual intercourse:

Briefly describe how you would handle one of the following scenarios:

1. A close friend thinks she is pregnant...

2. A cousin wants to get pregnant...

3. A friend is upset over breaking up with a partner...

4. A close friend thinks she/he might be attracted to someone of the same sex…

5. A friend thinks she might have an STI...

6. A cousin is thinking about becoming sexually involved with a new partner...

7. A close friend said that her uncle made her touch his penis...

Additional Questions

1. List two good ways people can resolve a disagreement or conflict:

2. List two components of an “I” statement:

3. List two guidelines for active listening:

4. List two conditions for a behavior to be considered sexual harassment:

5. What is the GATHER technique?

TRAINING TOOL

EDUCATOR TRAINER ASSESSMENT TOOL[81]

The Educator Trainer Assessment Tool (ETAT) was originally developed for use at the Northwest Institute for Community Health Educators, a skills-based residential training event for sexuality and HIV educators in the United States. It is meant as an assessment of master trainers (those who provide continuing education to professional sexuality educators), but most of the skills, behaviors, and philosophies could also apply to YPPs in their role as peer sexuality educators.

This tool sets forth a list of criteria that can help you evaluate anyone who is providing training or education sessions including staff, master trainers, and YPP. You can use this document as formal method of observing and evaluating master trainers and YPPs, to create formal job descriptions, or to aid in the interview process.

Overall, the ETAT espouses an approach to sexuality training and education which is democratic and pluralistic. It is based on the belief that, to be effective, sexuality training and education must

➔ provide a positive, comprehensive, and honest perspective of human sexuality

➔ respect cultural pluralism and promote universal values

➔ respect and empower students

➔ utilize a variety of teaching methods to address the diversity of learning styles among learners

➔ address all three learning domains: cognitive, affective, and behavioral

➔ be taught by willing, comfortable and well-trained teachers

➔ promote lifelong learning about sexuality

SUGGESTIONS FOR USING THE EUDCATOR TRAINER ASSESMENT TOOL

The ETAT can be used in a variety of ways with several levels of formality:

➔ **Hiring New Educators/Trainers:** To use the tool for hiring new staff, you may want to review the criteria and choose those that reflect important factors you wish to assess, have applicants do mock presentations, and rate or rank them on each of the chosen criteria. Or you could more simply discuss important criteria in an interview, asking them to rate themselves.

➔ **Staff Evaluation:** Part or all of the ETAT can be used to evaluate staff, master trainers, and YPPs. The staff to be evaluated could do either a brief or a formal self-assessment and then discuss it with his/her supervisor. Or the supervisor could conduct a formal observation and assessment of the master trainer's or YPP's actual performance in an education session.

➔ **Formal Assessment:** During a more formal assessment, the master trainer or YPP chooses criteria on which he or she wishes to receive feedback and discusses those criteria with one or more observers. She/he is then observed (and possibly videotaped) performing an actual training or education session (or a practice session if that's not possible). Then trainer and observers discuss their observations and possibly review and analyze the video of the session.

➔ **Brief Self-Assessment:** Master trainers and YPPs can use this as a self-assessment. To do so they would read over the criteria, note those items that describe their strengths and those that indicate needed improvement. They might then want to make an action plan for receiving feedback and increasing skills.

➔ **Observing Mentors:** The ETAT can be used by new or experienced staff, master trainers, and YPPs to analyze the skills of admired experts. For example, a new class of YPPs may want to observe those who have been working in the program for a few years. They should choose a few criteria prior to observing an experienced YPP and analyze his/her behaviors. Or, review all of the criteria after observing the expert and analyze those that made the training or education effective.

➔ **Formal Self-Assessment:** Master trainers or YPPs can use this tool to do a more extensive self- assessment by videotaping or audio taping themselves conducting a session or practice session if the technology is available. Picking a few criteria they wish to improve and taping a second session can also be helpful.

INSTRUCTIONS FOR OBSERVING YPPs or MASTER TRAINERS

The ETAT can be a very useful tool for conducting formal observations and assessments of YPPs or master trainers in your program. These instructions will help you get the most out of the tool.

➔ Jot down feedback that is behavioral and specific. Note factors with which you are impressed (such as phrases you want permission to "borrow"), as well as behaviors you think might be improved.

➔ Ask the YPP or master trainer you are observing to describe what he/she liked best about what he/she did, what he/she is the most proud of, and what he/she would do differently next time.

➔ Ask the YPP or master trainer if there are specific criteria with which he/she is struggling and about which he/she would prefer not to hear feedback or get advice at this time.

➔ Ask co-trainers to give each other feedback if applicable.

➔ Remind the YPP or master trainer that he/she should try to accept complimentary feedback without having to make self-deprecating retorts and hear critical input for what it is — a colleagues' feelings and ideas, from his/her own cultural and personal perspectives, about how he/she might do an even better job.

➔ Give feedback using the criteria as a guide:

1. Be descriptive rather than evaluative. Describe your own perceptions — what you saw, heard, and/or felt.
2. Be specific rather than general. Describe specific observable behaviors, including body language, mannerisms, use of language (quote the person), and tone of voice.
3. Consider the needs of the trainer receiving your feedback, paying attention to his/her ability to hear and use what you say. In other words, a few crucial comments may go a long way; don't feel you need to say everything you noticed.
4. Direct feedback only toward factors that s/he could change, those over which s/he has control.
5. Check the accuracy of your perceptions with other observers, if you are debriefing as a group.
6. Compliment the trainer with the same specificity and ownership with which you critique.

CRITERIA FOR EXCELLENCE IN SEXUALITY EDUCATORS AND TRAINERS

The following criteria can be used for observing and assessing staff, master trainers, YPPs in their role as trainers providing formal sexuality education sessions.

CRITERIA (THE EDUCATOR/TRAINER…)	COMMENTS

Setting the Stage

1. Assesses group and individual needs verbally (actively listening) and/or writing.
2. Establishes credibility with the group.
3. Describes his or her intentions or objectives for a particular session, relating them to the group's perceived needs.
4. Outlines agenda for the session (verbally or in writing).
5. Establishes ground rules and/or reiterates them as needed, modeling and promoting protection of confidentiality, demonstrating consideration for others feelings, and acknowledging occasions when he/she may have unintentionally broken a ground rule or offended someone.
6. Acknowledges in advance possible feelings or differences of opinion that a session may generate.
7. Arranges the physical environment in a way that meets the needs of the audience.

Methodology

1. Uses teaching methods appropriate to the objectives of the session.
2. Uses a variety of methods to address the needs of visual, auditory, and kinesthetic learners (e.g., props, colors, music, storytelling, movement).
3. Uses lecture only when an increase in knowledge is the primary purpose of a segment and, even then, judiciously.
4. Uses interactive methods.
5. Uses audio-visual equipment skillfully and judiciously (if available).
6. Uses the resources of the group, allowing them the opportunity to use their influence and encouraging them to do so.
7. Enriches his/her teaching by judiciously drawing appropriate relevant examples from personal experience.

CRITERIA (THE EDUCATOR/TRAINER…)	COMMENTS

8. Adapts lesson plans to his/her own teaching style and the needs of a particular group of learners.

9. Incorporates new knowledge and evolving perspectives into his/her interpretation of lesson plans.

10. Encourages the group to analyze his/her word choices.

11. Encourages the group to analyze his/her choice of teaching methods (e.g., "I chose to use my fingers instead of a cucumber for that condom demonstration. Does anyone care to comment on that?").

Delivery

1. Is clear and unambiguous when explaining complex ideas.

2. Is concise, repeating him/herself only when audience cues indicate a need; avoids tangents.

3. Is straightforward and matter-of-fact when necessary.

4. Is serious, empathetic, and even sobering, when appropriate.

5. Smiles and uses enhancing and tasteful humor when appropriate, but never at anyone's expense.

6. States instructions slowly, clearly, and one at a time.

7. Demonstrates verbal skills, speaking loudly enough, with varied tones and without verbal tics ("um," "uh").

8. Moves around, uses hands, and otherwise provides visual variety.

9. Maintains a balance of control and spontaneity.

10. Makes appropriate interventions and/or revises plans as necessary (e.g., asking for feedback, suggesting an unscheduled stretch).

11. Begins and ends on time.

12. Paces the session comfortably and avoids communicating his/her own anxiety about the time.

13. Presents in an organized, logical fashion, making the organization and logic clear to the group.

CRITERIA (THE EDUCATOR/TRAINER…)	COMMENTS

14. Refers to previous relevant messages and to issues that will be addressed in greater detail later.

15. Provides rational transitions between parts of the session and meaningful closure at the end.

16. Demonstrates reasonable comfort with the subject and with his/her role as educator or trainer.

17. Communicates the expectation that learners are capable of performing a new skill.

18. Provides useful feedback to learners.

Content

1. Provides complete, accurate information.

2. Makes handouts organized, readable, useful, relevant, and reproducible.

3. Makes visuals (transparencies, flip charts) organized, readable, and visually appealing.

4. Provides content appropriate for the particular audience.

5. Defines new, vague, or technical terminology and avoids acronyms and jargon.

6. Identifies slang as such (without judgment, except when a term is derogatory) and translates to standard language. or medical terminology.

7. Distinguishes between crucial points to remember and background information, emphasizing and prioritizin key concepts.

Teamwork

1. Gives useful, concrete feedback (both complimentary and critically constructive) to learners and co-trainer(s).

2. Gives feedback respectfully, in a timely way, and in private (or as previously negotiated).

3. Asks for and handles feedback from others graciously and uses it constructively.

4. Asks for colleagues' assistance when faced with a question or situation he/she isn't prepared to handle.

CRITERIA (THE EDUCATOR/TRAINER…)	COMMENTS
5. Offers appropriate assistance and input during co-trainer' pieces (respectfully, on task, cognizant of time constraints, and without interfering with learners' opportunities to contribute).	
6. Negotiates with co-trainer(s) in a respectful way about whether or how to rearrange the schedule.	
7. Problem-solves with co-trainer(s) as needed regarding group process.	
8. Shares in team responsibilities prior to and during training.	
Philosophy & Attitude	
1. Communicates respect for and enjoyment of children and young people.	
2. Communicates respect for and enjoyment of adult learners.	
3. Encourages positive working relationships and open communication among teachers, family, religious leaders, health-care providers, and school administrators.	
4. Communicates respect, through language and tone, for diverse individuals and avoids generalizations about them (people of both genders and of various ages, races, ethnicities, family constellations, religious and political persuasions, sexual orientations, socioeconomic classes, and physical and mental abilities).	
5. Uses examples from groups (in "4") so that no learner is consistently rendered invisible by omission.	
6. Makes very clear that he/she is not making assumptions about learners' sexual history or their current behavior, values, orientations, etc., and, in fact, welcomes the probable presence of diversity within the group.	
7. Speaks for him/herself, from his/her own life experience (not for all members of an identity group) and never expects others to represent a whole group either.	
8. Dresses in a professional, credible, and appropriate manner.	
9. Communicates genuine support for abstinence from oral, anal, and vaginal intercourse.	
10. Communicates genuine support for informed choice in all health behavior and health-care decisions.	
11. Communicates reverence for and appreciation of the human body and its capacities.	

CRITERIA (THE EDUCATOR/TRAINER…)	COMMENTS
12. Communicates reasoned confidence in the efficacy of sexuality education, without defensiveness.	
13. Takes obvious pleasure in teaching and facilitating.	
Ethics	
1. Provides an emotionally safe learning environment for every learner.	
2. Ensures that learners are exposed to a broad range of beliefs, in a fair and respectful way.	
3. Accurately represents his/her capabilities, education, training, and experience (and the limits thereof), apologizing for mistakes and faux pas, and models that it is OK to say, "I don't know."	
4. Expresses research findings honestly and without distortion.	
5. Makes every effort to acknowledge the author/originator of activities, songs, materials, and studies.	
6. Opposes the use of deception, intimidation, fear, shame, guilt or censorship in the name of "education."	
7. Addresses controversial issues but distinguishes unambiguously among personal opinions and values, agency opinions and values, and those that are generally accepted as universal.	
8. Attempts to recognize and acknowledge his/her own cultural assumptions.	
9. Acknowledges and follows pertinent sexuality education laws and policies.	

TRAINING TOOL

UNESCO INTERNATIONAL TECHNICAL GUIDANCE ON SEXUALITY EDUCATION, KEY CONCEPTS, TOPICS, AND LEARNING OBJECTIVES[82]

Program planners and trainers can use this table as a guide for training YPPs on providing developmentally appropriate SRH information

KEY CONCEPT	LEARNING OBJECTIVES (LEVEL I; 5–8 YEARS)	LEARNING OBJECTIVES (LEVEL II; 9–12 YEARS)	LEARNING OBJECTIVES (LEVEL III; 12–15 YEARS)	LEARNING OBJECTIVES (LEVEL IV; 15–18 YEARS)
KEY CONCEPT 1. RELATIONSHIPS				
1.1 Families	Define the concept of "family" with examples of different kinds of families.	Describe the roles, rights, and responsibilities of family members.	Describe how responsibilities of family members change as they mature.	Discuss how sexual and relationship issues can affect the family – e.g., disclosing an HIV-positive status, an unintended pregnancy, or being in a same-sex relationship.
1.2 Friendship, Love, and Relationships	Define a "friend."	Identify skills needed for managing relationships.	Differentiate between different kinds of relationships.	Identify relevant laws concerning abusive relationships.
1.3 Tolerance and Respect	Define "respect."	Define the concepts of bias, prejudice, stigma, intolerance, harassment, rejection, and bullying.	Explain why stigmatizing, discrimination, and bullying are harmful.	Explain why it is important to challenge discrimination against those perceived to be "different."
1.4 Long-term Commitments, Marriage, and Parenting	Explain the concepts of "family" and "marriage."	Explain the key features of long-term commitments, marriage and parenting.	Identify the key responsibilities of marriage and long-term commitments.	Identify key physical, emotional, economic, and educational needs and associated responsibilities of parents.
KEY CONCEPT 2. VALUES, ATTITUDES, AND SKILLS				
2.1 Values, Attitudes, and Sources of Sexual Learning	Define "values" and identify important personal values such as equality, respect, acceptance, and tolerance.	Identify sources of values, attitudes, and sexual learning.	Describe their own personal values in relation to a range of sexuality and reproductive health issues. Provide clear examples of how personal values affect their own decisions and behaviors.	Explain how to behave in ways that are consistent with one's own values.
2.2 Norms and Peer Influence on Sexual Behavior	Define "peer pressure."	Describe social norms and their influences.	Explain how peer influences and social norms influence sexual decisions and behaviors.	Demonstrate skills in resisting peer pressure.

KEY CONCEPT	LEARNING OBJECTIVES (LEVEL I; 5–8 YEARS)	LEARNING OBJECTIVES (LEVEL II; 9–12 YEARS)	LEARNING OBJECTIVES (LEVEL III; 12–15 YEARS)	LEARNING OBJECTIVES (LEVEL IV; 15–18 YEARS)
2.3 Decision making	Identify examples of good and bad decisions and their consequences.	Apply the decision-making process to address problems.	Evaluate advantages, disadvantages, and consequences of different decisions. Apply the decision-making process to address sexual and or/reproductive health concerns.	Identify potential legal, social, and health consequences of sexual decision making.
2.4 Communication, Refusal, and Negotiation Skills	Demonstrate understanding of different types of communication.	Demonstrate examples of effective and ineffective communication.	Demonstrate confidence is using negotiation and refusal skills.	Demonstrate effective communication of personal needs and sexual limits.
2.5. Finding Help and Support	Identify specific ways in which people can help each other.	Identify specific problems and relevant sources of help.	Identify appropriate sources of help.	Demonstrate appropriate help-seeking behavior.
KEY CONCEPT 3. CULTURE, SOCIETY, AND HUMAN RIGHTS				
3.1 Sexuality, Culture, and Law	Identify sources of our information about sex and gender.	Identify key cultural, religious, and human rights and supportive legal norms and messages about society. Demonstrate willingness to listen to the opinion of others regarding sexuality.	Identify key cultural norms and sources of messages relating to sexuality. Identify national laws and local regulations affecting the enjoyment of human rights related to sexual and reproductive health.	Explain the concepts of human rights related to sexual and reproductive health.
3.2 Sexuality and the Media	Identify different forms of media. Distinguish between examples from reality and fiction (e.g., television, Internet).	Identify examples of how men and women are portrayed in mass media. Describe the impact of the mass media upon personal values, attitudes, and behavior relating to sex and gender.	Identify unrealistic images in the mass media concerning sexuality and sexual relationships. Describe the impact of these images on gender stereotyping.	Critically assess the potential influence of mass media messages about sexuality and sexual relationships. Identify ways in which the mass media could make a positive contribution to promoting safer sexual behavior and gender equality.
3.3 The Social Construction of Gender	Define “gender.”	Explore ways in which gender inequality is driven by boys and girls, women and men.	Explain the meaning and provide examples of gender bias and discrimination.	Identify personal examples of the ways in which gender affects people’s lives.

KEY CONCEPT	LEARNING OBJECTIVES (LEVEL I; 5–8 YEARS)	LEARNING OBJECTIVES (LEVEL II; 9–12 YEARS)	LEARNING OBJECTIVES (LEVEL III; 12–15 YEARS)	LEARNING OBJECTIVES (LEVEL IV; 15–18 YEARS)
3.4 Gender-Based Violence, Sexual Abuse, and Harmful Practices	Describe examples of positive and harmful practices. Define "sexual abuse."	Explain how gender-role stereotypes contribute to forced sexual activity and sexual abuse. Define and describe gender-based violence, including rape and its prevention. Demonstrate relevant communication skills (e.g. assertiveness, refusal) in resisting sexual abuse.	Identify specific strategies for reducing gender-based violence, including rape and sexual abuse.	Demonstrate ability to argue for the elimination of gender-role stereotypes and inequality, harmful practices, and gender-based violence.
KEY CONCEPT 4. HUMAN DEVELOPMENT				
4.1 Sexual and Reproductive Anatomy and Physiology	Distinguish between male and female bodies.	Describe the structure and function of the sexual and reproductive organs.	Distinguish between the biological and social aspect of sex and gender.	Describe the sexual and reproductive capacity of males and females over the life cycle.
4.2 Reproduction	Describe where babies come from.	Describe both how pregnancy occurs and how it can be prevented. Identify basic contraceptive methods.	Describe the signs of pregnancy, and the stages of fetal development and childbirth.	Differentiate between reproductive and sexual functions and desires.
4.3 Puberty	Describe how bodies change as people grow. Describe the key features of puberty.	Describe the process of puberty and the maturation of the sexual and reproductive system.	Describe the similarities and differences between girls and boys in relation to the physical, emotional, and social changes associated with puberty. Distinguish between puberty and adolescence.	Describe the key emotional and physical changes in puberty that occur as a result of hormonal changes.
4.4 Body Image	Recognize that bodies are all different.	Differentiate between cultural ideals and reality in relation to physical appearance.	Describe how people's feelings about their bodies can affect their health, self-image, and behavior.	Identify particular culture and gender role stereotypes and how they can affect people and their relationships.
4.5 Privacy and Bodily Integrity	Describe the meaning of "body rights."	Define "unwanted sexual attention." Demonstrate ways of resisting unwanted sexual attention.	Identify key elements of keeping oneself safe from sexual harm.	Describe some ways in which society, culture, law, and gender roles can affect social interactions and sexual behavior.

KEY CONCEPT	LEARNING OBJECTIVES (LEVEL I; 5–8 YEARS)	LEARNING OBJECTIVES (LEVEL II; 9–12 YEARS)	LEARNING OBJECTIVES (LEVEL III; 12–15 YEARS)	LEARNING OBJECTIVES (LEVEL IV; 15–18 YEARS)
KEY CONCEPT 5. SEXUAL BEHAVIOR				
5.1 Sex, Sexuality, and the Sexual Life Cycle	Explain the concept of "private parts" of the body.	Describe sexuality in relation to the human life cycle.	Explain ways in which sexuality is expressed across the life cycle.	Define sexuality in relation to its biological, social, psychological, spiritual, ethical, and cultural components.
5.2 Sexual Behaviors and Sexual Response	Explain that sexual activity is a mature way of showing care and affection.	Describe male and female response to sexual stimulation.	Describe common sexual behaviors. Describe the key elements of the sexual response cycle.	Define key elements of sexual pleasure and responsibility.
KEY CONCEPT 6. SEXUAL AND REPRODUCTIVE HEALTH				
6.1 Pregnancy Prevention	Recognize that not all partners have children.	Describe key features of pregnancy and contraception.	Describe the effective methods of preventing unintended pregnancy and their associated efficacy. Explain the concept of personal vulnerability to unintended pregnancy.	Describe personal benefits and possible risks of available methods of contraception. Demonstrate confidence in discussing and using different contraceptive methods.
6.2 Understanding, Recognizing, and Reducing the Risk of STIs, Including HIV	Describe the concepts of "health" and "disease."	Explain how STIs, including HIV, are transmitted, treated, and prevented. Demonstrate communication skills as they relate to safer sex.	Identify specific ways of reducing the risk of acquiring or transmitting HIV and other STIs including the correct use of condoms. Explain how culture and gender affect personal decision making regarding sexual relationships. Demonstrate skills in negotiating safer sex and refusing unsafe sexual practices.	Assess a range of risk reduction strategies for effectiveness and personal preference. Demonstrate communication and decision-making skills in relation to safer sex.
6.3 HIV and AIDS Stigma, Treatment, Care, and Support	Identify the basic needs of people living with HIV	Describe the emotional, economic, physical, and social challenges of living with HIV.	Explain the importance and key elements of living positively with HIV.	Describe the concept and causes of stigma and discrimination in relation to people living with HIV.

TRAINING TOOL: SAMPLE AGENDA

FOUR-DAY SESSION FOR STAFF & MASTER TRAINERS (WITH TRAINER'S NOTES)

DAY ONE

8:30 a.m.–9:00 a.m. Arrivals, Welcome, and Introductions

➔ Introduce yourself. Allow all participants to introduce themselves by telling the group their name, where they work (if applicable), and a brief explanation of the relevant experiences they have had (such as serving as a peer educator, working with young people, or distributing contraceptives).

9:00 a.m.–9:20 a.m. Icebreaker: Categories

➔ Use this icebreaker to help the group get to know each other better. There is no need to either report back or debrief from the exercise at the end.

9:20 a.m.–9:40 a.m. Setting Ground Rules

➔ Ask the group to brainstorm ground rules.

➔ Write all the possible answers on a flip chart.

➔ Add anything that you think is not there (refer to the common ground rules in the YPP manual).

➔ Go over suggestions together and star or summarize the ones that the group agrees on.

➔ Consider rewriting this during a break (or asking a co-facilitator to do so) so that there is a clean sheet with easy-to-read ground rules that remains posted for the duration of the training session.

➔ Remind participants that in their role as master trainers, they will need to go through similar exercises to set ground rules in YPP training sessions as well.

9:40 a.m.–10:30 a.m. Explanation of the Youth Peer Provider Model And What to Expect in this Training

➔ Start this session by splitting participants into two groups. Have one come up with a definition of peer education and ask the other to define community-based access.

➔ Bring the groups back together to discuss their definitions. The exact wording of the definitions can vary but you want to make sure that these points are made:

- ➔ Peer Education: uses well-trained individuals who have similar characteristics (age, background, etc.) to provide formal and informal education programs designed to change knowledge, attitudes, and behaviors.
- ➔ Community-based access: uses well-trained individuals to increase knowledge of and improve access to modern contraceptive methods by bringing information and contraceptives into the community rather than requiring community members to seek out services.

➔ Briefly explain how the YPP model brings both of these together in order to reach young people and improve their access to and use of modern contraceptive methods with the ultimate goal of reducing unintended pregnancies.

➔ Explain that this training will help participants plan and implement a YPP program.

➔ Hand out the agenda for the training. (Note: you may want to hand out a four-day agenda or just the agenda for the first day to allow yourself time to make changes to the next three days as needed. Also, consider handing out agendas that do not include the start or end time for each activity — it will help participants focus on what they are doing in the moment and not worry about whether the session is running long.)

➔ Explain that Day One will be about planning the program and the three days that follow will focus on training YPPs both in facilitation and counseling skills, as well as in basic topics related to sexual and reproductive health and distribution of contraceptives.

➔ Explain that during the next four days you will be going over many of these topics and skills but that the manual contains more information and additional activities.

➔ Remind participants that many of the activities they will be participating in during this training session are the same activities that they will be using to train YPPs.

➔ Allow some time for participants to ask questions about the model and their responsibilities.

10:30 a.m.–10:45 a.m. Break

10:45 a.m.–11:30 a.m. Assessing the Needs of Your Community

➔ Start by facilitating **Contraception Activity: Why Young People Don't Always Use Contraception,** which asks participants to brainstorm barriers to contraceptive use among young people.

➔ Once you've identified the themes in the list (i.e., misconception, access), ask participants how the YPP model can help overcome these barriers. For example, it can improve access in communities that are far from a health-care center or it can improve education in communities where no sexuality/contraceptive education program already exists.

➔ Explain that the specific needs of adolescents vary in communities and that before participants plan their own YPP program, it is important that they assess the needs of their own community.

➔ Lead participants in a quick brainstorm of the information they should seek as part of their needs assessment such as the teen pregnancy rate in their community, where teens already access contraception, whether any educational programs already exist, etc.

11:30 a.m.–noon Planning the Program

➔ Explain that once you've identified your need, a good tool in the planning process is a logic model. The logic model walks you through the steps from the need to the ultimate impact you want to have in your community.

➔ Explain that in the case of the YPP model, the ultimate impact is to reduce unintended pregnancies. The logic model can serve as a series of if/then questions: "If I have these resources, then I can conduct these activities. If I conduct these activities, I can expect these outputs; if I have these outputs, I can expect these intermediate outcomes, etc."

➔ Hand out a partially completed logic model for the YPP. (Use either the sample logic model from the YPP manual or use one your organization created. Leave the Activities, Outputs, and Intermediate Outcomes columns blank.) Explain what each column represents. Explain that logic models are often completed backwards.

➔ Break participants into three or four smaller groups. Ask each group to spend the remainder of the time before lunch filling in the empty columns in the logic model.

noon–1:00 p.m. Lunch

1:00 p.m.–1:30 p.m. Planning the Program (cont.)

➔ Have groups report back with their completed logic models. Compare and contrast the responses.

➔ Focus first on the activities column and fill in any vital activities (such as recruiting and training YPPs) that the groups may have missed.

➔ Hand out a fully completed sample logic model explaining that this is a sample and that all organizations who implement the YPP model will have their own based on their needs assessment and available resources.

➔ Shift your focus to the outputs and discuss how each organization will have to determine their own specific outputs (such as how many YPPs to train or how many clients they will see).

1:30 p.m.–2:30 p.m. Recruiting and Retaining YPPs

➔ Explain that one of the most important parts of the YPP program is the recruitment and retention of YPPs. Without a well-trained and committed team of YPPs the program cannot run.

➔ Break participants into four groups. Hand each group a piece of flip chart paper. Explain that the first group is to brainstorm criteria for selecting YPPs; the second, strategies for finding YPPs; the third, strategies for retaining YPPs; and the fourth, strategies for supervising YPPs.

➔ Give each group 10 minutes for their initial brainstorm and then have them post their lists in various places around the room and stand in front of it. Ask each group to move to the flip chart/list to their right. Give them five minutes to add to that list. At the end of five minutes have them shift to their right again and do the same. Keep going until each group has looked at each list.

➔ Bring the group back together to discuss each list, adding to them as needed.

2:30 p.m.–2:45 p.m. Break

2:45 p.m.–3:15 p.m. Monitoring and Evaluating the Program

➔ Explain the importance of planning for monitoring and evaluation from the very beginning before any aspects of the program have been implemented. Refer participants back to the logic model (use the completed sample logic model from the manual). Start with the activities column and ask participants how they would evaluate each of the activities on the list. Ask them to consider what data they would have to collect to determine whether each activity was successful. Do the same for the outputs column.

➔ Refer participants to the sample data collection chart and the various sample forms for collecting data that appear in the manual.

➔ Finally, discuss the last three columns in the logic model (intermediate outcomes, end outcomes, and impact); include discussion of how they can measure these using their own data as well as data collected elsewhere in the community.

3:15 p.m.–3:30 p.m. Wrap-up and Review

➔ Go over what participants learned during Day One.

➔ Explain that Day Two will focus on distribution of contraceptives, as well as facilitation skills for YPPs.

➔ Consider handing out a quick evaluation of Day One.

DAY TWO

8:30 a.m.–8:45 a.m. Welcome and Review

➔ Briefly review what you did on Day One.

➔ Review ground rules.

➔ Share the agenda for Day Two.

8:45 a.m.–9:15 a.m. Icebreaker: Magic Wand

➔ Conduct this icebreaker to help participants get to know each other better in a professional capacity.

9:15 a.m.–10:00 a.m. Providing Contraceptives

➔ Explain that the unique and most important aspect of the YPP model is the distribution of contraceptives directly to young people in the community.

➔ In order to set this up there are a variety of issues that each organization must consider and tailor to their community and program. Briefly discuss each of the following and explain that each organization will have to make decisions based on the needs and resources in their community:

- ➔ the contraceptives that YPPs will be providing (including what is available in their area)
- ➔ specific procedures for distribution (including how much of a supply YPPs give each client, under what circumstances YPPs can offer each method — such as group training vs. one-on-one counseling session, whether/when a client needs to follow up with a health-care provider, when/how YPPs need to follow up with clients, etc.)
- ➔ referrals to health-care provider/clinic (including the importance of partnering with a provider that offers youth -friendly services)
- ➔ procedures for managing the supply and storage of contraceptives
- ➔ record keeping (refer to sample forms in the manual)

➔ If participants have experience with community-based access programs, you may consider conducting some of this as a brainstorm to make it more interactive. However, if the topic is new to most members of the group, a brainstorm may not yield the answers you need.

➔ Explain that you will go over more about providing contraceptives on Day Four when you talk about method-specific counseling and distribution.

10:00 a.m.–10:20 a.m. YPPs as Trainers and Facilitators of Group Sessions

➔ Explain that the rest of the day will focus on the role of YPPs as trainers and facilitators of group education sessions for young people and that you will be running activities designed to improve facilitation skills. Note that these activities are ones that they will likely run when training YPPs.

➔ Conduct **Practice Activity: The Trainer's Role.**

➔ In the discussion following this activity focus on the difference between providing information and helping clarify values.

➔ Ask participants what skills/information they think YPPs will need to do all of this (communication skills, mastery of the information, etc.).

10:20 a.m.–10:40 a.m. Communication Skills for YPPs

➔ Conduct **Practice Activity: Communication Skills.**

➔ In the discussion following this activity, focus on the importance of both verbal and nonverbal communication skills.

➔ Ask them if there are any cultural norms around communication in their community that will be important to consider when dealing with young people.

➔ Ask participants to consider how they would use this exercise with YPPs.

10:40 a.m.–11:00 a.m. Break

11:00 a.m.–11:30 a.m. Pubic Speaking Skills for YPPs

➔ Conduct **Practice Activity: Public Speaking**

➔ Explain that this exercise is to practice public speaking skills. Acknowledge that as master trainers, participants are probably more comfortable speaking in public than most.

➔ Ask participants to think about how they would use this exercise with YPPs as they are going through it, and note that YPPs may have some or no public speaking experience.

➔ Suggest that this exercise can be used multiple times in the training of YPPs and can be adapted so that YPPs are speaking on specific topics.

11:30 a.m.–11:45 a.m. Types of Exercises

➔ Go over the various types of exercises (icebreakers, energizers, forced choice, brainstorms, and role-plays) using the information in the YPP manual.

➔ Briefly discuss how icebreakers and energizers can be used to break up trainings and how the other techniques can be used to teach information, combat myths, and clarify values.

➔ Tell participants that during this training session you are going to use exercises that fit in each of these categories and that they will have some chance to practice as well.

11:45 a.m.–noon Energizer: Yes!

➔ Conduct the Yes! Energizer.

➔ Explain that this is an example of an exercise they can use at any point during a training.

noon–1:00 p.m. Lunch

1:00 p.m.–1:30 p.m. Understanding Adolescent Sexuality (Part 1)

➔ Explain that the next three exercises are designed to help understand adolescent sexuality, including young people's decisions to use (or not to use) contraceptives.

➔ Conduct **Adolescent Sexuality Activity: What's Important at Different Ages**

➔ As part of the discussion, remind participants that adolescent development is a function of both biology and cultural experiences. Ask participants if there is anything they would/change or move based on their experience with adolescents in their communities.

➔ Discuss why it is important to understand adolescent development in the context of the YPP model.

1:30 p.m.–2:00 p.m. Understanding Adolescent Sexuality (Part 2)

➔ Conduct **Adolescent Sexuality Activity: What Adolescents Should be Taught**

➔ After the activity, note that the YPP model focuses on contraceptive use; and therefore, many of these topics will not be covered or will not be covered in great depth.

➔ Point out that it is nonetheless important for master trainers and YPPs to have a basic understanding of all of these topics because of the possibility that they come up during workshops and counseling sessions. Note that the YPP manual includes exercises on a number of these topics.

➔ Stress the importance of how topics are framed (risky vs. healthy) and ask how reframing the issues can help YPPs promote healthy sexuality and remain nonjudgmental.

2:00 p.m.–2:30 p.m. Understanding Adolescent Sexuality (Part 3)

➔ Conduct **Adolescent Sexuality Activity: Why They Do It (or Don't)**

➔ Ask participants if they think the values among participants reflect those of their community as a whole or if community members may have more conservative values toward adolescent sexuality.

➔ Discuss how these values will affect young people's decisions to access and use contraceptive methods. Ask participants to consider how the YPP model can combat some of the values/beliefs that may be hindering access to contraception.

➔ Note that this is a forced choice exercise and briefly discuss how such an exercise could be used to cover other topics as well.

2:30 p.m.–2:45 p.m. Break

2:45 p.m.– 3:15 p.m. Set Up for Practicing Facilitating Activities on Day Three

➔ Break the group up into teams of two or three depending on how many participants you have.

➔ Explain that each group will be responsible for facilitating an activity during Day Three. Assign the groups the following activities:

- ➔ Team A: **Reproductive Anatomy Activity: Human Reproductive Anatomy Worksheets**
- ➔ Team B: **Contraception Activity: Method Review**
- ➔ Team C: **Contraception Activity: Comparing Contraceptive Methods**
- ➔ Team D: **Safer Sex Activity: Virus Carrier Handshake**
- ➔ Team E: **STI Activity: Feelings About STIs**
- ➔ Team F: **Safer Sex Activity: Condom Races**

➔ Give each group a copy of their lesson plan and 20 minutes to work out a facilitation plan.

3:15 p.m.–3:30 p.m. Wrap-up and Review

➔ Go over what participants learned during Day Two.

➔ Explain that Day Three will focus on reproduction, contraception, and STIs and that they will have opportunities to practice facilitation skills.

➔ Consider handing out a quick evaluation of Day Two.

DAY THREE

8:30 a.m.–8:45 a.m. Welcome and Review

➔ Briefly review what you did on Day Two.

➔ Review ground rules.

➔ Share the agenda for Day Three.

8:45 a.m.–9:00 a.m. Icebreaker: My Mother Says

➔ Conduct the **Icebreaker: My Mother Says.**

➔ During the discussion note whether any of the advice was about sexual health and (if it was) point out any common threads.

9:00 a.m.–9:30 a.m. Reviewing Reproduction

➔ Give Team A 20 minutes to set up and conduct their activity **Reproductive Anatomy Activity: Human Reproductive Anatomy Worksheets.**

➔ Let them take the lead in the discussion. (There is an answer key with this activity so you will likely have few corrections to make but you may need to add information.) Consider displaying the pictures of male and female genitals and reproductive systems as provided in the YPP manual.

➔ Save the last 10 minutes for feedback (start by asking them how they felt they did, ask the rest of the participants for their feedback, and then add your own.) Remind the group of the ground rules and the need to provide only constructive criticism.

➔ If time allows, discuss how you would use this activity with YPPs and whether YPPs might use it for training young people in the community. Discuss other topics for which similar worksheets might be useful.

9:30 a.m.–10:00 a.m. Reviewing Contraceptive Methods

➔ Give Team B 20 minutes to conduct **Contraception Activity: Method Review.**

➔ Correct misinformation as it arises. (Consider pointing out that interrupting goes against the rules of co-facilitation but that this is the first activity that discusses contraceptive methods and it is important to correct any misinformation right away. Consider congratulating Team B on being brave for taking on this first activity on contraception.)

➔ Save the last 10 minutes for feedback (start by asking them how they felt they did, ask the rest of the participants for their feedback, and then add your own.) Remind the group of the ground rules and the need to provide only constructive criticism.

➔ If time allows, discuss how you would use this activity with YPPs and whether YPPs might use it for training young people in the community.

10:00 a.m.–10:30 a.m. In-depth Review of All Methods of Contraception

➔ Go over the types of contraceptive methods; behavioral, barrier, hormonal, and other. Provide detailed information on the methods of contraception available in your area (or in participants' area) including descriptions of how they work, how individuals use them, and the brand names available.

➔ Use this lecture not only as an opportunity to provide the information but to demonstrate to participants how you can combine short lectures with experiential activities in a training session.

➔ Make sure to leave time for questions.

10:30 a.m.–10:45 a.m. Break

10:45 a.m.–11:30 a.m. Additional Lesson on Contraception

➔ Give Team C 35 Minutes to conduct **Contraception Activity: Comparing Contraceptive Methods**

➔ Let them facilitate the discussion following the activity as well. Interject when necessary to add or correct information.

➔ Save the last 10 minutes for feedback (start by asking them how they felt they did, ask the rest of the participants for their feedback, and then add your own.) Remind the group of the ground rules and the need to provide only constructive criticism.

➔ If time allows, discuss how you would use this activity with YPPs and whether YPPs might use it for training young people in the community.

11:30 a.m.–11:45 a.m. Review Basic Information About STIs

➔ Go over the basic information about what causes STIs (bacteria, viruses, parasites), how they are transmitted (bodily fluids, skin-to-skin contact), how they can be treated, and how they can be prevented.

➔ Make sure to leave some time for questions.

➔ Consider handing out the background information on STIs from the manual as neither of the next two exercises are being used to test participants' knowledge.

11:45 a.m.–12:30 p.m. Lessons on STIs

➔ Give Team D 35 minutes to conduct **Safer Sex Activity: Virus Carrier Handshake** and the discussion that follows it. Interject as needed to add or correct information.

➔ Save the last 10 minutes for feedback (start by asking them how they felt they did, ask the rest of the participants for their feedback, and then add your own.) Remind the group of the ground rules and the need to provide only constructive criticism.

➔ If time allows, discuss how you would use this activity with YPPs and whether YPPs might use it for training young people in the community.

12:30 p.m.– 1:30 p.m. Lunch

1:30 p.m.–2:00 p.m. Lessons on STIs (continued)

➔ Give Team E 15 minutes to conduct **STI Activity: Feelings About STIs** including the discussion.

➔ Ask Team E and other participants why it is helpful to explore not just information about STIs but the feeling and stigma attached to them as well. Ask participants how YPPs (possibly in their role as socializing agents) can help overcome some of these stigmas.

➔ Save the last 10 minutes for feedback (start by asking them how they felt they did, ask the rest of the participants for their feedback, and then add your own.) Remind the group of the ground rules and the need to provide only constructive criticism.

➔ If time allows, discuss how you would use this activity with YPPs and whether YPPs might use it for training young people in the community.

2:00 p.m.– 2:30 p.m. Condom Lessons

➔ Give Team F 20 minutes to set up and conduct **Safer Sex Activity: Condom Races.**

➔ Make sure that they start the activity with a demonstration of correct condom use. If you are not confident in their ability to conduct the demonstration, consider doing that part yourself.

➔ Save the last 10 minutes for feedback (start by asking them how they felt they did, ask the rest of the participants for their feedback, and then add your own.) Remind the group of the ground rules and the need to provide only constructive criticism.

➔ End by pointing out that this is an excellent activity for use both in training YPPs and for YPPs to use in the community.

2:30 p.m.–3:00 p.m. How These Exercises Work Together in the YPP model

➔ Facilitate a brief discussion of how exercises like the ones they just practiced work together to make up both the training sessions for YPPs and the workshops that YPPs will conduct with young people in the community.

➔ Consider handing out sample agendas.

3:00 p.m.–3:20 p.m. Set Up for Method Specific Counseling

➔ Divide the group into seven teams. Consider making new teams in order to allow participants to work with different people. Tell participants that each team will have a role to play in Day Four. The first four teams will practice their facilitation skills by setting up and debriefing short lessons that practice counseling skills. The last three teams will be asked to present client instructions for using specific contraceptive methods.

- ➔ Team A: **Practice Activity: Active Listening**
- ➔ Team B: **Practice Activity: Summarizing/Reflecting**
- ➔ Team C: **Practice Activity : Effective Questioning**
- ➔ Team D: **Practice Activity: Giving Clear Instructions**
- ➔ Team E: **Client Instructions for Using Contraception Pills**
- ➔ Team F: **Client Instructions for Using Emergency Contraception**

➔ Provide the teams with the information they need for these tasks. Teams A–D should be given explanations of the counseling skills (as they appear in the manual) as well as a copy of their lesson plan. Teams E and F should be given a copy of the client instructions for their contraceptive method as they appear in the manual. Tell Teams E and F that they will have 15 minutes each.

➔ Allow 15 minutes for the teams to decide how to present the information/lesson plan.

3:20 p.m.–3:30 p.m. Wrap-up and Review

➔ Go over what participants learned during Day Three.

➔ Explain that Day Four will focus on counseling skills and distribution of contraceptive methods.

➔ Consider handing out a quick evaluation of Day Three.

DAY FOUR

8:30 a.m.–8:45 a.m. Welcome and Review

➔ Briefly review what you did on Day Three.

➔ Review ground rules.

➔ Share the agenda for Day Four.

8:45 a.m.–9:00 a.m. Role-Play: Training Scenarios

➔ Explain that you're going to use a role-play as a way to get started with today's training, and review what they learned yesterday about training.

➔ After the discussion ends, emphasize the value of such role-plays in helping YPPs predict and respond to likely situations. Note that during the training of YPPs they will likely want to use this activity multiple times and create new scenarios.

9:00 a.m.–9:15 a.m. YPPs as Counselors in One-on-One Sessions

➔ Explain that during Days Two and Three you focused on YPPs role as trainers or facilitators of group sessions. Tell participants that today you are going to focus on YPPs as counselors in one-on-one sessions.

➔ Conduct **Practice Activity: The Counselor's Role**

➔ Go back to the flip chart from Day Two on the Trainer's Role and ask participants to compare and contrast.

9:15 a.m.– 9:45 a.m. Review of Counseling Skills

➔ Briefly go over the counseling skills detailed in the training manual (active listening, summarizing/reflecting, effective questioning, giving clear instructions, and providing encouragement and praise).

➔ Consider making this a more interactive discussion by asking participants to share their experience with these skills either as counselors or as clients.

➔ Explain that the rest of the morning will be spent on practicing these skills. Acknowledge that while the participants in this training might not be directly counseling adolescents in their role as master trainers, they need to be comfortable with these skills in order to train YPPs on how to do so.

9:45 a.m.–11:45 a.m. Counseling Skills Practice Sessions Facilitated by Teams A–D (and Break)

➔ Allow 20 minutes for each team to set up the practice session; have participants practice and discuss the experience and the value of that skill.

- ➔ Team A: **Practice Activity: Active Listening**
- ➔ Team B: **Practice Activity: Summarizing/Reflecting**
- ➔ Team C: **Practice Activity: Effective Questioning**
- ➔ Team D: **Practice Activity: Giving Clear Instructions**

➔ Use five minutes, if needed, after each team to further discuss the value of the skill and how it will come into play in YPP counseling sessions.

➔ Use another five minutes after each team to give feedback on the team's facilitation skills.

➔ Consider taking a break between Teams B and C, or allow for a break as soon as the last practice activity has ended.

11:45 a.m.–12:15 p.m. GATHER Technique

➔ Present the GATHER technique. Hand out the GATHER technique checklist.

➔ Make sure to give participants time to ask questions.

➔ Tell participants that they will have some time to practice this technique later in the day.

12:15 p.m.–1:15 p.m. Lunch

1:15 p.m.–2:00 p.m. Client Instructions for Contraceptive Methods and Distribution Procedures (and Break)

➔ Refer back to the discussion (and any notes/flip charts) about providing contraceptives from Day Two. Explain that after each group presents client instructions you're going to go over some of the policies and procedures that each organization might want to create specific to that method.

➔ Give **Team E** 15 minutes to present the client instructions on how to use oral contraceptive pills. Make sure that they cover who is/is not a candidate for taking the pill, how the client should take the pill, what she should do if she misses a pill, and potential side effects. Be sure that they point out that oral contraceptives do not provide protection against STIs.

➔ Spend 15 minutes discussing the specific policies and procedures for providing oral contraceptives that each organization/YPP program needs to create, such as: how YPPs should store oral contraceptive pills, how many each YPP will be given, how many they can give clients, whether clients need to follow up with health-care providers, when YPPs need to follow up, and how records will be kept.

➔ Give **Team F** 15 minutes to present the client information on emergency contraception. Make sure that they explain that EC is the only method that is used after unprotected sexual intercourse and that they cover who is/is not a candidate for taking EC, how the client should take EC, and potential

side effects. Be sure they point out that emergency contraception is not intended to replace other modern contraceptive methods and that EC does not provide protection against STIs.

➔ Take a 15-minute break.

➔ Spend 15 minutes discussing the specific policies and procedures of providing emergency contraception that each organization/YPP program needs to create, such as how YPPs should store emergency contraception pills, how many each YPP will be given, how many they can give clients, whether they can give clients emergency contraception in advance (in case the client needs it in the future), whether a client needs to follow up with a health-care provider, and how records will be kept. If emergency contraception is not available in their area, explain the Yuzpe method of using oral contraceptive pills and the information YPPs can provide about this.

➔ Remind participants that they need to have similar policies and procedures on providing condoms.

➔ Hand out any information, forms, or checklists that you have created regarding the distribution of contraception.

2:00 p.m.–3:00 p.m. Role-Plays for Method-Specific Counseling Sessions

➔ Break participants into groups of three and explain that they are going to practice one-on-one counseling sessions. Hand each group a copy of the Method-Specific Counseling Checklists for Oral Contraceptive Pills or Emergency Contraception.

➔ Explain that each group will run role-plays. For each role-play one person will play the client, one the YPP, and one will be an observer who will fill out the checklists. Remind them that in addition to method-specific instructions they should use the counseling skills and GATHER technique that they learned earlier. Tell them that for the sake of time, each client already knows all of her options for modern contraceptive methods and has chosen the one she is interested in.

➔ Give the group 30 minutes to run the role-play. When you call time, have them stay in their small groups and discuss the experience. The observer should go over the checklist while the client explains how he/she felt during the session.

➔ After 10 minutes call the group back together to discuss the experience. Ask those who played the YPPs what the most difficult part of the session was. Ask the clients how they felt (listened to, understood, overwhelmed by information, etc.). Then ask the group how they would use this type of role-play practice in training session with YPPs.

3:00 p.m.–3:30 p.m. Wrap-up and Evaluation

➔ Go over what participants learned during all four days.

➔ Explain what their next steps are as program planners.

➔ Hand out the training evaluation.

TRAINING TOOL: SAMPLE AGENDA

A FOUR-DAY SESSION FOR STAFF & MASTER TRAINERS (PARTICIPANT'S VERSION)

DAY ONE

8:30 a.m.–9:00 a.m.	Arrivals, Welcome, and Introductions
9:00 a.m.–9:20 a.m.	Icebreaker: Categories
9:20 a.m.–9:40 a.m.	Setting Ground Rules
9:40 a.m.–10:30 a.m.	Explanation of the Youth Peer Provider Model and What to Expect in this Training
10:30 a.m.–10:45 a.m.	Break
10:45 a.m.–11:30 a.m.	Assessing the Needs of Your Community ➔ Contraception Activity: Why Young People Don't Always Use Contraception
11:30 a.m.–noon	Planning the Program
noon–1:00 p.m.	Lunch
1:00 p.m.–1:30 p.m.	Planning the Program (cont.)
1:30 p.m.–2:30 p.m.	Recruiting and Retaining YPPs
2:30 p.m.–2:45 p.m.	Break
2:45 p.m.–3:15 p.m.	Monitoring and Evaluating the Program
3:15 p.m.–3:30 p.m.	Wrap up and review

DAY TWO

8:30 a.m.–8:45 a.m.	Welcome and Review
8:45 a.m.–9:15 a.m.	Icebreaker: Magic Wand
9:15 a.m.–10:00 a.m.	Providing Contraceptives
10:00 a.m.–10:20 a.m.	YPPs as Trainers and Facilitators of Group Sessions ➔ Practice Activity: The Trainer's Role
10:20 a.m.–10:40 a.m.	Communication Skills for YPPs ➔ Practice Activity: Communication Skills
10:40 a.m.–11:00 a.m.	Break
11:00 a.m.–11:30 a.m.	Pubic Speaking Skills for YPPs ➔ Practice Activity: Public Speaking
11: 30 a.m.–11:45 a.m.	Types of Exercises
11:45 a.m.–noon	Energizer: Yes!
noon–1:00 p.m.	Lunch
1:00 p.m.–1:30 p.m.	Understanding Adolescent Sexuality (Part 1) ➔ Adolescent Sexuality Activity: What's Important at Different Ages
1:30 p.m.–2:00 p.m.	Understanding Adolescent Sexuality (Part 2) ➔ Adolescent Sexuality Activity: What Adolescents Should Be Taught
2:00 p.m.–2:30 p.m.	Understanding Adolescent Sexuality (Part 3) ➔ Adolescent Sexuality Activity: Why They Do It (or Don't)
2:30 p.m.–2:45 p.m.	Break

2:45 p.m.–3:15 p.m.	Set Up for Practicing Facilitating Activities on Day Three
	➔ Team A: Reproductive Anatomy Activity: Human Reproductive Anatomy Worksheets
	➔ Team B: Contraception Activity: Method Review
	➔ Team C: Contraception Activity: Comparing Contraceptive Methods
	➔ Team D: Safer Sex Activity: Virus Carrier Handshake
	➔ Team E: STI Activity: Feelings About STIs
	➔ Team F: Safer Sex Activity: Condom Races
3:15 p.m.–3:30 p.m.	Wrap-up and Review

DAY THREE

8:30 a.m.–8:45 a.m.	Welcome and Review
8:45 a.m.–9:00 a.m.	Icebreaker: My Mother Says
9:00 a.m.–9:30 a.m.	Reviewing Reproduction
	➔ Team A: Reproductive Anatomy Activity: Human Reproductive Anatomy Worksheets
9:30 a.m.–10:00 a.m.	Reviewing Contraceptive Methods
	➔ Team B: Contraception Activity: Method Review
10:00 a.m.–10:30 a.m.	In-depth Review of All Methods of Contraception
10:30 a.m.–10:45 a.m.	Break
10:45 a.m.–11:30 a.m.	Additional Lesson on Contraception
	➔ Team C: Contraception Activity: Comparing Contraceptive Methods
11:30 a.m.–11:45 a.m.	Review Basic Information About STIs
11:45 a.m.–12:30 p.m.	Lessons on STIs
	➔ Team D: Safer Sex Activity: Virus Carrier Handshake
12:30 p.m.–1:30 p.m.	Lunch
1:30 p.m.–2:00 p.m.	Lessons on STIs (continued)
	➔ Team E: STI Activity: Feelings About STIs
2:00 p.m.–2:30 p.m.	Condom Lessons
	➔ Team F: Safer Sex Activity: Condom Races
2:30 p.m.–3:00 p.m.	How These Exercises Work Together in the YPP model
3:00 p.m.–3:20 p.m.	Set Up for Method-Specific Counseling
	➔ Team A: Practice Activity: Active Listening
	➔ Team B: Practice Activity: Summarizing/Reflecting
	➔ Team C: Practice Activity : Effective Questioning
	➔ Team D: Practice Activity: Giving Clear Instructions
	➔ Team E: Client Instructions for Using Contraception Pills
	➔ Team F: Client Instructions for Using Emergency Contraception
3:20 p.m.–3:30 p.m.	Wrap-up and Review

DAY FOUR

8:30 a.m.–8:45 a.m.	Welcome and Review
8:45 a.m.–9:00 a.m.	Role-Play: Training Scenarios
9:00 a.m.–9:15 a.m.	YPPs as Counselors in One-on-One Sessions
	➔ Practicing Activity: The Counselor's Role

9:15 a.m.–9:45 a.m.	Review of Counseling Skills
9:45 a.m.–11:45 a.m.	Counseling Skills Practice Sessions Facilitated by Teams A–D (and Break) ➔ Team A: Practice Activity: Active Listening ➔ Team B: Practice Activity: Summarizing/Reflecting ➔ Team C: Practice Activity: Effective Questioning ➔ Team D: Practice Activity: Giving Clear Instructions
11:45 a.m.–12:15 p.m.	GATHER Technique
12:15 p.m.–1:15 p.m.	Lunch
1:15 p.m.–2:00 p.m.	Client Instructions for Contraceptive Methods and Distribution Procedures (and Break)
2:00 p.m.–3:00 p.m.	Role-Plays for Method-Specific Counseling Sessions
3:00 p.m.–3:30 p.m.	Wrap-Up and Evaluation

TRAINING TOOL: SAMPLE AGENDA

A 20-SESSION TRAINING FOR YOUTH PEER PROVIDERS

Session 1 – Getting to Know Each Other & the YPP Program

➔ Welcome and Introductions (15 minutes).

➔ Conduct Icebreaker: Categories (20 minutes).

➔ Set ground Rules (10 minutes).

➔ Conduct **Adolescent Sexuality Activity: Why Young People Don't Always Use Contraception** (20 minutes).

➔ Discuss how the YPP program can overcome some of the barriers identified (20 minutes).

➔ Explain the YPP program and the commitment YPPs are making (25 minutes).

  ➔ Consider having YPPs sign a contract.

➔ Wrap up and preview of next session (10 minutes).

  ➔ Consider conducting a pre-test on all topics that the training will cover.

  ➔ Ensure that YPPs know the training schedule.

Session 2 – Introduction to Adolescent Sexuality

➔ Welcome, Introductions, and Review of Ground Rules and last Session (10 minutes).

➔ Conduct **Icebreaker: My Mother Says** (20 minutes).

➔ Go over Developmental Tasks of Adolescents from YPP manual (20 minutes).

➔ Conduct **Adolescent Sexuality Activity: What Young People Should Learn** (30 minutes).

  ➔ Explain how many of these topics may come up in training sessions or counseling sessions, that you will be learning about more of them, but that YPPs will likely not be providing training on these topics.

➔ Break (10 minutes).

➔ Conduct **Adolescent Sexuality Activity: Why They Do It** (or Don't) (20 minutes).

➔ Wrap up and preview of next session (10 minutes).

Session 3 – Adolescent Sexuality Topics (cont.)

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes).

➔ Conduct **Adolescent Sexuality Activity: Word Web, Men, and Wome**n (20 minutes).

➔ Lead group in a discussion on gender, gender roles, and gender identity (20 minutes).

  ➔ Be sure to discuss cultural issues around gender specific to your area.

➔ Break (10 minutes).

➔ Conduct **Adolescent Sexuality Activity: Critical Thinking Role-Play** (30 minutes).

  ➔ Use one of the scenarios given that relates to sexual orientation or make up your own scenario on this topic.

➔ Lead group in a discussion on sexual orientation (20 minutes).

  ➔ Be sure to discuss cultural issues around sexual orientation specific to your area.

➔ Wrap-up and preview of next session (10 minutes).

Session 4 – Introduction to Reproduction

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes).

➔ Conduct Icebreaker or Energizer of your choice (15 minutes).

➔ Conduct **Reproductive Anatomy Activity: Reproductive Anatomy Worksheets** (30 minutes).

➔ Lead group in a discussion on reproductive anatomy and functions focusing on pregnancy and pregnancy prevention (20 minutes).

➔ Break (10 minutes).

➔ Conduct **Reproduction Anatomy Activity: Word Wizard** (25 minutes).

  ➔ Discuss how the group might handle the use of slang in training sessions and whether/when YPPs might use slang words themselves (i.e., in order to be understood).

➔ Wrap-up and preview of next session (10 minutes).

Session 5 – Contraception

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (15 minutes)

➔ Conduct Icebreaker or Energizer of your choice (15 minutes).

➔ Conduct **Contraception Activity: Method Quiz** (20 Minutes).

  ➔ This will also serve as a pretest and let you know how much knowledge YPPs have.

➔ Break (10 minutes)

➔ Conduct **Contraception Activity: Method Review** (50 Minutes — with discussion).

  ➔ Use this as a lead in to or integrate with lecture on the basics of contraception.

➔ Wrap-up and preview of next session (10 minutes).

Session 6 – Contraception (cont.)

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Conduct an adapted version of **Energizer: Catch the Word** (20 minutes).

  ➔ Have YPPs write down the most interesting/craziest myth they have heard about contraception.

  ➔ Go over each myth, explain the facts, and discuss how YPPs can rebut them with young people.

➔ Conduct **Contraception Activity: Emergency Contraception True or False** (20 minutes).

  ➔ Discuss how YPPs might use this exercise with young people.

➔ Break (10 minutes).

➔ Conduct **Safer Sex Activity: Should They Use Condoms?** (30 minutes)

➔ Q & A about contraception (20 minutes)

  ➔ Hand out cards or pieces of paper and ask YPPs to write down any questions about contraceptive methods they may have.

  ➔ Answer and discuss all questions.

➔ Wrap-up and preview of next session (10 minutes).

Session 7 – STIs, HIV, & Safer Sex

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Conduct **Safer Sex Activity: Virus Carrier Handshak**e (20 minutes).

➔ Lead discussion on the basics of STIs (types, transmission, treatment, & testing) (20 minutes).

➔ Conduct **STI Activity: STI Risk Continuum** (30 minutes)

➔ After going over this for all STIs, ask YPPs how (and why) this changes if you limit the question to HIV.

➔ Break (10 minutes)

➔ Conduct **STI Activity: HIV Quiz** (20 minutes).

➔ Wrap-up (10 minutes)

Session 8 – STI, HIV, & Safer Sex (cont.)

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Conduct **Safer Sex Activity: Talking About Sex and Safety** (80 minutes).

➔ Be sure to discuss how these issues may also arise in counseling or training sessions.

➔ Break (10 minutes)

➔ Condom Demonstration (10 minutes)

➔ Demonstrate proper condom use.

➔ Consider having YPPs practice.

➔ Wrap-up and preview of next session (10 minutes).

Session 9 – YPPs Role as Trainer/ Facilitator

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Conduct **Practice Activity: Trainer's Role** (20 minutes)

➔ Discuss the specifics of what will be expected of YPPs in their role as trainer, including how many workshops/training sessions they are committing to providing, where such sessions might be, etc.

➔ Discuss Public Speaking Skills (10 minutes).

➔ Conduct **Practice Activity: Public Speaking** (40 minutes).

➔ Break (10 minutes).

➔ Conduct **Practice Activity: Communication Styles** (20 minutes).

➔ Wrap-up and preview of next session (10 minutes).

Session 10 – Training Techniques

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Conduct Icebreaker or Energizer of your choice (20 minutes).

➔ Training techniques and goals (20 minutes)

➔ Explain that trainers use exercises to do different things: teach information and clarify values.

➔ Briefly describe the different training techniques they have been learning and will learn — icebreakers/energizers, brainstorms, quizzes, role-plays, and forced choice activities — and how each can be used to teach information and/or clarify values.

➔ Point out the ways in which you've already used these techniques throughout the previous sessions.

➔ Conduct **Contraception Activity: EC True or Fals**e as an example of using a quiz (20 minutes).

➔ Ask YPPs how they could adapt this to other topics.

➔ Break (10 minutes)

➔ Conduct **Contraception Activity: Method Brainstorm** as an example of a brainstorm (30 minutes).

➔ Wrap-up and Review (10 minutes)

Session 11 – Teaching About Values/Combating Myths

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Review how trainers need to clarify values and address myths and misinformation (10 minutes).

➔ Conduct **Contraception Activity: Do You Agree** as an example of a forced choice activity (30 minutes).

  ➔ Ask YPPs how they could adapt this.

➔ Go over Co-facilitation Do's and Don'ts from the YPP manual (10 minutes).

➔ Conduct **Practice Activity: Co-facilitation Role-Play** (20 minutes).

➔ Break (10 minutes)

➔ Set Up for Next Session (30 minutes)

  ➔ Break YPPs up into teams of two or three for practice facilitation session (if you have more than 15 YPPs consider adding more teams and using an additional session for them to practice).

    ➔ **Team 1: Contraception Activity Comparing Methods**

    ➔ **Team 2: STI Activity: HIV: How Risky Is It?**

    ➔ **Team 3: Safer Sex Activity: Condom Steps in Order**

    ➔ **Team 4: Safer Sex Activity: Condom Races**

    ➔ **Team 5: Safer Sex Activity: Condom Myth Line-Up**

  ➔ Give them time to practice facilitating their lesson.

Session 12 – Practicing Facilitation

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Team 1 conducts Contraception Activity: Comparing Methods (20 minutes).

➔ Team 1 Feedback (10 minutes)

➔ Team 2 conducts **STI Activity: HIV: How Risky Is It?** (20 minutes).

➔ Team 2 Feedback (10 minutes)

➔ Break (10 minutes)

➔ Team 3 conducts **Safer Sex Activity: Steps in Order** (20 minutes).

➔ Team 3 Feedback (10 minutes)

➔ Wrap-up and preview of next session (10 minutes).

Session 13 – Practicing Facilitation (cont.)

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Team 4 conducts **Safer Sex Activity: Condom Races** (20 minutes).

➔ Team 4 Feedback (10 minutes)

➔ Team 5 conducts **Safer Sex Activity: Condom Myth Line-Up** (20 minutes).

➔ Team 5 Feedback (10 minutes)

➔ Break (10 minutes)

➔ Planning a Training (30 minutes)

  ➔ Go over things to consider when planning a workshop from the YPP manual

  ➔ Break YPPs into teams.

- ➔ Assign each team a topic (such as Condoms or STIs), a venue, and a number of participants (using scenarios as close to what they will encounter as possible).
- ➔ Give teams time to plan a training by creating an agenda and listing the materials they will need.
- ➔ Share agendas with the larger group.

➔ Wrap-up and preview of next session (10 minutes).

Session 14 – Counseling Skills

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Conduct **Practice Activity: Counselor's Role** (20 minutes).

- ➔ Discuss the specifics of what will be expected of YPPs in their role as counselor, including how many sessions they are committing to providing, where such sessions might be, etc.

➔ Go over counseling techniques as presented in the YPP manual (10 minutes).

➔ Conduct **Practice Activity: Active Listening** (15 minutes).

➔ Conduct **Practice Activity: Summarizing & Reflecting** (15 minutes).

➔ Break (10 minutes)

➔ Conduct **Practice Activity: Effective Questioning** (15 minutes).

➔ Conduct **Practice Activity: Giving Clear Instructions** (15 minutes).

➔ Wrap-up and preview of next session (10 minutes).

Session 15 – GATHER Technique

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes).

➔ Review GATHER technique (15 minutes).

- ➔ Pass out GATHER technique checklist.

➔ Conduct **Practice Activity: Counseling Role-Play** (85 minutes with break).

- ➔ Have YPPs focus on the GATHER technique rather than on method-specific information.
- ➔ Consider taking a break at some point.

➔ Wrap-up and preview of next session (10 minutes).

Session 16 – Counseling Skills (cont.) and Distribution of Contraception

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes).

➔ Handling Myths in One-on-One Sessions (40 minutes)

- ➔ Go over tips from YPP manual.
- ➔ Conduct **Practice Activity: Dispelling Myths in One-on-One Sessions.**

➔ Break (10 minutes)

➔ Review YPPs role as distributors of contraception (50 minutes).

- ➔ Explain what is expected of them and the specific policies and procedures of your organization when it comes to each method.
- ➔ Include a discussion of forms and record keeping using samples from YPP manual.

➔ Wrap-up and preview of next session.

- ➔ Assign individuals or teams to explain client instructions for specific methods in next session.

Session 17 – Additional Information on Methods that YPPs Offer

➔ Welcome, Introductions, and Review of Ground Rules and last Sessions (10 minutes)

➔ Conduct Icebreaker or Energizer of your choice (15 minutes).

➔ Go over client information for all methods that YPPs will offer (85 minutes with break).

- ➔ Allow YPPs to present this information, correct as needed.
- ➔ Hand out method-specific checklists.
- ➔ Review policies and procedures for distribution.

➔ Wrap-up and preview of next session (10 minutes).

Session 18 – Practice Counseling

➔ Welcome, Introduction, and Review of Ground Rules and last Sessions (10 minutes)

➔ Counseling Role-Plays (100 minutes with break)

- ➔ Explain that remainder of the training session will be spent role-playing a client session.
- ➔ Break YPPs into groups and hand out all checklists they might need.
- ➔ Consider assigning scenarios/character information to each YPP for when he/she plays the client.

➔ Wrap-up and preview of next session (10 minutes)

Session 19 and 20 – More Practice, Makeup, or Review

➔ These sessions should be left open until the end. They can be used for extra practice facilitating workshops or counseling sessions or to review information that you think YPPs need more time with. They can be used if there are more YPP teams who need time to practice facilitation. They can be used to give YPPs practical training on giving injections. They can also be used to assign tasks to YPPs and go over logistics for ongoing training and supervision.

TRAINING TOOLS: SAMPLE AGENDA

A TWO-HOUR WORKSHOP ON HIV/AIDS CONDUCTED BY YOUTH PEER PROVIDER

➔ Welcome and Introductions (10 minutes)

➔ Conduct **Reproductive Anatomy Activity: Catch the Word** (15 minutes).

➔ Set Ground Rules (10 minutes).

➔ Conduct **STI Activity: HIV: How Risky Is It?** and mini-lecture on the basics of HIV (25 minutes).

➔ Break (10 minutes)

➔ Conduct **Safer Sex Activity: Condom Steps in Order** (20 minutes).

➔ Conduct **Safer Sex Activity: Condom Races** (20 minutes).

➔ Wrap-up, evaluation, and condom distribution (10 minutes).

COUNSELING TOOL

COUNSELING CHECKLIST[83]

Task/Skill	Yes	No	Comment
Counseling Skills			
➔ Uses open and attentive facial expression	❑	❑	
➔ Maintains eye contact	❑	❑	
➔ Uses appropriate, inviting gestures such as nodding	❑	❑	
➔ Sits squarely, facing client, and leaning forward	❑	❑	
➔ Uses encouraging statements and sounds like “go on” and “aha”	❑	❑	
➔ Doesn’t interrupt/is able to remain silent	❑	❑	
➔ Expresses empathy	❑	❑	
➔ Is nonjudgmental	❑	❑	
➔ Uses open-ended questions	❑	❑	
➔ Asks more probing questions when needed	❑	❑	
➔ Paraphrases what client says in his/her own words	❑	❑	
➔ Reflects the client’s feelings	❑	❑	
➔ Uses short words and sentences to give instructions	❑	❑	
➔ Uses words that the client understands	❑	❑	
➔ Explains ideas with the help of pictures and samples	❑	❑	
➔ Repeats instructions	❑	❑	
➔ Asks client to repeat instructions	❑	❑	
➔ Gives client written information when appropriate	❑	❑	
➔ Praises and encourages client	❑	❑	
GATHER Technique			
➔ Greets client and makes him/her feel comfortable	❑	❑	
➔ Introduces him/herself	❑	❑	
➔ Assures client of privacy and confidentiality	❑	❑	
➔ Asks about client’s reasons for coming	❑	❑	
➔ Tells client about the services available	❑	❑	
➔ Helps client make informed decisions	❑	❑	
➔ Schedules a return date for client	❑	❑	
By the End of the Session, the Counselor Has:			
➔ Reassured client about confidentiality	❑	❑	
➔ Assessed the client’s level of sexual activity by taking a sexual history	❑	❑	
➔ Initiated discussion of contraception and protection (including abstinence) from STIs	❑	❑	
➔ Warned clients about which methods will not protect them from STIs, including HIV	❑	❑	
➔ Recommended use of male or female condoms for STI prevention	❑	❑	

Task/Skill	Yes	No	Comment
➔ Given client the opportunity to demonstrate condom use on penis model or pelvic model (or two fingers)	❑	❑	
➔ Helped client learn to negotiate condom use	❑	❑	
➔ Suggested ways to help client use his/her method correctly	❑	❑	
➔ Dispelled misinformation about contraceptives	❑	❑	
➔ Informed client of non-contraceptive health benefits	❑	❑	
➔ Used actual samples of methods to give client the opportunity to see, touch, and manipulate them	❑	❑	
➔ Demonstrated use of methods during counseling	❑	❑	
➔ Helped client learn to assess his/her risky behavior	❑	❑	
➔ Advised client about signs of STIs and how to seek treatment	❑	❑	
➔ Offered contraception to client (if applicable)	❑	❑	
➔ Made referrals when necessary	❑	❑	

COUNSELING TOOL

METHOD-SPECIFIC CHECKLIST: ORAL CONTRACEPTIVE PILLS[84]

Task/Skill	Yes	No	Comment
Explains the Basics of Oral Contraceptive Pills			
➔ Asks client what she knows about contraception pills. Corrects any myths/misinformation	❑	❑	
➔ Asks client about past experiences with contraception pills	❑	❑	
➔ Gives client a package to look at and handle	❑	❑	
➔ Explains the advantages of the pill, including the non-contraceptive benefits	❑	❑	
➔ Briefly explains how the pill works and the importance of taking it every day	❑	❑	
➔ Explains the possible side effects (spotting or breakthrough bleeding, nausea, headaches, breast tenderness)	❑	❑	
Determines if Oral Contraceptive Pills Are Appropriate (by asking)			
➔ Do you think you're pregnant? Are you breastfeeding? Have you had a baby in the last three weeks that you are not breastfeeding?	❑	❑	
➔ Do you smoke cigarettes or use other tobacco products?	❑	❑	
➔ Have you ever been told you have liver disease or a tumor in your liver? Have you ever had jaundice?	❑	❑	
➔ Do you have high blood pressure?	❑	❑	
➔ Do you have diabetes?	❑	❑	
➔ Do you have gallbladder disease or take medication for gallbladder disease?	❑	❑	
➔ Have you ever had a stroke, blood clot in your legs, lungs, or eyes, heart attack, or other serious heart problem?	❑	❑	
➔ Do you have or have you had breast cancer?	❑	❑	
➔ Do you get migraine headaches?	❑	❑	
➔ Are you taking medication for seizures, tuberculosis, or other illnesses?	❑	❑	
➔ Are you planning major surgery that will keep you from walking for one week or more?	❑	❑	
Provides Clear Instructions for Use			
➔ Explains how to use the pill every day	❑	❑	
➔ Explains what to do if client misses a pill	❑	❑	
➔ Explains when to use a backup method	❑	❑	
➔ Asks client to repeat these instructions	❑	❑	
Reviews Side Effects			
➔ Explains that most women have no side effects	❑	❑	
➔ Explains that some women experience nausea, weight gain, breast tenderness, headaches, unexpected bleeding or spotting, depression, or dizziness	❑	❑	

Task/Skill	Yes	No	Comment
➔ Explains that certain side effects are serious and the client should see a health-care provider immediately for severe: abdominal pain, chest pain, headaches, eye problems, leg pain, or jaundice	❑	❑	
STI Prevention and Backup Contraception			
➔ Reminds client that the pill provides no protection against STIs	❑	❑	
➔ Reminds client that there are times when she needs to use a backup method	❑	❑	
➔ Demonstrates proper condom use	❑	❑	
Offers Contraception			
➔ Provides client with appropriate supply	❑	❑	
Schedules Follow-up			
➔ Explains when he/she will follow-up/ schedules if appropriate	❑	❑	
➔ Tells client what to do if she has issues or questions before then	❑	❑	
Follow-up Visit			
➔ Asks client if she's satisfied with oral contraceptive pills	❑	❑	
➔ Asks if she's having any problems or side effects	❑	❑	
➔ Repeats the medical questions above to ensure that client has not started to have any contraindications	❑	❑	
➔ Asks client how she is using the pills (when she takes them, if she has forgotten a pill, what she did, etc.). Corrects any misperceptions/misuses	❑	❑	
➔ If client wants to continue the pill, provides more (as dictated by agency's rules)	❑	❑	
➔ If client wants to discontinue the pill, discusses and provides alternative method	❑	❑	

COUNSELING TOOL

METHOD-SPECIFIC COUNSELING CHECKLIST: EMERGENCY CONTRACEPTION PILLS

Task/Skill	Yes	No	Comment
Welcomes Client			
➔ Greets the client in a friendly, respectful, and helpful way	❑	❑	
➔ Asks client why she has come to the clinic or what makes her think that she needs ECPs. Ensures confidentiality	❑	❑	
➔ Takes a brief medical history, which includes information on dates of unprotected sex and last menstrual period	❑	❑	
Gives Information/Instructions for Taking ECPs			
➔ Tells the client about EC, including how it works, effectiveness, and the possible side effects	❑	❑	
➔ Allows client to ask questions	❑	❑	
➔ Explains the correct use of EC	❑	❑	
➔ Shows client the EC tablets/package	❑	❑	
➔ Asks the client to summarize the instructions	❑	❑	
Explains Side Effects *Explains possible ECPs side effects and how to manage them:*			
➔ Nausea: Reminds client that it is a common side effect. Suggests taking pill(s) with food	❑	❑	
➔ Vomiting: Advises client to repeat the dose if it is vomited within two hours	❑	❑	
➔ Breast tenderness, headaches, or dizziness. Suggests aspirin or ibuprofen for discomfort (if available)	❑	❑	
➔ Irregular bleeding or spotting: Reassures client that this is a common side effect and should not last long	❑	❑	
Tells Client What to Expect After Using EC			
➔ Tells client her menstrual period may be a few days early or late, but most likely will be on time	❑	❑	
➔ Reminds client to see health-care provider for a pregnancy test if her menses are more than a week late	❑	❑	
Counsels Client on Regular Forms of Contraception			
➔ Reminds client that EC pills are not suitable as a regular method of contraception. Asks client if she would like to discuss other methods she can use in the future	❑	❑	
➔ Provides contraceptive information and services or schedules an appointment for another visit to discuss ongoing contraceptive use	❑	❑	
Distributes EC			
➔ Distributes EC or information about them per agency's policies	❑	❑	

COUNSELING TOOL

METHOD-SPECIFIC CHECKLIST: CONDOMS

Task/Skill	Yes	No	Comment
Explains the Basics of Condoms			
➔ Asks client what she knows about condoms. Corrects any myths/misinformation	❑	❑	
➔ Asks client about past experiences with condoms	❑	❑	
➔ Explains the advantages of condoms, including STI prevention	❑	❑	
➔ Briefly explains how condoms work	❑	❑	
➔ Asks if either partner has an allergy to latex	❑	❑	
➔ Tells client where to obtain and what they cost	❑	❑	
Provides Clear Instructions for Use			
➔ Explains to use a new condom at every act of intercourse	❑	❑	
➔ Reminds client not to "test" condoms by blowing up or unrolling	❑	❑	
➔ Explains to put on when penis is erect	❑	❑	
➔ Tells client to put on before penis is near or introduced into vagina	❑	❑	
Demonstrates using a model, a banana, or two fingers			
➔ Cautions client not to unroll condom before putting on	❑	❑	
➔ Shows how to place rim of condom on penis and how to unroll up to the base of penis	❑	❑	
➔ Instructs on how to leave half-inch space at tip of condom for semen and to make sure space is not filled with air, as it may burst	❑	❑	
➔ Shows how to expel air by pinching tip of condom as is being unrolled	❑	❑	
➔ Cautions about tearing accidentally with fingernails or rings	❑		
➔ Explains that the condom needs to be removed before the penis becomes soft	❑	❑	
What to do if condom slips or breaks			
➔ Discusses any incorrect use that may led to the slippage or breakage	❑	❑	
➔ Suggests that client considers using emergency contraception (if she already has some) or see a clinic or health care provider to obtain EC (where available)	❑	❑	
Discusses lubricants			
➔ Explains that petroleum-based products (mineral/ vegetable/cooking oil, Vaseline, baby-oil, margarine/butter, etc.) should not be used because they break down condoms	❑	❑	
➔ Advises, if lubricant is needed, to use glycerin oil or prepackaged silicone-based lubricants if available	❑	❑	

Task/Skill	Yes	No	Comment
Has client practice			
➔ Has client practice all steps of using a condom on the model, banana, or two fingers	❑	❑	
Repeat major message			
➔ Reminds client to be sure to have a condom before he/she needs it	❑	❑	
➔ Reminds client to use a condom with every act of intercourse	❑	❑	
➔ Reminds client not to use a condom more than once	❑	❑	
➔ Tells client not to rely on condom if package is damaged, torn, outdated, dry, brittle or sticky	❑	❑	
Distributes Condoms			
➔ Provides client with appropriate number of condoms	❑	❑	
➔ Tells client when/how to obtain additional condoms	❑	❑	

ACRONYMS USED

AIDS	Acquired Immune Deficiency Syndrome
CBA	Community-Based Access to Contraceptives
CEMOPLAF	Centro Médico de Orientación y Planificación Familiar
CFK	Carolina for Kibera
COCs	Combined Oral Contraceptives
DMPA	Depot medroxyprogesterone acetate
EC	Emergency Contraception
ETAT	Educator Trainer Assessment Tool
FAM	Fertility-Awareness Method
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
M&E	Monitoring and Evaluation
NGO	Non-governmental Organization
POPs	Progestin-only Contraceptives
PPFA	Planned Parenthood Federation of America
SRH	Sexual and Reproductive Health
SWOT	Strengths, Weaknesses, Opportunities, Threats
YPP	Youth Peer Provider

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