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facilitator's guide

training module for
ANMs/LHVs



ORIENTATION PROGRAMME

for ANMs/LHVs

to provide

Adolescent-Friendly Health Services

FACILITATOR'S GUIDE

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Orientation Programme for ANMs/LHVs

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| | | |
|--------------------|---|----------------------|
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Orientation Programme

Facilitator's Notes

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Background and Objectives of the Orientation Programme

Profile of Adolescents in India

Adolescents comprise a sizeable population - there are 243 million adolescents comprising nearly one-fifth of the total population (21.4%).

Early marriage is common - 47% of Indian women were married before they attained the age of 18 years (NFHS 3). While the average age at marriage for educationally disadvantaged female is 15 years, for women who have completed school it is 22 years. It indicates that continuation of education results in delayed marriage.

Maternal mortality rate due to teenage pregnancy is 9% (2007-2009) - A high risk of pregnancy and childbirth results in a high level of female mortality in the reproductive age group. Maternal mortality of teenage mothers is a grave cause for concern.

TFR amongst 15-19 yrs old is 14% in urban and 18% in rural of the total fertility (NFHS 3).

Unmet need for contraceptives - The contraceptive knowledge is quite high among adolescents but there are high gaps between knowledge and usage. Unmet need of family planning in the 15-19 age group is 27% (NFHS 3). Neonatal, postnatal, infant and child mortality is higher than in mothers ages <20 years as compare to age 20-24 years.

More low birth babies by mothers age <20 years.

Economic compulsions force many to work - Nearly one out of three adolescents in 15-19 years is working.

More than 33% of the diseases burden and almost 60% of premature deaths among adults can be associated with behaviors or conditions that began or occurred during adolescence for ego Tobacco, alcohol use, poor eating habits, sexual abuse and risky sex (WHO 2002).

Crimes against adolescents are prevalent - Sexual abuse of both boys and girls cuts across economic and social classes. According to a survey, in 84 % cases, the victims knew the offenders and 32 % of the offenders were neighbours. Crimes against girls range from eve teasing to abduction, rape, prostitution and violence to sexual harassment. Unfortunately, social taboos prevent these crimes from being registered. Even when registered, prosecution rarely takes place.

Trafficking and Prostitution has increased - Extreme poverty, low status of women, lax border checks and the collusion of law enforcement officials has lead to increase in prostitution. Expansion of trafficking and clandestine movement of young girls has also increased across national and international borders.

Misconceptions about HIV/AIDS are widespread - There is a high level of awareness about HIV among young people especially among those who are more literate. As per (NFHS 3) awareness of STIs' and HIV/AIDS was limited in 15-24 yrs age group. Young men and 15% of young women reported awareness of STI.

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

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

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

Overall Objective

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

Intended Beneficiaries

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

Expected Outcomes

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

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

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

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

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

Components of the Orientation Package

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

The Orientation Package consists of two documents:

- Facilitator's Guide
- Handout

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

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

Introduction to the Facilitator Guide

Content of the Facilitator Guide

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

Support Materials used for facilitating the Orientation

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

Methodology

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

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

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

Ground rules for participatory learning

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

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

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

Evaluation methods for Orientation Programme

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

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

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

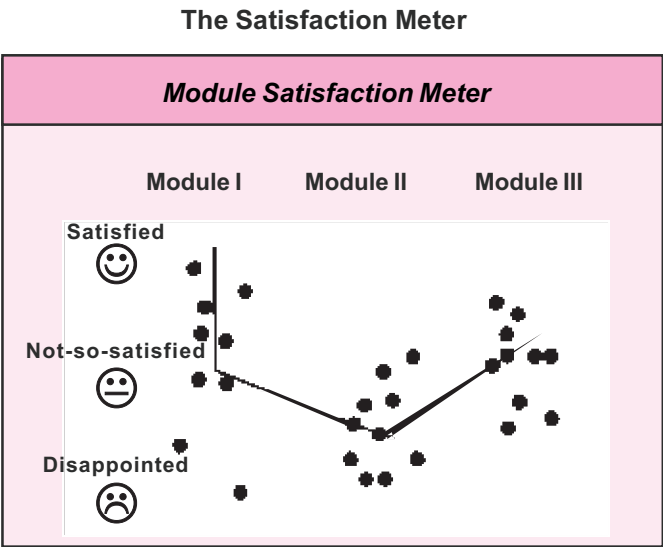
Evaluation can be carried out at different levels to measure different things. In this Orientation Programme change would be measured at three levels:

- a) Participants' reactions to the workshop
- b) Changes in participants' attitude and knowledge
- c) Change in participants' practice (expected post training)

These methods of evaluation are built into the module.

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

TIPS FOR FACILITATOR

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

Introductory Module

Module I

Getting to Know Each Other

Session 1
30 mins

Programme Objectives and Agenda

Session 2
30 mins

Pre-test

Session 3
30 mins

(Total Time: 1 hrs 30 mins)

Module I

SESSION 1

Getting to Know Each Other

30 mins



Objectives:

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

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

Materials:

- Flipchart I - 1
- Name tags
- Markers

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|---------------------|------------------------|---------|
| Activity 1 | Group Introductions | Introductions in pairs | 30 mins |

Introduction

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

Activity 1

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

FLIPCHART I-1

Find out the following about your partner:

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

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

Module I

SESSION 2

Programme Objectives and Agenda

30 mins



Objectives:

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

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

Materials:

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

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

Activity 1

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

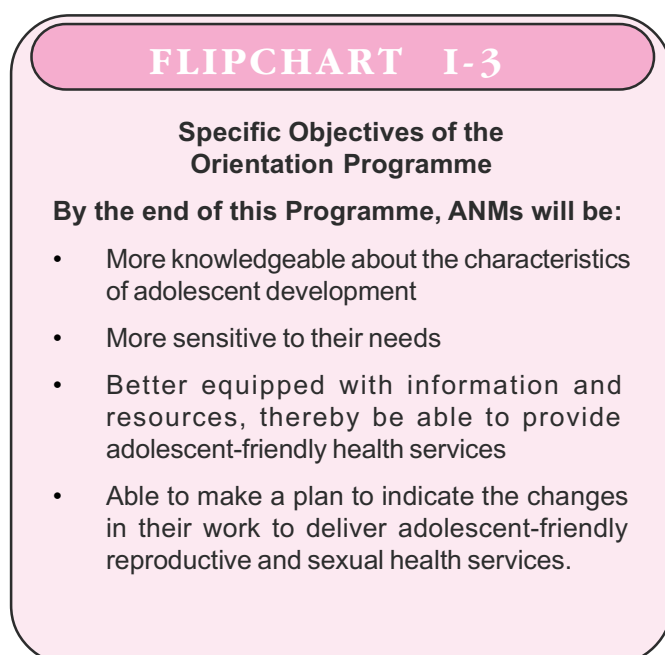
FLIPCHART I-2

- Participants' Expectations from the Orientation Programme

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

Activity 2

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



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

Activity 3

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

Agenda for 5-day Workshop

Day 1

- Module I** Introductory Module
- Module II** Adolescent Health and Development
- Module III** Dealing with the Adolescent Client

Day 2

- Module IV** Adolescent-Friendly Health Services
- Module V** Sexual and Reproductive Health Concerns of Boys & Girls

Day 3

- Module VI** Nutritional needs of Adolescents and Anaemia
- Module VII** Adolescent Pregnancy and Unsafe Abortions

Day 4

- Module VIII** Contraception for Adolescent
- Module IX** RTIs, STIs and HIV/AIDS in Adolescents
- Module X** NCDs, injuries aggression and violence

Day 5

- Module XI** Mental Health in Adolescents
- Module XII** Concluding Module

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

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

FLIPCHART I-4

Ground rules for the Workshop

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

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

FLIPCHART I-5

Satisfaction Meter

| | Module I | Module II | Module III |
|-------------------------|----------|-----------|------------|
| Satisfied | | | |
| | 😊 | | |
| Not-so-satisfied | | | |
| | 😐 | | |
| Disappointed | | | |
| | 😞 | | |

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

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

TIPS FOR FACILITATOR

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

What I hear, I forget

What I see, I remember

What I do, I understand

Confucius (551-479 B.C)

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

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

TIPS FOR FACILITATOR

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

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

SESSION 3

Pre-test

Annexure 1

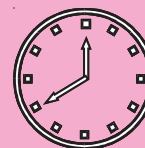
Module I

Objectives:

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

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

30 mins



Materials:

- Pre-test forms for each participant

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|----------|---|---------|
| Activity 1 | Pre-test | Each Participant fills up a questionnaire | 30 mins |

Activity 1

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

TIPS FOR FACILITATOR

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

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

$$\frac{15}{20} \times 100 = 75\%$$

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

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

Pre/Post-Test

Name of State _____ Name of District _____

Name of Block _____ Designation _____

Name of Participant _____

Dates of Programme _____ Date of Test _____

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

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

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

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

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

Pre/Post-Test

ANSWER SHEET FOR FACILITATORS

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

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

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

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

$$\frac{15}{20} \times 100 = 75\%$$

Adolescent Growth and Development

Module II

Module Introduction

Session 1
10 mins

Adolescence - A Period of Change

Session 2
40 mins

Looking Back on my Own Adolescence

Session 3
30 mins

Why Invest in Adolescent Health
and Development

Session 4
30 mins

Module Summary

Session 5
10 mins

(Total Time: 2 hrs)

10 mins



Objectives:

- By the end of this session, participants will be able to:
- Get an overview of the module including its objectives.

Materials:

- Flipchart II-1

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

Introduction

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

Activity 1

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

FLIPCHART II-1

Module Objectives

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

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

TIPS FOR FACILITATOR

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

Module II

SESSION 2

Adolescence - A Period of Change

40 mins



Objectives:

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

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

Materials:

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

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

Activity 1

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

Activity 2

- Divide the participants into 3 groups and give them the following group work:
 - Group 1:** List physical changes that occur during adolescence in boys and girls
 - Group 2:** List changes sexual developmental changes in girls and boys
 - Group 3:** List emotional and social changes that occur during adolescence in both girls and boys
- Give participants 10 mins for group work to discuss amongst themselves and come up with their respective list.
- Give blank flipcharts and markers to each group.
- After the small groups complete their lists make the entire group sit together and have one person from each group to present the group work. Ask all the group members to come forward while their representative is presenting their response. After each group's presentation, ask the other two groups if they want to add more points to the list or need any clarification.
- Put up the pre-prepared Flipchart II-2 containing the list of physical changes, Flipchart II-3 sexual development and Flipchart II-4 of emotional and social changes after respective group work presentations for comparison.
- Invite any additional comments and suggestions.

FLIPCHART II-2

Physical events/changes

BOYS

- Growth spurt occurs
- Muscles develop
- Skin becomes oily
- Shoulders broaden
- Voice cracks
- Underarm and chest hair appears
- Pubic hair appears
- Facial hair appears
- Penis and testes enlarge
- Ejaculation occurs

GIRLS

- Growth spurt occurs
- Breasts develop
- Skin becomes oily
- Hips widen
- Underarm hair appears
- Pubic hair appears
- External genitals enlarge
- Uterus and ovaries enlarge
- Menstruation begins

FLIPCHART II-3

Sexual Development

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

FLIPCHART II-4

Emotional and Social Changes

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

Activity 3

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

These characteristics make them vulnerable to risks which have health implications e.g. they take many health risks due to their tendency to try out new things and the health consequences may be very serious.

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

FLIPCHART II-5

Changes during Adolescence

Health Implications

Physical Changes

- | | |
|---|---|
| • Normal growing-up | Undue anxiety and tension |
| • Increase in height and weight | Increase nutrition requirement – if inadequate, undernutrition and anemia |
| • Breasts Development | Stooping of shoulders, poor posture, back pain |
| • Skin becomes oily | Acne |
| • Desire to be thin, have a good figure | Protein-energy malnutrition, anemia, Stunting |

Sexual Development

- | | |
|----------------------|--|
| • Desire to have sex | Unsafe sex leading to unwanted pregnancy, STIs, HIV; Need of health education and services |
| • Ejaculation | Fear, guilt, myths - emotional problems |
| • Menstruation | Dysmenorrhea, Menorrhagia - Anemia, RTI (Menstrual Hygiene) |

Emotional changes and Social development

- | | |
|---------------------------|---|
| • Development of Identity | Confusion, moodiness, irritation |
| • Very curious | Experimentation, Risk taking behaviour |
| • Peer pressure | Effect on life styles <ul style="list-style-type: none"> • Unhealthy eating habits leading to obesity • Smoking and alcohol use leading to ill health • Speed driving, accidents |

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

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

TIPS FOR FACILITATOR

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

Module II

SESSION 3

Looking Back on my Own Adolescence

30 mins



Objectives:

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

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

Materials:

- Flipcharts II-6
- Blank Flipcharts
- Markers

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|---|-------------------------|---------|
| Activity 1 | Participants' reminiscing their personal experiences as adolescents | Group Work & discussion | 20 mins |
| Activity 2 | Issues and concerns of adolescents earlier and those of adolescents today | Brainstorming | 10 mins |

Activity 1

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

FLIPCHART II-6

Task for group work

Discuss your experiences as an adolescent

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

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

Listen to their responses.

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

TIPS FOR FACILITATOR

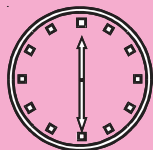
Note that this activity may unleash strong feelings (such as sadness or anger). Be on the lookout for this, and be prepared to respond if any participant wishes to talk about his/her thoughts and feelings with you.

Activity 2

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

Module II

30 mins



Materials:

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

SESSION 4

Why Invest in Adolescent Health and Development?

Objectives:

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

- Present important reasons for investing in adolescent health and development

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

Activity 1

- Present the scenario related to adolescents in India:

FLIPCHART II-7

- Adolescents comprise a sizeable population - there are 243 million adolescents
- 47% of Indian women were married before they attained the age of 18 years (NFHS 3).
- Maternal mortality rate due to teenage pregnancy is 9% (2007-2009)
- TFR amongst 15-19 yrs old is 14% in urban and 18% in rural of the total fertility (NFHS 3).
- Unmet need for contraceptives - The contraceptive knowledge is quite high among adolescents but there are high gaps between knowledge and usage. Unmet need of family planning in the 15-19 age group is 27% (NFHS 3).
- More low birth babies by mothers age <20 years.
- Economic compulsions force many to work - Nearly one out of three adolescents in 15-19 years is working.
- More than 33% of the diseases burden and almost 60% of premature deaths among adults can be associated with behaviors or conditions that began or occurred during adolescence for ego Tobacco, alcohol use, poor eating habits, sexual abuse and risky sex (WHO 2002).
- Crimes against adolescents are prevalent. According to a survey, in 84 % cases, the victims knew the offenders and 32 % of the offenders were neighbours.
- Misconceptions about HIV/AIDS are widespread. As per (NFHS 3) awareness of STIs' and HIV/AIDS was limited in 15-24 yrs age group. Young men and 15% of young women reported awareness of STI.

- Brainstorm the health problems that adolescents may encounter.

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

FLIPCHART II-8

Health Problem of Adolescents

Physical

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

Emotional

- Depression
- Stress due to nightfall, masturbation etc.

Activity 2

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

FLIPCHART II-9

Reasons for investing in adolescent health and development

- To develop their capacity to cope with daily life situations and deal with them effectively
 - To inculcate healthy habits and behaviours so as to prevent injuries, violence and NCDs
 - To reduce morbidity and mortality in adolescents
 - To impact National indicators like high TFR, MMR & IMR, arrest HIV epidemic
 - A healthy adolescent grows into a healthy adult, physically, emotionally and mentally - maximize potential and productivity
 - Economic benefits: Increased productivity, averting future health costs of treating AIDS, tobacco related illness, life-style related illness is like Diabetes, high blood pressure, and stroke
 - As a human right, adolescents have a right to achieve optimum level of health
- Sum up the discussion and invite any further comments or suggestions. Reiterate that what adolescents do today will have an influence on their health as adults and on the health of their children, in future. Stress that improvements in the health of adolescents will increase their achievements in school and will lead to greater productivity.

SESSION 5

Module Summary

Key points:

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

Module II

10 mins



Dealing with the Adolescent Client

Module III

Module Introduction

Session 1
15 mins

Communication and Counselling Skills

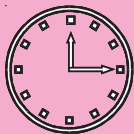
Session 2
1 hrs 30 mins

Module Summary

Session 3
15 mins

(Total Time: 2 hours)

15 mins



Objectives:

- By the end of this session, participants will be able to:
- Get an overview of the module and its objectives.

Materials:

- Flipchart III-1

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

Introduction

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

Activity 1

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

FLIPCHART III-1

Module Objectives

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

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

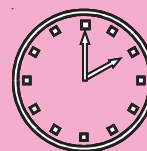
- Explain that this module looks at effective communication and counseling skills that ANMs/LHVs may find useful in their day to day interaction with adolescent clients.

Objectives:

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

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

2 hrs



ACTIVITY

TOPIC

TRAINING METHODOLOGY

TIME

| | | | |
|------------|--|----------------------------|---------|
| Activity 1 | What is communication and what are the barriers to communication | Brainstorming Role Play | 30 mins |
| Activity 2 | Verbal and non-verbal communication | Brainstorming | 10 mins |
| Activity 3 | Counselling and its Steps | Mini lecture | 30 mins |
| Activity 4 | Counselling Skills | Role Plays | 20 mins |

Materials:

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

Activity 1

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

FLIPCHART III-2

What is Communication?

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

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

- **Ask the participants what they think adolescents feel when they walk into a PHC, or stand before an ANM. List out the feelings on a flipchart. [Possible answers may be that adolescents feel shy, embarrassed, worried, anxious, inadequate - not confident to talk to adults, defensive, resistant, etc.]**
- Then, ask the participants what, as ANMs/LHVs, they can do to put the adolescent client at ease. Note down their responses on a blank flipchart. Add to the list, if required.
[Possible answers may be establishing trust, being non-judgemental, using simple language, reasoning with the young client, maintaining confidentiality and privacy, etc.]
- Put up Flipchart III-3 and tell the participants that these are some of the barriers that ANMs/LHVs face when communicating with adolescents in a health-centre setting.
- Discuss with them how they can remove these barriers in their own work setting.

FLIPCHART III-3

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

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

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

Role play Scenario

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

Activity 2

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

FLIPCHART III-4

Positive non-verbal actions

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

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

FLIPCHART III-5

Negative non-verbal actions

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

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

Activity 3

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

FLIPCHART III-6

What is Counselling?

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

- It is two way communication and the counselor listens patiently to the clients' thoughts/fears/misconceptions/problems without being judgmental.
Takes into account psycho-social, emotional and spiritual needs of the client
- Is strictly confidential
- Information given to the client is full and accurate
- Helps the client to make decisions for himself or herself

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

FLIPCHART III-7

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

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

The GATHER approach for counselling

| |
|---|
| G reet the adolescents |
| <ul style="list-style-type: none"> • put them at ease, show respect and trust • emphasize the confidential nature of the discussion |
| A sk how can I help you? |
| <ul style="list-style-type: none"> • ask how can I help you? • encourage them to bring out their anxieties, worries and needs, determine their access to support and help in their family and community; • find out what steps they have already taken to deal with the situation • encourage the person to express his/her feelings in own words • show respect and tolerance to what they say and do not pass judgement • actively listen and show that you are paying attention through your looking • encourage them through helpful questions |
| T ell them any relevant information they need: |
| <ul style="list-style-type: none"> • provide accurate and specific information in reply to their questions • give information on what they can do to remain healthy. Explain any background information they need to know about the particular health issue • keep your language simple, repeat important points and ask questions to check if the important points are understood • provide the important information in the form of a leaflet if possible that they can take away |
| H elp them to make decisions |
| <ul style="list-style-type: none"> • explore the various alternatives • raise issues they may not have thought of • be careful of letting your own views, values and prejudices influence the advice you give • ensure that it is their own decision and not one that you have imposed • help them make a plan of action |
| E xplain any misunderstandings |
| <ul style="list-style-type: none"> • ask questions to check understanding of important points • ask the person to repeat back in their own words and key points |
| R eturn for follow-up or Referral |
| <ul style="list-style-type: none"> • make arrangements for a follow-up visit or referral to other agencies • if a follow-up visit is not necessary, give the name of someone they can contact if they need help |

Activity 4

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

TIPS FOR FACILITATOR

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

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

Observer Role-play Checklist to critique
communication skills

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

| TASK | PERFORMED | |
|--|-----------|----|
| | YES | NO |
| Nonverbal Communication | | |
| Friendly/ welcoming/ smiling? | | |
| Non-judgemental/ empathetic? | | |
| Listens/attentive/ nods head to encourage and acknowledge client's responses? | | |
| Allows client enough time to talk? | | |
| Verbal Communication | | |
| Greets client | | |
| Asks clients about themselves <ul style="list-style-type: none">Obtaining history<ul style="list-style-type: none">name, age, address, married/unmarriedbasic medical informationfamily historymenstrual history (for girls)social habits (smoking, alcohol, tobacco, gutka)number of children, if marriedcontraceptive use (now and/or in the past)asks client about her/his problem | | |
| Tells clients about their choices/options. | | |
| Helps clients choose | | |
| Explains what to do | | |
| Counsels to return for follow-up | | |
| Language was simple and brief | | |

What did you learn from observing this role play?

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

Role Play Scenarios

Scenario 1

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

How will you counsel the client?

Scenario 2

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

How will you counsel the client?

Scenario 3

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

How will you counsel the client?

Scenario 4

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

How will you counsel the boy?

SESSION 3

Module Summary

Key points:

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

Module III

15 mins



Adolescent-Friendly Health Services

Module IV

Introduction and Health Services for Adolescents

Session 1
40 mins

Making Services Adolescent Friendly

Session 2
1 hr 15 mins

Adolescent Friendly Health Clinic

Session 3
20 mins

Module Summary

Session 4
15 mins

(Total Time: 2 hrs 30 mins)

Module IV

40 mins



Materials:

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

SESSION 1

Introduction & Health Services for Adolescents

Objectives:

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

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

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

Introduction

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

Activity 1

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

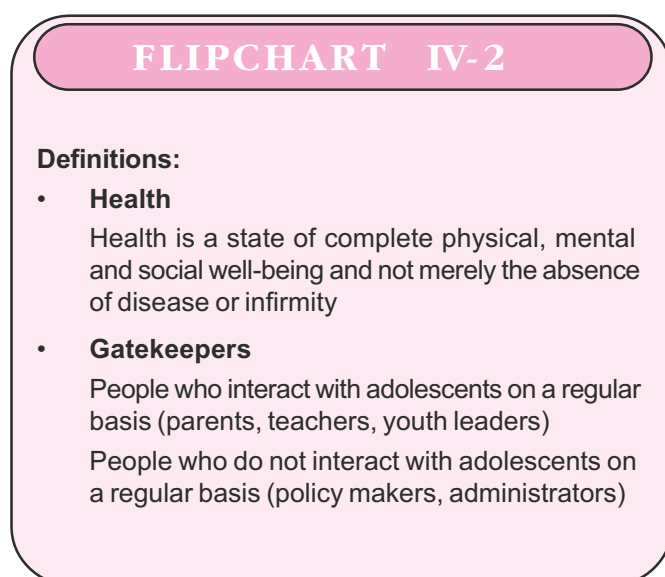
FLIPCHART IV-1

Module Objectives:

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

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

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



Activity 2

- Put up 3 cards with each of the following headings on 3 different walls of the training room:
 - a) My health centre is not adolescent-friendly
 - b) My health centre is somewhat adolescent-friendly
 - c) My health centre is very adolescent-friendly
- Ask participants to stand near the card which they think most aptly describes their health centre.
- Count the number of participants standing against each card. Write the numbers of participants in each group on the card.
- Ask some volunteers why they think so?

Activity 3

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

FLIPCHART IV-3

What health services do adolescents need?

-
-
-
-
-

FLIPCHART IV-4

Which health services are being provided to adolescents?

-
-
-
-
-

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

FLIPCHART IV-5

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

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

Making Services Adolescents Friendly

Objective:

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

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

1 hr 10 mins



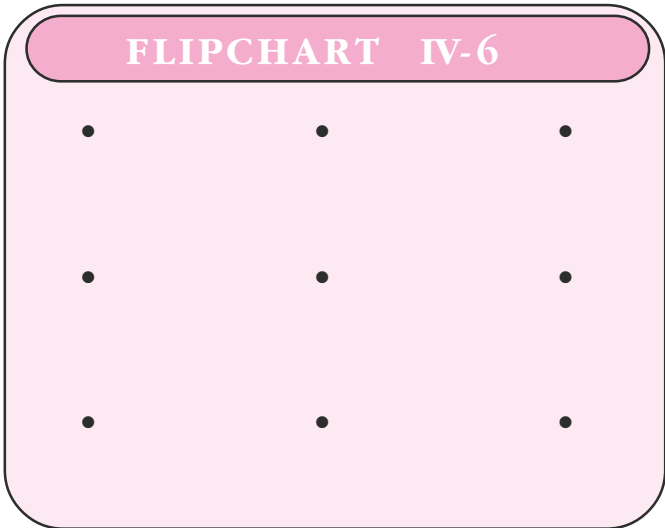
| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|---|----------------------------|---------|
| Activity 1 | Taking off our "blindness" | Individual problem solving | 10 mins |
| Activity 2 | Different perspectives on making it easier for adolescents to get the health services they need | Group Work | 30 mins |
| Activity 3 | Characteristics of Adolescents friendly health services | Presentation | 10 mins |
| Activity 4 | Gender Issues | Power walk | 20 mins |

Materials:

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

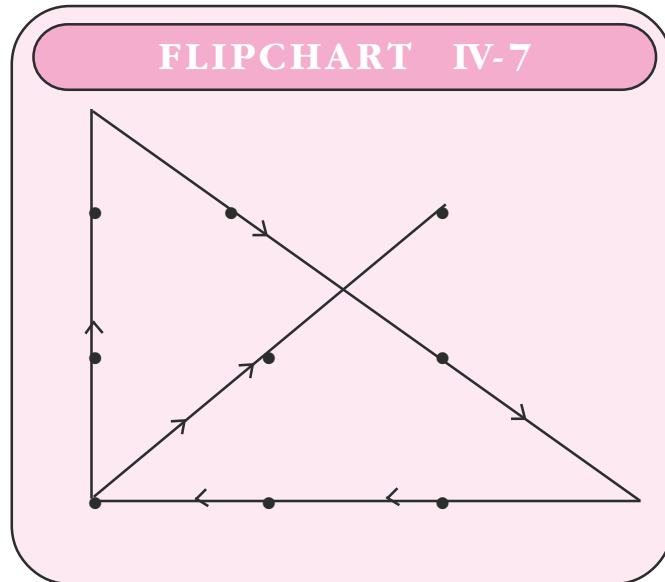
Activity 1

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



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

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



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

Activity 2

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

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

FLIPCHART IV-8

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

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

FLIPCHART IV-9

What do adolescents feel about the attitude of ANMs/LHVs and visiting the health facilities?

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

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

FLIPCHART IV-10

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

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

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

FLIPCHART IV-11

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

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

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

Ask:

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

Activity 3

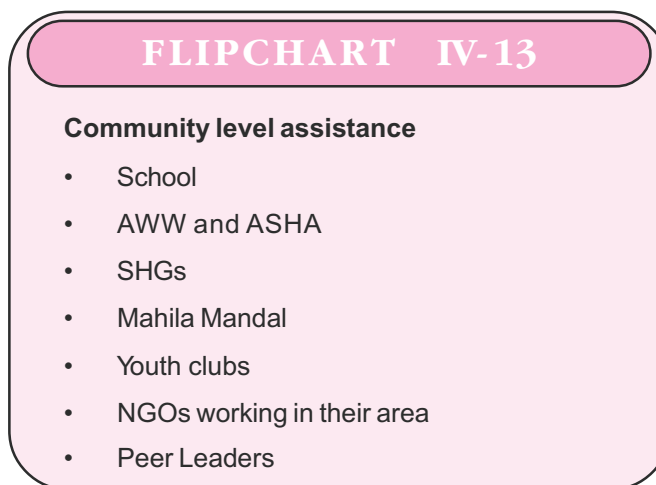
Characteristics of Adolescent friendly Health Service:

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

FLIPCHART IV-12

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

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



Activity 4

Gender Issues

Discuss gender issues in health services. Ask what differences will be there in their approach of client is a boy or a girl? List out gender based discrimination practiced in community.

Explain the activity Gender Power walk and conduct the session depending on the time available. See Annexure for this activity

TIPS FOR FACILITATOR

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

Annexure-1

Activity 4 Gender Issues

(DURATION: 30 minutes; **MATERIALS:** open space, identity chits for Power Walk, power walk questions (the power walk questions may be modified according to local needs);

Objectives: Participants are able to better understand how gender norms, roles and relations can affect adolescent girls and boys differently and how gender interacts with other social determinants of health and delivery of health services.

Instructions:

1. Inform the participants that they are going to do a role play. Call 7-8 participants and ask them to stand in a row – as if preparing for a race. Make them stand in a manner so that everyone can observe them. Give them chits on which their identities are written. Instruct them that for the duration of the role play they have to become the person whose identity they have been given (see the box on power walk identities). Ask the others to stand around and observe.

2. Read the following instructions to the trainees who are participating in the role play

I am going to read out a few statements to all of you. If you think, being the girl or the boy in the chit given to you, you can do what I am reading out, please come one step ahead. If you think you cannot do that, stay at your place. Remember, you are the representative of the girls and boys. So when you think about the statement, think about all boys and girls, and act accordingly.

After making sure that the participants have understood the instructions properly, start the role play.

3. Read out the statements (see the box on power walk statements)
4. After reading these statements, ask the participants to observe their positions – who is ahead and who is far behind. Also ask them to declare their identities to the observers. Start a discussion on the following points.
 - What do you see? Who is ahead? Why?
 - Who had to stay behind? Why?
 - Those who are behind, what do you feel?
 - Those who are ahead, what do you feel?
 - What are the bases of discrimination that you saw in this role play?
 - Is it right/proper to discriminate between girls and boys like this? Why? Why not?
 - As an ANM/LHV/Nurse, what can you do to prevent or minimise this discrimination

Power walk identities

16 year-old unmarried boy belonging to a backward caste
 14 year-old boy with physical disability
 Only son of parents with 3 sisters
 A married young man
 Newly married 17 year-old daughter-in-law
 A married girl with a 2 year-old son
 16 year-old girl belonging to a forward caste
 14 year-old girl with visual disability

Power walk identities

1. I know where to find the nearest health facility
2. I feel respected by the ANM
3. I can seek services from the health facility when and if I need to
4. I have access to money that I can use to pay for health services
5. I can talk openly about my health problem to a medical officer
6. I can talk openly about my health problem to my family members
7. I am allowed to be treated by an opposite-sex health care provider
8. I can read and understand health information posters at the health facility
9. I can buy condoms
10. I can negotiate condom use with my partner/spouse
11. I can refuse sex with my partner/spouse
12. I am not in danger of sexually abused

Adapted from Gender mainstreaming for health managers: a practical approach (WHO, 2011a).

Module IV

SESSION 3

Adolescent Friendly Health Clinic

20 mins



Objective:

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

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

Materials:

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

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|-------------------|----------------------|---------|
| Activity 1 | Setting up a AFHC | Brainstorming | 20 mins |

Activity 1

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

FLIPCHART IV-14

Package of service at Adolescent Friendly Health Clinic may include

BMI screening

Hb testing

RTI/STI management

ANC for pregnant adolescents

Counseling on Nutrition, puberty related concerns, Pre-marital Counseling, Sexual Problems, Contraceptive, Abortion, RTI/STI, Substance abuse, Learning problems, Stress, Depression, Suicidal Tendency, Violence, Sexual Abuse, Other Mental Health Issues, , health lifestyle, risky behaviour

Management of Menstrual problems

Management of Iron deficiency Anaemia

Screening for diabetes and hypertension

Management of common adolescent health problems

HIV testing and counselling

Management of physical violence and sexual abuse

Linkages with de-addiction centres and referrals

Treatment by specialists

Referral

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

FLIPCHART IV-15

Supplies required to provide Adolescent services:

- IEC material
- Sanitary Napkins
- Contraceptives including Emergency contraceptive pills
- Tetanus toxoid injection
- Pregnancy Testing kits
- Iron and folic and tablets
- Other medicines (eg Paracetamol, anlespasmodic and first aid)

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

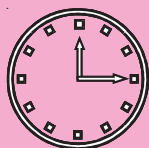
FLIPCHART IV-16

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

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

Module IV

15 mins



SESSION 4

Module Summary

Key points:

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

Sexual and Reproductive Health Concerns of Adolescent Boys & Girls

Module V

Module Introduction and Sexual and Reproductive Health concerns of Adolescent Boys and Girls

Session 1
1 hr 15 mins

Menstruation, Male Reproductive Functions and Masturbation

Session 2
1 hr 30 mins

Module Summary

Session 3
15 mins

(Total Time: 3 hrs)

Module V

SESSION 1

Introduction & Sexual and RH Concerns of Adolescent Boys & Girls

1 hr 15 mins



Objectives:

- By the end of this session, participants will be able to:
- Get an overview of the module including its objectives.
 - Explore the sexual and reproductive health related concerns of adolescents.

Materials:

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

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

Introduction

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

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

Activity 1

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

FLIPCHART V-1

Module Objectives

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

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

Activity 2

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

FLIPCHART V-2

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

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

After each case study, ask other groups if they want to make any comments or additions to the questions.

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

TIPS FOR FACILITATOR

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

Case Study 1

Pain during Periods

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

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

Case Study 2

Missed Period

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

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

Case Study 3

Young Couple with FP needs

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

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

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

| Case Study 4 | Size of Breasts |
|--|-----------------|
| <p>Preeti is an 18 year old girl living in a small town in Punjab. She is thin and small built. Two weeks ago, Preeti went with her friends to see the mela. Preeti wore a ghagra-choli. That day all the girls made fun of her and said that she did not look like a girl, as Preeti is flat chested, and that no boy would ever look at her. Preeti felt very bad and has been crying a lot since then. Preeti does not want to talk to her mother or her sister-in-law about it as she feels they will think she is a bad girl. Preeti keeps wondering why she is so abnormal and what will her future be like?</p> | |
| <p>Discuss:</p> <ul style="list-style-type: none"> • What is the problem in this case? • What can be done to help Preeti? | |

| Case Study 5 | Drug Addiction |
|---|----------------|
| <p>Mohan is a 16 year old boy living in an urban slum in Delhi and feels very happy that he has met a friend, Sohan, whom he likes very much. They play football and go to the cinema together. Days ago, Mohan discovered that Sohan was smoking a bidi. Mohan is terrified about this, because he has heard that this could have serious consequences on one's health. Mohan is not easily led to do things he does not approve of. Mohan certainly knows that he would never use bidi or cigarette. His worry is that if his parents find out about what Mohan's friend is involved in, they will not permit him to be friends with Sohan any more. Mohan really does not want to lose Sohan as a friend. Mohan does not know if he can help Sohan stop using tobacco.</p> | |
| <p>Discuss:</p> <ul style="list-style-type: none"> • What is the problem in this case? • What adolescent characteristic is reflected in this case? • What is good in this case? • What can be done in this case to help the two boys? | |

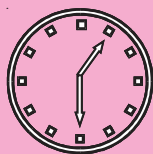
| Case Study 6 | Unsafe Abortion |
|---|-----------------|
| <p>Madhu is an 15 year old girl married to Hari, an 17 year old boy from a village in Uttar Pradesh. Six months after their marriage, Madhu became pregnant. Her husband and Madhu didn't want a child so soon, so she went to a village woman who does abortions. The village woman put in some kind of stick inside Madhu. Madhu bled a lot and since then she is not feeling well. Madhu has not told this to anyone in her family. When her mother-in-law gets to know of this she will get very angry. Now Madhu wants to know what to do?</p> | |
| <p>Discuss:</p> <ul style="list-style-type: none"> • What is/are the problems in this case? • What can be done to help Madhu? | |

Module V

SESSION 2

Menstruation, Male Reproductive Functions & Masturbation

1 hr 30 mins



Objectives:

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

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

Materials:

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

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

Activity 1

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

Case Study – Surekha's case

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

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

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

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

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

QUESTION 1

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

What are the communication barriers in this case?

QUESTION 2

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

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

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

Activity 2

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

FLIPCHART V-3

Task for group work

Discuss in group:

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

PROBLEM CARDS

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

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

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

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

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

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

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

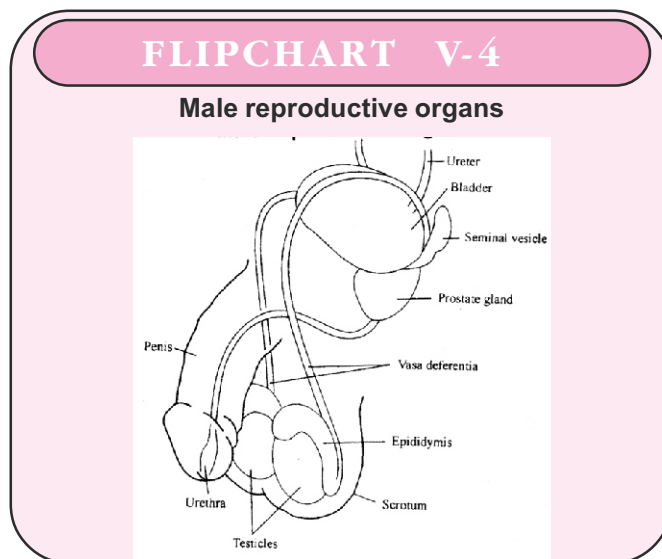
Trainers' Notes

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

Activity 3

Male Reproductive Systems & Functions

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



Trainer's Notes

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

During ejaculation, the urethra is closed to urination.

Masturbation

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

QUIZ

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

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

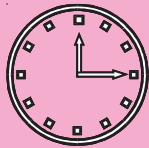
Trainers' Notes

Quiz: Answer Sheet

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

Module V

15 mins



SESSION 3 Module Summary

Key Points:

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

Nutritional Needs of Adolescents and Anaemia

Module VI

Introduction and Growth and Nutrition in Adolescents, Anaemia

Session 1
2 hrs 50 mins

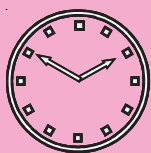
Module Summary

Session 2
10 mins

(Total Time: 3 hrs)

Module VI

2 hrs 50 mins



SESSION 1

Introduction, Growth and Nutrition in Adolescents, Anaemia

Objectives:

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

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

Materials:

- Flipchart VI-1
- Flipchart VI-2
- Flipchart VI-3
- Flipchart VI-4
- Blank flipcharts
- Markers

ACTIVITY TOPIC

TRAINING METHODOLOGY

TIME

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

Introduction

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

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

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

Activity 1

- Welcome the participants and ask them to mention one new point they have learned in Module V.
- Put up Flipchart VI-1 and have the Module VI objectives read out by the participants.

FLIPCHART VI-1

Module Objectives:

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

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

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

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

Activity 2

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

FLIPCHART VI-2

Why do adolescents have special nutritional needs?

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

Activity 3

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

Case Studies

Case Study 1

Sheela

Why is Sheela Unwell?

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

Discuss:

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

Case Study 2

Raju

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

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

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

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

His mother brings Raju to you.

Discuss:

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

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

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

FLIPCHART VI-3

Factors influencing nutrition of adolescents

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

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

FLIPCHART VI-4

Eating Pattern of Adolescents

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

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

FLIPCHART VI-5

Causes of Malnutrition

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

Activity 4

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

TIPS FOR FACILITATOR

- Adolescence is a phase of rapid and continuous physical, mental and sexual growth and development. The quality of food consumed by adolescents during this phase will help them in their adult life too. Therefore, in order to take care of the body needs during adolescence, a diet rich in carbohydrates (to provide energy), proteins (to build the body from inside and to help in producing good quality blood), vitamins such as iron (to help produce blood), minerals such as calcium (to help bone growth) should be consumed. Grains/cereals, pulses/legumes, milk and milk products and green leafy vegetables should be consumed in greater quantity.
- The facilitator should emphasise that both boys and girls require adequate and good quality food during adolescence since their bodies undergo continuous and rapid growth and development. In actual practice, boys are provided with more and better food than girls, as families give more importance to their dietary needs and link the discriminatory practice with the future of the boys (of studying hard, going out to earn, etc.). However, girls too require balanced and adequate food in order to compensate for blood loss during menstruation; to shoulder the extra burden of housework and at times outside work to supplement the family income. Also, they have to perform the duties of child bearing and rearing in the future.
- Because of their gender and social conditioning, girls are more vulnerable to poor nutritional status. Consequently, they are likely to suffer from chronic anaemia, suffer miscarriages, or give birth to low birth weight babies thus, in fact, affects even the next generation. Their efficiency or capacity to work goes down, and learning and thinking skills are affected. Anaemia is considered as a contributory factor to maternal mortality. Severe anaemia may even lead to death, especially if there is bleeding due to any cause or if there is a haemorrhage.
- Both boys and girls when given nutritional diet during adolescence gain height and body mass. Girls in India lag behind only because of gender discrimination.

TIPS FOR FACILITATOR

Causes of Malnutrition

- **Conditioning influences:**
 - Infectious diseases are an important factor responsible for malnutrition, particularly in children and adolescents. Diarrhoea, intestinal parasites, malaria & tuberculosis all contribute to malnutrition.
 - Poor environmental sanitation and hygiene also lead to repeated bouts of infections.
 - Girls lose a considerable amount of iron (average 1 mg daily) during menstruation. Therefore, girls need more iron than boys.
- **Cultural influences:**
 - Food habits, customs, beliefs, traditions and attitudes: Food habits are among the oldest and most deeply entrenched aspects of any culture. The family plays an important role in shaping food habits and these habits are passed from one generation to the other. Rice is the staple cereal in eastern and southern India, whereas wheat is the staple cereal in the north. Papaya is avoided during pregnancy because it is believed to cause abortions. There are also beliefs about hot and cold foods, light and heavy foods.
 - Religion: Religion has a powerful influence on food habits. Hindus do not eat beef, while Muslims do not eat pork. Orthodox Hindus and Jains do not eat meat, fish, eggs and certain vegetables like onions. These are known as food taboos which prevent people from consuming nutritive iron-rich foods even when these are easily available.
 - Food fads: In the selection of foods, personal likes and dislikes may stand in the way of correcting nutritional deficiencies.
 - Meal missing and eating junk food is a typical adolescent eating behaviour
 - Cooking practices: Draining away the rice water at the end of cooking, prolonged boiling in open pans and peeling of vegetables all influence the nutritive value of foods.
 - Social customs: In some communities, men eat first and women eat last and poorly.
- **Socio-economic factors:** Malnutrition and anaemia are largely a by-product of poverty, ignorance, insufficient education, lack of knowledge regarding nutritive value of foods, large family size, etc. These factors bear most directly on the quality of life and nutritional status of an individual.

TIPS FOR FACILITATOR

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

SESSION 2

Module Summary

Key points:

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

Module VI

10 mins



Pregnancy and Unsafe Abortions in Adolescents

Module VII

Module Introduction

Session 1
10 mins

Magnitude of Adolescent Pregnancies and Contributing Factors

Session 2
40 mins

Complications of Pregnancy and Abortions in Adolescents

Session 3
1 hr 30 mins

Reorganising Services to Prevent and Manage Adolescent Pregnancies

Session 4
60 mins

Module Summary

Session 5
10 mins

(Total Time: 3 hrs 30 mins)

Module VII

SESSION 1

Module Introduction

10 mins



Objectives:

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

- Get an overview of the module including its objectives.

Materials:

- Flipchart VII-1
- Markers

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

Introduction

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

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

Activity 1

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

FLIPCHART VII-1

Module Objectives;

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

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

Module VII

SESSION 2

Magnitude of Adolescent Pregnancies & Contributory Factors

40 mins



Objectives:

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

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

Materials:

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

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

Activity 1

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

FLIPCHART VII-2

How often do you provide services for adolescent pregnancies?

Very Often

Sometimes

Never

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

Lead the discussion on the following:

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

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

FLIPCHART VII-3

- 47% of Indian women are married before they attain 18 years of age (NFHS 2)
- TFR amongst 15-19 years olds is 17% of the total fertility (NFHS 3)
- 20% of pregnant girls below 20 years have had no antenatal checkup
- Maternal mortality due to teenage pregnancy is 9% (2007-2009)

Activity 2

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

FLIPCHART VII-4

Task for group work

Factors contributing to adolescent pregnancy

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

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

TIPS FOR FACILITATOR

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

1. Biological and Socio-cultural factors in adolescent pregnancy:

- Declining age at menarche
- Norms and traditions:
 - Early marriage is practised widely in India despite laws against it and pregnancy is expected to follow soon after marriage. Minimum legal age of marriage for women in India is 18 years.
- Changing circumstances of adolescents:
 - Exposure to media, urbanization, and decreasing joint families have resulted in changes in patterns of sexual behaviour.
 - Due to the increase of age at marriage, pregnancy among unmarried adolescents has risen
- Use of alcohol and drugs may be associated with unprotected sexual activity and its possible consequences.
- Vulnerability of adolescents:
 - To sexual coercion and assault
 - Poverty may lead adolescent girls into sexual exploitation and sex work, leading to pregnancy.

2. Service delivery factors in adolescent pregnancy:

- Most adolescents do not have access to information regarding sexual and reproductive health.
- Most adolescents do not have access to contraceptive information and related services.
- Most adolescents do not have access to safe abortion services.

3. Factors contributing to unsafe abortion:

- fear of social condemnation because of pregnancy, especially if unmarried
- fear of expulsion from school
- cost of abortion, especially among adolescents belonging to the marginalised sections of society
- son preference (sex selective abortion)
- judgmental and un-friendly attitude of service providers

Points to ponder:

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

SESSION 3

Complications of Pregnancy and Abortions in Adolescents

Module VII

Objectives:

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

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

1 hr 30mins



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

Materials:

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

Activity 1

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

FLIPCHART VII-5

Complications of Adolescent Pregnancy:

During Pregnancy

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

FLIPCHART VII-6

During Labour and Delivery:

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

FLIPCHART VII-7

During Postpartum Period:

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

FLIPCHART VII-8

Risk to the Child of Adolescent Mother:

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

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

Activity 2

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

FLIPCHART VII-9

Why do adolescent girls often resort to unsafe abortion?

Categorise your responses for:

- Married adolescents
- Unmarried adolescents
- Girls from marginalised section of society

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

FLIPCHART VII-10

Factors that could help reduce unsafe abortion in adolescents

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

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

Activity 3

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

| TIPS FOR FACILITATOR |
|---|
| <p>Facts about adolescent pregnancy</p> <ul style="list-style-type: none"> • Pregnancy and childbirth carry more risks in adolescents than in adults because the adolescent girl is not yet mature physically and emotionally for motherhood. The risks are high throughout the antenatal period, labour, childbirth and the postpartum period. • The highest maternal mortality in adolescents is in those aged 15 years and under. • Risk of poor pregnancy outcome is more common in adolescent pregnancy than adults. • Babies born to adolescent mothers have a higher risk of being of low birth weight. This makes them predisposed to higher morbidity and mortality • Un-intended pregnancy in both married and unmarried girls may prompt them to resort to illegal and unsafe abortions. This is more pronounced in unmarried girls. • Pregnancy and the responsibility of child rearing could reduce the ability of the girl to continue with her education and with exploring employment opportunities. |

TIPS FOR FACILITATOR

Complications of abortion in adolescents:

A. Major short-term medical complications

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

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

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

C. Psychosocial complications:

- Guilt
- Depression

Consequences of unsafe abortions in adolescents:

A. Medical consequences: infections may lead to secondary infertility and reproductive tract injuries.

Medical consequences of unsafe abortion are more frequent and more serious for adolescents because of the unsafe manner in which abortion is often induced and also due to delay in post-abortion care-seeking by adolescents.

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

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


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

SESSION 4

Reorganising Services to Prevent & Manage Adolescent Pregnancies

Module VII

60 mins



Materials:

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

Objectives:

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

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

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

Activity 1

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

FLIPCHART VII-11

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

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

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

Activity 2

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

FLIPCHART VII-12

Management of pregnancy:

| Married | Unmarried |
|---|--|
| <ul style="list-style-type: none"> • Early registration & ANC • Awareness of danger signs • Promoting institutional delivery by skilled provider, post partum care and • Contraceptive counselling and services | <ul style="list-style-type: none"> • Provide referral for MTP services to an appropriate facility • Counsel client on the consequences of unsafe abortion • If she desires to continue the pregnancy, provide ANC and counsel for institutional delivery by skilled provider. • Contraceptive counselling and services |

Activity 3

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

Role play

| Scenario 1 | Unmarried Pregnant Girl |
|--|-------------------------|
| <p>During an OPD session, a 16-year-old unmarried girl is brought by her mother for a check up. She has been keeping unwell for a few weeks with occasional bouts of vomiting, especially in the morning. She seems to be the youngest among all the patients waiting there.</p> <p>You do a check up and find that the girl is twelve weeks pregnant.</p> <p>How would you counsel her?</p> | |

| Scenario 2 | Married Pregnant Girl with Anaemia |
|--|------------------------------------|
| <p>A 17-year-old pregnant girl is brought to you by her mother-in-law for an antenatal check up. The doctor finds that her nails and conjunctivae are very pale.</p> <p>How would you manage the case?</p> | |

| Scenario 3 | PNC with engorged breasts |
|--|---------------------------|
| <p>During her field visit, an ANM visits the home of Radha, a 15-year old girl who has delivered a baby girl a few days ago. She has engorged breasts.</p> <p>How would you counsel her?</p> | |

| TIPS FOR FACILITATOR |
|--|
| <p>Role play 1 highlights the need for non-judgemental attitude and respect towards pregnant adolescents, especially the unmarried ones. The girl needs to be referred for MTP to a Health Centre.</p> <p>Role play 2 highlights the need to detect anaemia in pregnancy and also to educate families on special dietary and other needs</p> <p>Role play 3 highlights the need for information and counselling on breastfeeding, contraception, and the need to postpone the next pregnancy for at least 3-5 years</p> |

TIPS FOR FACILITATOR

Care of adolescent pregnancy and childbirth

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

SESSION 5

Module Summary

Key points:

- Adolescent pregnancy is common in India.
 - Adolescents have higher risk of poor pregnancy outcome, grave illness and death especially in unmarried adolescents.
 - Adolescent girls have many complications of pregnancy, unsafe abortions/and childbirth and worse outcomes than adults.
 - Preventive Health services should be directed towards
 - increasing awareness in the community regarding risks and consequences of adolescent pregnancy and childbirth and unsafe abortions.
 - making family planning counseling and services easily available to adolescents.
 - involve other departments to help increase social and nutritional status of girls and increase their access to education/vocational training and job opportunities.
- Curative Health Service include:
- providing ANC and promoting institutional delivery and post partum care.
 - counselling, providing or referring for safe MTP services.
- Unsafe abortions** are those which are conducted in an unapproved facility for the purpose and/or by an untrained provider.
- Despite abortions being legalised in India 40 million women per year still resort to illegal abortions.
 - Unsafe abortions are more common in unmarried girls.
 - 50% of all maternal deaths in 15-19 year age group are due to illegal abortions.
 - Complications due to unsafe abortions are medical and psychological.
 - Management of post-abortion complications:
 - Immediate referral and post-abortion care
 - post abortal counselling and services.
 - Prevention of unsafe abortions:
 - Improve access to reproductive health information and services especially simple and safe MTP services even at the PHC level.

Module VII

10 mins



Contraception for Adolescents

Module VIII

Module Introduction and
Eligibility and Effectiveness of
Contraceptives

Session 1
1 hr 10 mins

Helping Adolescents Make Well-
informed and Voluntary Choice

Session 2
40 mins


Module Summary

Session 3
10 mins

(Total Time: 2 hrs)

Module VIII

1 hr 10 mins



Materials:

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

SESSION 1

Introduction & Eligibility and Effectiveness of Contraceptives

Objectives:

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

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

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

Introduction

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

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

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

Activity 1

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

FLIPCHART VIII-1

Module Objectives

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

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

Activity 2

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

FLIPCHART VIII-2

Contraceptive Methods for Adolescents

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

Introduction & Eligibility and Effectiveness of Contraceptives

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

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

TIPS FOR FACILITATOR

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

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

TABLE 1
Contraception Methods

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

Introduction & Eligibility and Effectiveness of Contraceptives

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

Emergency Contraception

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

SESSION 2

Helping Adolescents make Well-informed and Voluntary Choice

Module VIII

Objectives:

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

- Assist adolescents in making informed choices regarding contraceptive methods.

40 mins

| Activity | Topic | Training Methodology | Time |
|------------|--|----------------------|---------|
| Activity 1 | Providing information on contraceptive methods to enable well-informed choices | Presentation | 10 mins |
| Activity 2 | Providing additional information on the method | Role Play | 30 mins |

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

Activity 1

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

FLIPCHART VIII-3

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

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

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

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

Activity 2

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

Scenario 1

Premarital Sex

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

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

Scenario 2

PNC

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

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

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

FLIPCHART VIII-4

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

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

TIPS FOR FACILITATOR

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

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

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

SESSION 3

Module Summary

Key points:

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

Module VIII

10 mins



RTIs, STIs and HIV/AIDS in Adolescents

Module IX

Module Introduction

Session 1
10 mins

RTIs and STIs in Adolescents

Session 2
1 hour

Management of RTI/STIs in Adolescents

Session 3
45 mins

HIV /AIDS in Adolescents

Session 4
60 mins

Module Summary

Session 5
5 mins

(Total Time: 3 hrs 30 mins)

Module IX

SESSION 1

Module Introduction

10 mins



Objectives:

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

- Get an overview of this module including its objectives.

Materials:

- Flipchart IX-1

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

Introduction

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

Activity 1

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

FLIPCHART IX-1

Module Objective:

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

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

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

TIPS FOR FACILITATOR

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

Module IX

SESSION 2

RTIs and STIs in Adolescents

1 hour



Objectives :

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

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

Materials:

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

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|--|----------------------|---------|
| Activity 1 | What are RTIs/STIs and routes for transmission | Discussion | 10 mins |
| Activity 2 | Reasons for RTIs/STIs in adolescents | Problem cards | 15 mins |
| Activity 3 | Symptoms of RTIs/STIs | Brainstorming | 10 mins |
| Activity 4 | Why are adolescents pre-disposed to RTIs/STIs | Discussion | 10 mins |
| Activity 5 | Prevention of RTIs/STIs | Brainstorming | 15 mins |

Activity 1

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

Activity 2

- Put up Flipchart IX-2

FLIPCHART IX-2

What is the reason for the problem stated?

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

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

Activity 3

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

FLIPCHART IX-3

Factors that increase the risk of RTIs

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

FLIPCHART IX-4

Factors that increase the risk of STIs

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

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

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

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

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

Activity 4

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

FLIPCHART IX-5

Increased RTI/STI in adolescents

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

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

Activity 5

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

FLIPCHART IX-6

Prevention of RTIs/STIs

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

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

TIPS FOR FACILITATOR

RTIs

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

STIs

- **Sexually Transmitted Infections (STIs): STIs are contagious disease usually acquired by sexual or genital contact.**


Management of RTIs/STIs in Adolescents

Objectives:

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

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

45 mins



| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|----------------------------------|----------------------|---------|
| Activity 1 | Approaches to managing RTIs/STIs | Discussion | 10 mins |
| Activity 2 | Dealing with STIs | Role Plays | 25 mins |
| Activity 3 | Myths & Facts | Quiz | 10 mins |

Materials:

- Flipcharts IX-7
- Blank flipcharts
- Markers

Activity 1

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

FLIPCHART IX-7

Important factors to consider when managing adolescents with RTIs/STIs

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

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

TIPS FOR FACILITATOR

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

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

Activity 2

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

Role Play 1

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

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

Role Play 2

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

How would you deal with this situation?

Role Play 3

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

How would you deal with the situation?

TIPS FOR FACILITATOR

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

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

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

Activity 3

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

Quiz

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

Trainers' Notes

Quiz: Answer Sheet

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

60 mins



Objectives:

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

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

Materials:

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

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

Activity 1

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

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

Activity 2

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

FLIPCHART IX-8

HIV stands for :

- Human
- Immunodeficiency
- Virus

AIDS results from infection with HIV and stands for:

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

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

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

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

FLIPCHART IX-9

HIV is transmitted through:

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

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

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

FLIPCHART IX-10

A person cannot get HIV by:

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

Activity 3

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

Bring out the following issues:

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

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

Activity 4

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

Activity 5

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

FLIPCHART IX-11

Preventing HIV/AIDS transmission

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

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

TIPS FOR FACILITATOR

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

TIPS FOR FACILITATOR

1. Practicing safe sex

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

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

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

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

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

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

4. Avoid unsafe blood transfusion.

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

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

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

Module Summary

Key points:

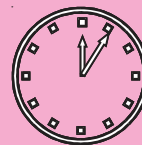
- RTIs/STIs among adolescents are preventable.
- STIs can be treated adequately through proper use of antibiotics.
- It is important for both partners to be treated simultaneously.
- Untreated RTIs/STIs lead to serious complications.
- Adolescent are more prone due to many factors.
- Adolescents are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

Counselling points:

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

Module IX

5 mins



Non-communicable diseases, Injuries, Aggression and Violence

Module X

Module Introduction

Session 1
25 mins

Risk, Risk taking behavior and Health Risk behaviour

Session 2
15 mins

Management of Risk Factor and Health Risk behaviour

Session 3
45 mins

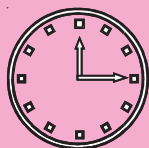
(Total Time: 1 hr 25 mins)

Module X

SESSION 1

Module introduction

15 mins



Objectives:

By the end of the session, participant will be able to

List the module objectives

Know the importance of non-communicable diseases, injuries, aggression and violence during adolescence.

Materials:

Materials

Flip chart 1
Flip chart 2
White board
Marker pen

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|---------------------|--------------------------|------------|
| Activity 1 | Module introduction | Presentation | 5 minutes |
| Activity 2 | Importance of NCDs | Interactive presentation | 10 minutes |

Activity 1

Introduce the module to the participants. Millions of people die every year from preventable causes. Non-communicable diseases (NCDs) contribute to majority of these deaths. Although, birth related issues, and infections are major killers in childhood, NCDs become more common as the age progresses. Injuries (unintentional and intentional) and violence cause a major proportion of mortality during adolescence.

Several diseases in adults (cancers, hypertension, stroke and diabetes) are related to health risk behaviours of individuals. Most of these behaviours begin during adolescence. Hence, adolescents become choice of population for primary prevention of NCDs during adult life. Screening for risk factors and for protective and resilience factors in adolescents can lead us to individualise the preventive strategies to help and support individual adolescents and their families to lead a healthy life style.

This module describes the importance of NCDs, injuries and violence during adolescence, and presents various methods to enhance attitude and skills of participants to screen and manage risk factors for NCDs, to deal with injuries, aggression and violence with special emphasis on violence related to co-ercion and abuse.

Flip chart 1

Module objectives:

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

Learn the importance of NCDs, injuries, aggression and violence in adolescents.

Understand exploratory behaviours, risk factors, resilience and protective factors related to NCDs, injuries and violence.

Enhance attitude and skills to deal with adolescents with risk factors for NCDs injuries and violence.

Apply the knowledge in primary and secondary prevention of above risk factors.

Activity 2

Initiate discussion on importance of NCDs, injuries and violence and note responses on a chart.

You may ask about proportion of deaths caused by NCDs in various age groups, incidence of injuries and violence during adolescence, etc.

Ask participants to list causes of these conditions by asking the group to emphasize on risk factors related to life style, family (genetics), cultural and environmental issues.

Do discuss the importance of injuries including co-ercion and abuse.

Show flipchart 2 and appreciate the participants for enlisting all important points.

Flip Chart 2

Importance of NCDs, injuries and aggression, and violence.

NCDs are a leading cause of death worldwide including in India.

Cardiovascular diseases and injuries account for 20% of DALY each.

Violence and injuries account for 9% of global mortality (as many deaths as caused by HIV, malaria & TB combined).

Worldwide, 8 of 15 leading cause of deaths in 15 to 29 years are injury related.

Injuries account of 9-10% mortality in India.

Common causes for unnatural accidental deaths include:

- Road traffic injuries (37.2%)
- Poisoning (7.8%)
- Drowning (7.8%)
- Railway/Rail road accidents (7.7%)
- Fire related deaths (6.8%)
- Upto 14 years (6.9%), 15-44 years (53%)

Every second child in India experienced at least one episode of abuse with sexual intent (National Study on Child Abuse)

NCDs & injuries have common risk factors related to exploratory behaviors during adolescence.

Aggression is common amongst adolescents and may sometimes lead to violent behavior.

Management of risk factors during adolescence reduces the probability of having NCDs and injuries.

Module X

SESSION 2

Risk, risk taking behavior and health risk behaviour

15 mins



Objectives:

By the end of the session, participant will be able to

Understand the concepts of risk, risk taking behaviours and exploratory behaviours.

Materials:

Materials

Flip chart 3
Flip chart 4
White board
Marker pen
Drawing sheets
Sketch pens

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|--|--------------------------|------------|
| Activity 1 | Concepts of risk, Risk taking behavior, and Exploratory behavior | Interactive presentation | 15 minutes |

Activity 1

Initiate discussion by asking participants that what do they understand by the terms risk, risk behaviors, risk taking behaviors, exploratory behavior, and health risk behaviors.

Note the responses on a white board / chart. Show flipchart 3 and explain these terms. Discuss why adolescents engage in risk behaviors using flipchart 4. Do emphasize that many of these behaviors develop during adolescence and are likely to continue to adulthood.

Flip chart 3 – Definitions

Risk

A situation involving exposure to danger (noun)

Exposing (someone or something valued) to danger, harm or loss (verb)

Appraised likelihood of a negative outcome of a behaviour

Risk Behaviors

Behaviours for which there are unknown consequences and the potential for those consequences to have a negative health outcome.

Risk Taking Behaviour

Voluntary, purposive, goal-oriented behavior that carry potential for harm or negative health outcomes.

Exploratory Behaviours

Behaviours for which there is increased likelihood of positive (or sometimes negative) health and educational consequences.

Health Risk Behaviour

Behaviours for which there is increased certainty of negative health and educational outcomes.

Flip Chart 4

Why adolescents take risks?

1. Asymmetric development of brain

Prefrontal cortex (governing reasoning, critical thinking and self control) develops later than amygdala (governing emotional urges) resulting in difficulty in controlling impulses and in understanding consequences.

2. Defiance to authority to gain personal control.

3. To define relationship with others and to show commitment to peers and to conform peer behaviours.

4. To have sensational experiences.

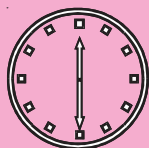
5. As a consequence of parental behavior and style, etc.

Module X

SESSION 3

Identification of risk factors and prevention of injuries, aggression and violence

45 mins



Materials:

Flip charts
Drawing sheets
Sketch pens
BMI charts

Objectives:

By the end of the session, participant will be able to

- Develop attitude and skills to identify the health risk behaviours.
- Manage risk factors for NCDs (including injuries, violence, and abuse).
- Practice prevention strategies for NCDs, injuries and violence.

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|--|--|------------|
| Activity 1 | Identify adolescents with likelihood of health risk behavior | Mini lecture | 15 minutes |
| Activity 2 | Prevention of injuries, violence and abuse | Reading in group and presentation of health talk | 30 minutes |

Activity 1

Initiate discussion by asking participants that what are the risk factors for NCDs, injuries and violence.

Note the responses and discuss using flipchart 5, 6 and 7.

Flip chart 5

Identifying risk factors for NCDs

History

- H/o diabetes, stroke, hypertension, coronary artery disease or early cardiac death (<45 years of age) in parents or grand parents
- Adolescents with hypertension or diabetes

Examinations

- BMI Z-score > +2
- Physical activity <60 minutes per day most days of week
- Sedentary Behavior >2 Hours per day most days of week
- Poor eating habits
- Tobacco use
- Alcohol use

Targeted screening

- When one or more risk factors are present
- Lipid screening

Flip Chart 6

Identifying adolescents with risk factors for Injuries

- Low parental support and controls
- Maladaptive family situation
- Preantatal involvement of risk behavior
- Peers having risk behaviours
- Aggressiveness
- Lack of skills to resist peer pressure
- Substance use availability and use
- Availability of motorized vehicles (2 or 4 wheelers)
- Availability of weapons

Flip Chart 7

Identifying adolescents with risk of involvement in violence

- Witness / victims / perpetrators
- Low socio-economic status
- Low maternal education
- Nuclear family
- Family h/o substance use
- Out of school
- Male sex (within and perpetrator)
- Female sex (victims)
- Unemployment / out of school adolescents
- Gang membership
- Emotional / psychological or social problems
- Conduct disorder / oppositional Defiant Disorder Anti-social personality Disorder

Flip Chart 8

Identifying adolescents with risk of involvement in violence

- Witness / victims / perpetrators
- Low socio-economic status
- Low maternal education
- Nuclear family
- Family h/o substance use
- Out of school
- Male sex (within and perpetrator)
- Female sex (victims)
- Unemployment / out of school adolescents
- Gang membership
- Emotional / psychological or social problems
- Conduct disorder / oppositional Defiant Disorder Anti-social personality Disorder

Flip Chart 9

Management of risk factors for NCDs

- Appropriate counseling of parents and adolescents
- Healthy habits are to be followed by whole family
- Identifying barriers to healthy habits and manage accordingly
- If one or more risk factors are present then perform targeted screening and review in follow-up at least once in a year.
- In case of Obesity, High blood pressure, High Cholesterol, and High Blood Sugar/HbA1c, refer to specialist for appropriate care.

Activity 2

After indentifying the risk factors for NCDs, injuries and abuse, it is important to prevent these risk factors in order to reduce the risk of NCDs, injuries and abuse.

Divide the participants in 2 groups and provide the following assignments.

Group 1: To open handout on Adolescent injuries, aggression and violence and read annexure on unintended injuries. Have a brief discussion and prepare for a health talk (for adolescents and parents).

Group 2: To open handout on Non-communicable diseases in adolescents and read identification and management of risk factors. Have a brief discussion and prepare for a presentation.

Discuss various issues raised during presentations in plenary. Discuss in brief the steps to be taken when an adolescent reports abuse or violence with her/him.

Emphasize that at times ANM/LHV are requested to talk to adolescents in school/in groups or in peer group meetings. These opportunities should be used to promote “Health Eating and physical activity”.

School adolescents should be motivated to raise voice and share with parents, teachers or peers anything which made them uncomfortable or not liked by them. Information in Annexures of related handout chapters can be used for these lectures or group discussions.

Summarize the modules by emphasizing on healthy behaviours and on risk factors and their management in routine clinical practice.

Mental Health in Adolescents

Module XI

1. Module Introduction
2. Mental health and adolescents
3. Adolescent mental illness
4. Attitude towards mental health
5. Responding to adolescents with mental health problems
6. Promoting mental health in adolescents
7. Module summary

Session 1
10 min

Session 2
60 min

Session 3
50 min

Session 4
30 min

Session 5
30 min

Session 6
20 min

Session 7
10 min

Total Time : 3 hrs 30 mins

Module XI

| | | | |
|---|--|--------|--------------------------------------|
| Session 1 Module introduction | Activity 1-1 Module objectives Activity 1-2 Spot checks | 10 min | Handout for Module XI Flipchart 1 |
| Session 2 Mental health and adolescents | Activity 2-1 Brainstorming: The terms "mental health" and "mental illness" Activity 2-2 Mini-lecture: The spectrum of mental health Activity 2-3 Brainstorming and mini-lecture: Common mental illnesses during adolescence Activity 2-4 Mini-lecture: Global impact of mental illness during adolescence Activity 2-5 Mini-lecture: Factors that contribute to adolescent mental health and mental illness Activity 2-6 Brainstorming: Consequences of mental illnesses for adolescents | 60 min | Flipcharts 2-15 |
| Session 3 Presentation and assessment of adolescent mental illness | Activity 3-1 Brainstorming and mini-lecture Activity 3-2 Mini-lecture Activity 3-3 Group work and plenary discussion | 50 min | Flipcharts 16-19 |
| Session 4 Attitudes towards mental health | Activity 4-1 Mini-lecture: Beliefs, attitudes and values Activity 4-2: Brainstorming: Exploring local attitudes to mental health Activity 4-3 Buzz groups and plenary: Exploring our attitudes to mental health | 30 min | Flipcharts 20-23 |
| Session 5 Responding to adolescents with mental health difficulties or problems or a mental disorder | Activity 5-1 Mini-lecture: Responses by family members and community members Activity 5-2 Mini-lecture: Responses by health-care providers Activity 5-3 Mini-lecture: Responding to the needs of parents and other accompanying adults | 30 min | Flipcharts 24-29 |
| Session 6 Promoting mental health in adolescents | Activity 6-1 Brainstorming: identifying key health promoting actions | 20 min | Flipchart 30 |
| Session 7 Module review | Activity 7-1 Review of spot checks and the "matters arising board" Activity 7-2 Review module objectives Activity 7-3 Orientation programme personal diary Activity 7-4 Reminders and closure | 10 min | Flipchart 31 |

SESSION 1

Module introduction


Module XI

Objectives:

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

• Get an overview of this Module XI.

10 mins



| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|-----------------------------------|----------------------|---------|
| Activity 1 | Overview and objectives of module | Presentation | 10 mins |

Module overview

• This is an optional module in the Orientation Programme on Adolescent Health for Health-Care Providers. It aims to orient health-care providers to special considerations in dealing with the mental health of adolescents.

• The module starts by exploring the spectrum of mental health and illness during adolescence and the scope of mental illnesses in adolescents. It goes on to discuss factors that contribute to mental health and mental illness in adolescents, and the consequences of these illnesses. It discusses how mental illnesses may present in adolescents; then, using scenarios, it provides opportunities for participants to practise assessing and responding to adolescents with mental health needs. It then reviews a mental health algorithm from the Adolescent Job Aid, which helps health-care providers manage commonly occurring mental illnesses in adolescents using an algorithmic approach. Finally, the module provides participants an opportunity to discuss community-level responses to the mental health needs of adolescents, to explore their own attitudes to mental health, and to recognize the effects of the stigma of a mental illness on adolescents and their families.

• The time allocated to run this module is 3½ hours. As with all orientation programme modules, we recommended that adolescent participants are included to give an adolescent perspective to the discussion. It is important that you meet with the adolescent participants before the workshop to help them understand their role and to feel confident about contributing to the workshop.

• We recommend you review the general *Facilitators’ Guide*, which provides information you need to conduct the module. Part I provides detailed information on the teaching and learning methods used in the orientation programme. It is important that you understand and are comfortable applying these methods to ensure the teaching and learning objectives are achieved.

Activity 1

Module objectives

Welcome the participants to the module.

Say that the module is about the mental health of adolescents. Ensure all participants have copies of Handout XI. Remind the participants that the handout provides additional information on the issues discussed in this module.

Materials:

• Flipchart

Facilitator's Guide for ANMs/LHVs Orientation

XI-3

Module XI

Flip Chart XI 1

Module objectives

Understand the terms “mental health”, “mental illness”, “mental well-being”, “mental health difficulties or problems” and “mental and behavioural disorders”.

Discuss the factors that contribute to adolescent mental health.

Discuss common adolescent mental illnesses, how they might present, and their consequences.

Practise assessing the mental health state of adolescents using the HEADS approach. Explore community and personal attitudes towards mental illness, and recognize the impact of stigma associated with mental illness.

Discuss community-level responses to the mental health needs of adolescents.

Display the module objectives (Flipchart XI : 1), and read each objective out loud.

Tell participants that this module will examine how mental illness can result from - and contribute to - other health problems in adolescence, many of which are discussed in other modules of the orientation programme. Encourage participants to recognize and point out the links between the issues discussed in this and other modules.

TIP FOR YOU

Participants are likely to already know each other; if not, ensure you allow extra time for introductions.

Objectives:

By the end of this session, participants will:

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

- Clarify the terms “mental health”, “mental health difficulties or problems”, “mental and behavioural disorders” and “mental illness”.
- Identify common mental health difficulties and disorders for adolescents globally, nationally and locally.
- Identify risk and protective factors that contributes to mental health and mental illness in adolescence.
- Identify the consequences of mental illness.

60 mins



Materials:

- Flipchart
- Marker pen
- White Board

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|--|--------------------------------|---------|
| Activity 1 | Clarify terms | Brainstorming | 10 mins |
| Activity 2 | Spectrum of mental health | Brainstorming | 15 mins |
| Activity 3 | Common Mental illnesses | Brainstorming and mini lecture | 10 mins |
| Activity 4 | Global impact of mental illness during adolescence | Mini lecture | 5 mins |
| Activity 5 | Risk and protective factors for mental illness | Mini lecture | 10 mins |
| Activity 6 | Consequences of Mental illness | Brainstorming | 10 mins |

Activity 1

Brainstorming: the terms “Mental health” and “Mental illness”

Ask the participants to respond to each of the three questions in turn. Note down the points they make on a flip chart. Following the brainstorming, make the following points and invite reactions:

- Mental health is more than just the absence of mental illness.
- Mental illness is a spectrum ranging from less serious to more serious conditions.
- Physical health can affect mental health, and vice versa.
- When someone is diagnosed with a mental illness, this can enable them to obtain the health and social services they need. On the other hand, it can lead to their being excluded or stigmatized by colleagues, friends and family.

Flipchart XI – 2

- What do we mean by “mental health”?
- What do we mean by “mental illness”?
- When someone is said to be “mentally ill”, what could it mean to the person?

Activity 2

Put up and lead the participants through Flipcharts:, using the accompanying talking points.

Talking points

Stress that the spectrum of mental health ranges from mental well-being to diagnosable mental and behavioural disorders that meet specified clinical criteria.

Talking points

The majority of adolescents are mentally well. They are able to realize their potential, cope with the everyday stresses of adolescent life, work or study productively, and participate in and contribute to community life.

The positive dimension of mental health is stressed in the WHO constitution, where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Ask whether there are any questions, and respond to them.

Talking points

We all experience or exhibit a range of ways of thinking, feeling and behaving, according to the circumstances or situations in which we find ourselves. These may become problems or difficulties when they impact on our quality of life and, in adolescence, on our development.

These problems or difficulties may be responses to events in the adolescent's life or stressors, such as the death of a loved one, the ending of an intimate relationship or failure in an examination. Such reactions might be considered normal or natural, but they can impact on different individuals to different extents, in both duration and severity. Some individuals show resilience to (an ability to cope with) such adverse events, while others are disabled by them for weeks, months or longer. Adolescents are more likely to be disabled by stressors that are persistent or that develop gradually over time.

Stress in adolescence

Stress is the body's reaction to a challenge. A challenge or stressor can be something positive, such as being asked to join the school football team and contemplating how well one will perform, or something negative, such as an argument with one's parents.

The human body responds to stressors by activating the nervous and endocrine systems. Adrenaline and cortisone are released into the bloodstream. They increase the heart rate, respiratory rate, blood pressure and metabolism. Blood vessels dilate to carry more blood to large muscle groups. Pupils dilate to improve vision. The liver releases glucose to increase the availability of easy-to-use energy. These responses are intended to enable a person to react quickly and to perform well under pressure.

The physical response to stress kicks in much more quickly in adolescents than in adults because the part of the brain that calms dangers and calls the stress response on or off is not fully developed in adolescents.

Factors that determine the impact of stress on an individual's functioning and on development include:

- for how often and for how long the stress is encountered;
- whether the individual receives support in coping with the stress.

When stress is severe or prolonged, and the individual lacks support or a feeling of control, “toxic stress” can develop.

Flipchart XI: 3

Spectrum of mental health

Mental well-being is:

- A state in which the individual can realize his or her potential;
- More than just the absence of mental illness.

Mental health difficulties or problems:

- Can be part of normal adolescent development;
- Do not meet diagnostic criteria of disorders - they have a different duration, severity and impact.

Mental and behavioural disorders are:

- Clinically significant mental health conditions, i.e. those that meet the diagnostic criteria of disorders.

Flipchart XI : 4

Mental well-being

- Mental well-being is a state in which the individual can:
- Realise his or her potential;
- Cope with the everyday stresses of life;
- Study or work productively;
- Participate in community life.
- Mental well-being is more than an absence of mental illness.

Flipchart XI : 5

Mental health difficulties or problems

- Adolescent mental health difficulties or problems are ways of thinking, feeling or behaving that impact negatively on an adolescent’s quality of life and development, but that fail to meet diagnostic criteria of disorders:
- Thinking: e.g. tending to interpret the words or actions of people as being against oneself.
- Feeling: e.g. experiencing certain emotions, such as sadness, fear or anger.
- Behaving: e.g. withdrawing from or being aggressive towards others.
- Mental health difficulties or problems can be distinguished from mental and behavioural disorders because they do not meet diagnostic criteria for disorders.

Talking points

Adolescents can experience symptoms in the form of thoughts, feelings and behaviours that are distressing or hinder their ability to function. When these symptoms meet specified criteria in terms of their nature, duration and severity, they may be classified as particular mental or behavioural disorders (e.g. depression, schizophrenia).

The International Classification of Diseases (ICD-10), published by WHO, provides a complete list of mental disorders, including definitions, clinical descriptions and diagnostic guidelines. This classification of mental and behavioural disorders has been developed using clinical methods similar to those used for physical disorders.

Although ICD-10 is applicable cross-culturally, perceptions of what is “normal” or “abnormal” are determined to a large extent by the social and cultural context. Different ways of thinking and behaving across cultures may influence the way that mental illnesses (including mental disorders) manifest and are perceived.

Go over the definitions of the three terms in Slide XI : 2-1. Go over Slides XI : 2-2, XI : 2-3 and XI : 2-4 if necessary. Remind participants that the term “mental illness” encompasses both mental health difficulties or problems, and mental and behavioural disorders.

Ask whether there are any questions or comments. Respond to questions and allow some time for discussion, and then move on.

Flipchart XI : 6

Mental and behavioural disorders

Mental and behavioural disorders are ways of thinking, feeling or behaving associated with distress or impaired functioning that fulfil specified diagnostic criteria in the International Classification of Diseases (iCD-10).

TIP FOR YOU

Say to the participants that there is more information on iCD-10 in the handout, under “Mental and behavioural disorders”.

Activity 3

Brainstorming and Mini-lecture: common Mental illnesses during adolescence

Tell participants that you will now consider the common mental health difficulties and disorders among adolescents.

Tell participants that you will now consider the common mental health difficulties and disorders among adolescents.

Begin by reviewing the idea that mental illness is a concept that enables health-care providers to recognize when an individual's thoughts, feelings and behaviours are impacting negatively on their quality of life (e.g. their ability to function normally in their social lives and to study or work) and development.

Write up the headings on Flipchart and ask the participants to discuss mental illnesses that they have encountered as health-care providers. Focus on the categories “thoughts (cognition)”, “feelings (emotions)” and “behaviours” and consider how each category links to the others.

Here is an example:

A boy is displaying **behavioural** difficulties at school in bullying his peers. In speaking to him, the health-care provider might discover that he is being beaten regularly by his stepfather at home; because of this, the boy is facing **emotional (feeling)** difficulties. He might also say to the health-care provider that he thinks other boys are making fun of him so he lashes out at them. As health-care providers, our responsibility is to understand the factors underlying adolescents' behaviours so we can help them overcome any difficulties they face.

Draw the participants' attention to the mental illnesses that they identified on Flipchart and ask them to think about issues that may contribute to these illnesses. List these issues under the headings in Flipchart; note there may be some overlap.

In terms of individual factors, ensure participants address the following:

In terms of individual factors, ensure participants address the following:

- Physical changes: transition to a more adult distribution of fat among adolescent girls; greater variations in height.
- Changes in forms of thinking: moving from “concrete” to more abstract thinking.
- Emotional changes: e.g. anxiety about exams and happiness about being with peers.
- Identity: greater awareness of self.
- Sexual development: awareness of sexuality, leading to changes in perception of self and others.

In terms of social factors, ensure participants address the following:

Increasing independence;

- increased attention to and influence of peers;
- educational pressures and pressures to find work;
- changes in relationship with parents.

Flipchart XI - 7

- Thoughts (cognition)
- Feelings (emotions)
- Behaviours

Ask participants to think about contextual issues, such as the tensions faced by adolescents who have migrated from rural areas or adolescents whose parents might have separated acrimoniously.

Flipchart XI - 8

- Individual:
 - Physical
 - psychological

Mental health difficulties and development

The link between development and mental health is an important one. On the one hand, development may be affected by mental health difficulties or problems. On the other hand, ways of thinking, feeling and behaving that become “difficult” or “problematic” (some might say “delinquent”) may be expressions of adolescent development, as the individual explores his or her identity and relations to others within a group or within society.

As part of their development, adolescents may experience emotional extremes and have periods of low moods. In some cases, they may contemplate suicide. Most adolescents respond well to support during these difficult times.

Flipchart XI : 9

How mental health changes during adolescence

How mental health changes during adolescence

- Pre-existing problems may get worse.
- This is the peak age for the onset of mental health disorders.
- The patterns of mental disorders and their manifestation are different in boys and girls.
- Social

Talking points

Pre-existing mental health problems may get worse as the adolescent undergoes this demanding phase of emotional and physical development. For instance, anxieties or phobias may intensify, or symptoms of depression may become more severe.

People who are diagnosed later in life with a mental health disorder often experience their first episode of the disorder during adolescence. Many of the most serious disorders, such as depression, bipolar disorder and schizophrenia, are identified during late adolescence or the beginning of the third decade of life (the twenties).

Patterns of mental disorders and their manifestations may be different for boys and girls. These differences relate both to biological differences and to the different roles and expectations of girls and boys, and women and men, in society:

- Girls are more likely to experience anxiety over body image and have depression and eating disorders. Girls may have an added wave of intense and erratic emotions as a result of menstrual hormone fluctuations. Suicide attempts are more common in girls than boys.
- Boys are more likely to show their feelings in ways that appear to be aggressive. Boys are also affected by hormone changes and gender pressure (e.g. to be “macho”). Boys are generally more likely than girls to engage in high-risk behaviour. Generally, completed suicide is more common in boys than girls, partly due to boys’ use of more violent methods.

Flipchart XI : 10

How mental health changes during adolescence

- anxiety disorders and phobias
- depression
- schizophrenia
- substance abuse disorders.

Talking points

As discussed earlier, mental and behavioural disorders are defined in relation to specific criteria in ICD-10.

One incident of abnormal behavior does not signify a mental or behavioural disorder. There is a difference, for example, between a depressed mood and a clinically diagnosed depression. We discuss assessing the severity of mental health problems later in this module.

The following are the more common mental and behavioural disorders of adolescence:

- Anxiety disorders and phobias: abnormal anxiety, accompanied by physical symptoms and feelings of panic, which may be specific to a situation or a thing (e.g. crowds, enclosed places).
- Depression: severe and prolonged feelings of sadness, loss of interest, decreased energy, difficulty in concentrating and sleeping badly.
- Schizophrenia: a major mental disorder characterized by periods of disturbed thinking, affecting language, perception and sense of self, and often including hallucinations and delusions.
- Substance use disorders: a number of disorders resulting from the use of psychoactive substances, including harmful or dependent substance use and psychotic disorders.

Ask whether there are any questions, and then tell participants that there is more information on each of these mental health difficulties and disorders in the handout.

Activity 4

Mini-lecture: global impact of Mental illness during adolescence

Talking points

Globally, for people of all ages, mental disorders represent 4 of the 10 leading causes of disability. Mental and behavioural disorders are estimated to account for 12% of the global burden of disease. Around 20% of all patients seen by primary healthcare professionals have one or more mental disorders.

It is difficult to accurately assess the scale of mental illnesses in adolescents because most data on mental health are not disaggregated by age. Studies show clearly, however, that adolescents in every country and every culture have mental health problems.

Flipchart XI : 11

Global impact of mental illness during adolescence

- Based on *The world health report: mental health – new understanding, new hope*.
- Geneva, World Health Organization, 2001.
- Mental disorders comprise 4 of the top 10 causes of disability worldwide.
- Data on mental illnesses are not disaggregated for adolescents.
- Mental illnesses form a large proportion of the disease burden among young people in all societies.
- Suicide is the leading cause of death in young people aged between 10 and 24 years.
- Most mental health needs in adolescents are unmet.

Mental illnesses represent a large proportion of the disease burden in young people in all societies. Around 20% of the world's children and adolescents are estimated to have mental health problems or disorders, with similar types of disorders being reported across cultures. About half of all lifelong mental disorders commence before age 14 years and 70% commence by age 24 years. It is estimated that one in every four or five young people will have at least one mental disorder each year. Many of these disorders become more disabling in later life. Mental and behavioural disorders of childhood and adolescence are very costly to society in both human and financial terms.

Globally, suicide is the third leading cause of death among adolescents. The most common mental disorder associated with suicide is depression.

Most mental health needs in adolescents are unmet, even in high-income countries. Early recognition and treatment of mental disorders in adolescents should be a priority to ensure successful treatment and long-lasting recovery.

To round off the mini-lecture, tell participants that meeting adolescents' mental health needs is essential to enable them to fulfil their potential.

Ask whether there are any questions, and then move on.

Next we will look at the regional and national impact of mental health disorders and problems among adolescents. Show the slides you have prepared.

Guidelines for slides to prepare before training

TIP FOR YOU

- National and local picture of adolescents and mental health The objective of this brief presentation (maximum 10 minutes, including discussion) is to give participants a picture of the situation of adolescent mental health in their region or country. It is also an opportunity to discuss the responses of the government and other bodies. Suggested content of slides: Information on the mental health of adolescents nationally and locally
- Health outcomes: incidence and prevalence of key mental health problems in adolescents.
- Behavioural data: risk behaviours that could contribute to mental health problems, and protective behaviours that could protect adolescents from mental health problems and their consequences.
- Determinants: biopsychosocial factors contributing to mental health problems.
- Policies and programmes to promote mental health and to respond to problems if they occur, including:
 - availability of mental health services nationally and locally;
 - availability of community-based rehabilitation and support services.

Ask whether there are any questions on these slides.

Activity 5

Mini-lecture: factors that contribute to adolescent Mental health and Mental illness

There is no single factor that results in an adolescent developing a mental illness. There are, however, factors that can protect the adolescent from mental illnesses and their consequences if and when they occur. Other factors increase the risk of these illnesses occurring and of their consequences being more severe.

Remind the participants that risk and protective factors have been discussed in other modules.

Show Flipcharts.

Talking points

A range of different physical, psychological, social factors and events, to which anyone can be exposed, can cause mental illness.

Risk factors contributing to mental health problems in adolescents include those at the level of the individual (both biological and psychological), those in the immediate environment (family) and those at the level of the wider environment (community and society at large). These factors interact with each other in contributing to risk.

For example, maternal exposure to alcohol in pregnancy (an individual factor) may accompany family discord (a factor in the immediate environment) and poor educational opportunities because of social marginalization (a factor in the wider environment).

The presence of protective factors at all three levels can eliminate or substantially reduce the negative effects of risk factors. Family attachment and involvement in community activities are two examples of protective factors in the environment that

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have been shown to act as psychosocial buffers in the face of other risk factors.

Ask the participants to open their Handout and look at the table “Selected risk and protective factors for mental health of children and adolescents”. Go through the headings and give them a little time to look at the risk and protective factors.

Flipchart XI : 12-13

Risk and protective factors for mental illness in adolescence

Multifactor causes:

- **physical** – e.g. brain injury (risk) or good physical health (protective);
- **social** – e.g. poverty (risk) or family attachment (protective);
- **psychological** – e.g. stressful events (risk) or good self-esteem (protective).

Risk and protective factors occur at different levels:

- **individual** – biological and psychological;
- **immediate environment** – family;
- **wider environment** – community and society at large.
- Protective factors at all three levels can substantially reduce the negative effects of risk factors.

TIP FOR YOU

Here is the table from the handout:

Selected risk and protective factors for mental health of children and adolescents

| | Risk factors | Protective factors | |
|---------------|---|---|---|
| | Exposure to toxins (e.g. tobacco, alcohol) in pregnancy | Age-appropriate physical development | |
| | Genetic tendency to psychiatric disorder | Good physical health | |
| | Head trauma | Good intellectual functioning | |
| | Hypoxia at birth other birth complications | | |
| | | | |
| | HIV infection | | |
| | Malnutrition | | |
| | Substance abuse | | |
| | Other illness | | |
| Psychological | Learning disorder | Ability to learn from experiences | |
| | Maladaptive personality trait | Good self-esteem | |
| | Sexual, physical or emotional abuse; neglect | High level of problem-solving ability | |
| | Difficult temperament | Social skills | |
| Social | Family | Inconsistent care giving | Family attachment |
| | | Family conflict | Opportunities for positive involvement in family |
| | | Poor family discipline | Rewards for involvement in family |
| | | Poor family management | |
| | | Death of a family member | |
| | School | Academic failure | opportunities for involvement in school life |
| | | Failure of school to provide appropriate environment to support attendance and learning | Positive reinforcement from academic achievements |
| | | Inadequate or inappropriate provision of education | Identity with school or need for educational attainment |
| | | Bullying | |
| | Community | Transition (e.g. urbanization) | Connectedness to community |
| | | Community disorganization | Opportunities for leisure |
| | | Discrimination, marginalization | Positive cultural experiences |
| | | Exposure to violence | Positive role models |
| | | | Rewards for community involvement |
| | | | Connection with community organizations |

Tell participants that this table provides good evidence in support of a multifactor basis of mental disorders in young people. Ask whether there are there any questions on the table.

Tell participants that, as an example, you will now consider the risk and protective factors for depression among adolescents.

Talking points

Studies of risk and protective factors in 53 countries from all regions of the world found that these four factors are significant in determining which adolescents may have depression. Depression can affect an adolescent's capacity to function and can also be associated with the use of alcohol and other psychoactive substances. As discussed earlier, depression can lead to suicide.

- Adolescents in families where there is conflict are more likely to experience depression (risk factor). Adolescents who have a positive relationship with their parents, and whose parents encourage their self-expression, are less likely to experience depression (protective factors).
- Adolescents who attend a school that they like (safe, supportive environment and staff) and are motivated to do well are less likely to experience depression (protective factor).
- Adolescents who have a positive relationship with members of their community are less likely to experience depression (protective factor).
- Adolescents who have spiritual beliefs are less likely to experience depression (protective factor).

To round off the mini-lecture, tell the participants that adolescence is a transitional phase in which an individual gradually undergoes a transformation from childhood to adulthood in three areas, physical, psychological and social. During this phase an individual has to accomplish certain developmental tasks.

These tasks of adolescence are discussed in the Adolescent Development module of the orientation programme.

By completing these developmental tasks, the adolescent is able to move towards developing and functioning as an adult. Social and psychological development is essential for successfully accomplishing many of these tasks. Mental illness can delay or prevent the completion of these tasks, thereby hindering adolescent development. If left untreated, mental health difficulties and mental and behavioural disorders can hinder psychological or social development in adolescents.

Flipchart XI : 14

Risk and protective factors for depression among adolescents

| | Risk factor | Protective factor |
|-----------|-----------------|---|
| Family | Family conflict | Positive relationships;encouragement of self-expression |
| School | Bullying | Safe environment; supportive staff |
| Community | Ethnicclashes | Positive relationship with different community members |
| Beliefs | | Having a spiritual belief |

Source: Broadening the horizons: Balancing protection and risk for adolescents. Geneva, World Health Organization, 2001.

Activity 6

Brainstorming: consequences of Mental illnesses for adolescents

Put up Flipchart and ask participants the question.

Ask a volunteer to quickly write the participants' responses on the flipchart.

Some people think that a diagnosis of a mental health problem or a mental disorder implies that the person is doomed to have the problem for the rest of their life. Mental health problems, like physical illnesses, can be short-lived, however. A person diagnosed with mental health problems will not necessarily have the problem for the rest of his or her life. In addition, just as most people experience physical illnesses that require health care at some point in their life, so many people also experience mental health problems that require health care.

Ask participants "What are some specific consequences for adolescents with mental and behavioural disorders in your community?" Put a star beside the consequences already on the flipchart and add any new consequences that are identified.

Allow some time for discussion. Complete the activity, and thank the participants. Review the session objectives, highlighting the issues covered.

Flipchart XI - 15

What are the consequences of mental illness for adolescents?

TIP FOR YOU

Encourage participants to respond with quick answers. Consequences of mental illnesses for adolescents include:

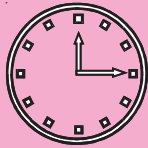
- suffering (e.g. personal distress, family distress);
- functional impairment (e.g. inability to study, work, raise a family or be independent);
- exposure to stigma and discrimination (e.g. isolation, missed opportunities, abuse from others);
- increased risk-taking behaviour (e.g. unprotected sex, excessive alcohol use) and premature death (e.g. violence, suicide, overdose of drugs). Prompt participants for these responses if necessary.

Module XI

SESSION 3

Presentation of adolescent mental illness

50 mins



Objectives:

By the end of the session, participant will be able to

- Explore the different ways adolescents present with mental illness.
- Assessing an adolescent's mental health using the HEADS framework.

Materials:

Materials

Flipchart

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|----------------------------------|-------------------------------|---------|
| Activity 1 | Presentation of Mental disorders | Presentation and Mini Lecture | 10 mins |
| Activity 2 | Heads framework | Mini Lecture | 20 mins |

Activity 1

Brainstorming and Mini-lecture: the presentation of Mental health difficulties and Mental disorders

Put up Flipchart and ask the question.

Encourage participants to think of presentations in terms of thoughts, feelings and behaviours, as discussed previously. Allow participants to answer the question, and prompt if necessary.

Flipchart XI - 16

When an adolescent comes to the health centre, how do we get the information we need to assess their mental health?

TIP FOR YOU

This should be a short activity. Here are some examples of where we get information to assess an adolescent's mental health:

- what the adolescent says about their thoughts and feelings;
- what the adolescent says they do (self-reported behaviour);
- observing how the adolescent looks (personal care) and sounds (tone of voice) –self-care behaviour;
- what others (e.g. parents, teachers, other adults, siblings, peers) say the adolescent does or says about his or her thoughts and feelings;
- observing the adolescent's interaction with other people - behaviour;
- general examination;
- medical records.

Tell participants that some adolescents may come to the health-care provider and say they are having problems with certain thoughts, feelings or behaviours, e.g. “I am frightened/sad/worried” or “I am thinking strange thoughts/I have trouble concentrating/I want to die”. In other cases, other people may raise with you the possibility that the adolescent is experiencing problems and symptoms.

Note that in addition to mental illness being evident through a person’s thoughts, feelings and behaviours, mental illness may also manifest as physical (bodily or somatic) symptoms (Flipchart).

Flipchart XI : 17

Mental illness presenting as physical symptoms

Mental illness may present as ill-defined physical symptoms or unexplained illness, e.g.:

- sleep problems or unexplained tiredness;
- anxiety and palpitations;
- dizziness, trembling and sweating;
- generalized aches and pains (including of the head, chest and abdomen);
- poor appetite or loss of weight.
- People with mental illness may also present with a history of high-risk behaviour or substance dependence.

Talking points

Mental health problems may manifest as physical symptoms or illnesses that cannot be explained in medical terms and may take the adolescent to many different health-care providers or even faith healers, looking for help. Take participants through the examples on the slides.

There are also other presentations that should alert the health-care provider to possible mental health problems or a need for a mental health assessment (Flipchart).

Talking points

Changes in mood and personality can provide important indicators of an adolescent’s mental well-being, but these observations alone cannot be conclusive of mental illnesses - they can only indicate the need to carry out a full assessment.

Tell participants that it is important for health-care providers to be aware of these presentations, as they may point to underlying mental health problems. To determine whether this is the case, the health-care provider needs to assess the adolescent.

Flipchart XI : 18

- social withdrawal or reduced participation in school, work or social activities;
- declining academic performance;
- signs of excessive and frequent alcohol or psychoactive substance use;
- self-report or report by others of frequently engaging in high-risk behaviour, e.g. reckless driving or playing with firearms.

Activity 2

Mini-lecture: review of the heads framework

Mental illness can present in a variety of ways, depending on the individual and the external pressures they are experiencing. Changes in mood and personality can provide important indicators of an adolescent's mental well-being, but these observations alone are not conclusive of mental illness; rather, they indicate the need to carry out a full assessment of the individual, beginning with a psychosocial history.

The HEADS framework (introduced in the Adolescent Development module) can be used by health-care providers to obtain an adolescent's psychosocial history (Flipchart).

Flipchart XI : 19

HEADS framework

- H Home
- E Education/employment
- E Eating
- E Exercise
- A Activities
- D Drugs
- S Sexuality
- S Suicide and depression
- S Safety.

TIP FOR YOU

The following activity could be done quickly to review the HEADS framework. Ask participants for quick responses and keep moving the questions around the room. The next "Tip for you" has examples of responses.

Tell the participants that you will use an example of an adolescent called John to go through the assessment.

John, a 15-year-old boy, has been asked by his teacher to come and see you. She is worried because John has appeared very sad and quiet for the past month.

Ask one participant "Can you give me an example of an open-ended question that the health-care provider can ask to begin a discussion with John about his home?"

Thank the participant and turn to another participant. Ask "Can you give me an example of something John might say that would indicate that there could be problems at home?"

Thank the second participant and turn to a third participant. Ask "Can you give me an example of an open-ended question that the health-care provider can ask to begin a discussion with John about his education or employment?"

Thank the third participant and turn to a fourth participant. Ask “Can you give me an example of something John might say that would indicate that there could be problems with John’s education or employment?”

Continue in this way with all the letters of HEADS.

Tell participants that you hope these examples demonstrate how using the HEADS framework can help health-care providers assess the mental state of the adolescent.

Take the participants back to the scenario in which the health-care provider could ask questions and probe for information using the HEADS framework to try to understand John’s psychosocial situation.

From the information given by John, and further information given by his parents or teachers or others who accompany him, and perhaps information from a general examination, the health-care provider can develop a good understanding of the state of John’s mental health.

TIP FOR YOU

Here are some responses to look for from the participants. if necessary, participants can review HEADS in their handouts.

Home

- The home environment is an essential part of the adolescent’s life and hence a good place to begin the interview. This will help the health-care provider understand the family situation, e.g. whether the adolescent is living with parents (one or both) or a guardian. The discussion can begin with an open-ended question, e.g. “Who lives with you at home?” Some assessment of the nature of the adolescent’s relationships is also important, e.g. “is there someone you can trust to talk to about things that worry you?” or “Are you uncomfortable or unhappy with someone in the family?”

- “Warning signs include the following:

- Adolescent has no support at home or anywhere else.

Education/employment

- The educational or work environment and the peer group in the setting are important factors in determining the mental health and well-being of adolescents and in influencing their behaviour. If the adolescent is a student, the health-care provider should ask questions to help him/her understand the student’s school performance, attitude to school, involvement in school activities and relationship with teachers. if the adolescent is working, the questions can focus on their work situation. Questions to begin the discussion could include “How is school this year compared with last year?”, “What do you do on a typical school day?”, “Are you working outside your home?”, “How are things for you at work?” or “What do you do at work?”

- “Warning signs include the following:

- Adolescent is having trouble at school or work, e.g. problems with school or work, bullying, or problems with teachers or bosses.

- Adolescent frequently misses school or work.

Eating

- The health-care provider should enquire about the adolescent's body image and eating habits. An open-ended question could be "What do you think about your weight?" This opening can lead to questions on the adolescent's eating habits, e.g. "On a normal day, how many meals do you have and what do you eat at each meal?" or "What do you eat between meals?"

"Warning signs include the following:

- Adolescent is overweight and has poor eating habits.
- Adolescent believes he or she is very overweight, when it is evident that this is not the case.
- Adolescent is absorbed or obsessive about food, exercise, body weight or shape.
- Adolescent is underweight, and from the discussion it appears that financial constraints are contributing to this.

Exercise

- The health-care provider should ask the adolescent about their regular exercise routine. An open-ended question could be "What exercise do you enjoy?" This opening can then lead to questions on the frequency and effort level of the exercise. (Exercise includes activities aimed at improving strength or stamina such as weight training and aerobics, recreational activities such as tennis, and physical work done without the explicit aim of exercising.)

Warning signs include the following:

- Adolescent participates in no or very little physical activity.
- Adolescent is overweight and unfit (e.g. breathless, tires easily walking upstairs).
- Adolescent is absorbed or obsessive about exercise and body weight.
- Adolescent is undernourished or engages in excessive physical labour.

Activities

Asking the adolescent about what they enjoy doing for fun can give a picture of their behaviour (e.g. "Hanging out with my friends", "Cooking at home with my partner"). Asking about their friends or partner and what they do together for fun can lead to further information about their life.

Warning signs include the following:

- Adolescent has no friends and spends most of their time alone.
- Adolescent spends most of their time with people who are 4–5 years older, who affect their behaviours negatively.

Drugs

The health-care provider should routinely ask all adolescents some general questions about substance use. This is an opportunity for discussion that can prevent adolescents from beginning to use substances or assist adolescents to reduce or stop substance use.

A closed question such as “Have you ever smoked cigarettes?” can begin the assessment. If the answer is yes, you can ask “Are you currently smoking?”

Enquire about use of other legal or illegal substances, e.g. “Do you have friends that use [substance name]?” or “Have you ever tried [substance name]?”

Warning signs include the following:

- Adolescent regularly uses legal or illegal substances.
- Adolescent has tried illegal substances or has friends who do so.
- Substance use is having a negative impact on adolescent’s health or ability to function.
- Other people have expressed concern about adolescent’s substance use.

Sexuality

This part of the interview requires care, as the information being obtained is sensitive. Discussions on sexuality need to take account of the social and cultural context of the adolescent. Concerns about sexual development, sexuality and sexual abuse are all sensitive topics and need to be approached in a careful and supportive manner.

The discussion could begin with a statement and a question, e.g. “There are many changes that happen in the bodies and minds of adolescents of your age.

Are there any questions that you would like to ask me, or any questions about changes that you may have noticed?”

When appropriate, the following questions can be asked: “Have you ever had sex?”, “What were the circumstances in which you had sex – did you want to have sex, or were you forced to do so?” and “Are you sexually active now?”

Warning signs include the following:

- Adolescent is being or has been pressured to have sex.
- Adolescent seems at risk for early sexual activity.
- Adolescent has had unsafe sex or has had a number of sexual partners.
- Adolescent seems upset or worried about his or her sexual orientation.

Safety

The health-care provider should ask about safety issues at home, work and school, including questions regarding bullying and violence. Discussion on issues of safety can begin with a question such as “Are there any situations in your everyday life in which you feel afraid or unsafe?”

”Then you can ask “Do you feel safe at home/in your place of study or work/in your neighbourhood?” if not, ask “What makes you feel unsafe?”

Warning signs include the following:

- Adolescent is experiencing bullying, violence, sexual harassment or abuse.
- Adolescent is withdrawn and unable to talk of experiences, or examination reveals signs of violence.

Suicide and depression

Asking the adolescent about their mood and signs and symptoms of depression is important. Questions may include “Do you ever feel sad?”, “What situations have caused that feeling?”, “What makes the feeling worse or better?” or “Do you feel able to cope with your situation?”

Signs of irritability and sleep disturbances may be the presenting symptoms of depression in adolescents. When asking about suicide, the questions should be asked in an accepting manner, placing no blame on the individual who may have thought about it. This question could be framed as follows: “Sometimes things get very rough for young people and the pain is so unbearable that they wish they could end it all. Have you ever had such thoughts?”

“If the adolescent has contemplated suicide, it is important to ask whether he or she would ever act on these thoughts. Some adolescents may identify protective factors such as concern for loved ones for not acting on their thoughts. Others may see little reason to not act on their thoughts. For the latter, who are at higher risk, it is important to ensure support is made available, with referral to secondary care whenever possible.

Warning signs include the following:

- Adolescent is sad or anxious or feels hopeless most of the time.
- Adolescent talks about hurting or killing themselves, or has tried to hurt or kill themselves.
- Adolescent frequently uses alcohol or drugs to escape negative feelings.
- Adolescent has poor self-esteem and no sense of self-worth.

If the adolescent is well, or is mildly or moderately ill, he or she can be managed at the primary level. If the adolescent is seriously ill, however, he or she will need to be referred to specialist care, if this is available.

Tell the participants to find Annex 2 in their handbooks. This contains one of the draft algorithms from the Adolescent Job Aid, which is intended as a desk reference for health-care providers. Explain you will go through the draft algorithm to assist in deciding the severity of the illness.

Ask participants to read aloud the first box of the “Ask” column and then the first four boxes of the “Signs and symptoms” column. Explain that the first box shows the adolescent is seriously ill, the second and third boxes show mild and moderate illness, respectively, and the fourth box shows a normal reaction to an upsetting event.

Explain you will now use scenarios to practise assessing the mental health of adolescents.

SESSION 4

Attitudes towards mental health


Module XI

Objectives:

By the end of this session, participants will:

- Explore local attitudes and values towards mental health.
- Give participants the opportunity to explore their own attitudes and values towards mental health.
- Discuss the impact that the stigma of mental illness can have on adolescents.

30 mins



| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|--|----------------------|---------|
| Activity 1 | Attitude belief and values towards Mental health | Mini lecture | 5 mins |
| Activity 2 | Local attitudes towards Mental health | Brainstorming | 10 mins |
| Activity 3 | Exploring our attitudes | Brainstorming | 10 mins |
| Activity 4 | Stigma of Mental illness | Presentation | 5 mins |

Activity 1

Mini-lecture: beliefs, attitudes and values

Mention that attitudes and values are discussed in the Adolescent Development module.

Show Flipchart as a summary, and go through the talking points.

Flipchart XI : 20

- Beliefs: statements about an issue that an individual holds to be true.
- Attitudes: general opinions or viewpoints about particular issues.
- Values: a collection of guiding principles that derive from and contribute to forming our beliefs. They are embedded in social, religious, political and cultural contexts.

Our values influence how we view and respond to different events in our lives.

Talking points

We all hold beliefs, attitudes and values that influence our behaviour and that can become either barriers or assets to our work.

Beliefs are statements about an issue that an individual holds to be true.

Attitudes are general opinions or viewpoints about particular issues. The attitude a person has towards an issue is the general opinion he or she upholds or the stance or direction he or she takes towards that issue. A person's attitude towards a particular issue is rooted in his or her beliefs and feelings about that issue.

Attitudes and beliefs can be seen as positive or negative, according to how they link to our emotions and behaviours. For example, I may hold both positive and negative

Materials:

- Flipchart

Facilitator's Guide for ANMs/LHVs Orientation

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beliefs about the influence of television. On the one hand, I may believe that viewing television stops families from talking to each other (negative), contributes to inactivity and obesity (negative), and leads to children reading fewer books (negative). On the other hand, I may also believe there are some interesting documentaries on television (positive) and that watching television is a good way to wind down at the end of the day (positive). I may hold some of these beliefs more strongly than others. I may also have strong feelings on some of the issues, such as the importance of family members communicating with each other. Stemming from these different beliefs and feelings, my overall attitude towards television may be negative. My attitude impacts on my behaviour in that I avoid watching television and sometimes catch myself telling other people not to do so.

Values are a set of guiding principles that derive from and contribute to forming our beliefs. These values are embedded in the contexts in which we find ourselves - religious, professional, cultural or otherwise. The values that we hold influence how we view and respond to different events in our life. We can see an example of differing values in the debate over abortion. One side values the sanctity of life over individual choice and might believe that life starts at conception and hence opposes abortion. The other side values individual choice and might believe that women who do not feel ready to bring a child into the world have a right to seek an abortion; they may also believe that in some circumstances women will seek abortions in any case, and that it is better that abortions are performed safely and legally. Each side's views are grounded in their own values, which in turn are shaped by the wider context of their lives.

The next two activities help participants explore local attitudes and their personal attitudes towards mental health.

Activity 2

Brainstorming: exploring local attitudes to Mental health

TIP FOR YOU

This is a brief activity to give participants an opportunity to voice some of the commonly held beliefs and attitudes towards mental health that they may encounter in their communities, and to identify ways of addressing negative beliefs and attitudes that may be present. Remind participants that this is a brainstorming session and all comments will be included on the flipchart for discussion. Do not allow the activity to go on too long. Encourage participants to continue the discussion during break or lunch.

Flipchart XI - 21

What are the local attitudes to mental illness? What are the beliefs that contribute to these attitudes?

Put up Flipchart XI - 6.

Allow participants to brainstorm, and write all comments in brief on the flipchart. When the comments slow down, call a halt to new comments and allow some discussion on ways of addressing some of the negative beliefs and attitudes that have been raised.

Close the activity and encourage participants to continue the discussion among themselves later.

Activity 3

Buzz groups and plenary: exploring our attitudes to Mental health

Divide the participants into buzz groups of three or four participants. Ask them to open their handouts at “Scenario for use in buzz groups: exploring health-care providers’ attitudes to mental health”.

Read the scenario and the task below with all participants. Ask whether there are any questions. Then ask each group to discuss the scenario for 10 minutes and respond to the four questions. Alert the participants a few minutes before the time is up.

A woman comes to the clinic with her daughter, Mary, who is 15 years old. The woman complains that Mary is withdrawn and has hardly spoken to her for the past few months. Mary has missed school, sometimes complaining of headaches and sometimes just refusing to go. When Mary was 13 years old, she was top of her class, had a good group of friends and enjoyed team sports. Now her marks are low and she is in danger of failing her final-year exam. Her mother says she has been told by the teacher that Mary is disruptive in class when she is at school. Her mother says that often Mary just lies on her bed and refuses to do anything. Her friends have not come to visit since Mary shouted at them a month ago and told them all to go away.

Mary appears quiet and says very little while her mother speaks. When asked, Mary says she does not think there is a problem.

- What might the health-care provider think and feel when faced with this adolescent and her mother? f How might the thoughts and feelings of the health-care provider affect the way in which he or she deals with Mary?
- What does the health-care provider imagine Mary is thinking and feeling?
- What does the health-care provider imagine Mary’s mother is thinking and feeling?

Remember you are not discussing the assessment of Mary. Remind participants to respect each other’s views in the groups and to give everyone the opportunity to talk.

TIP FOR YOU

Ask participants only to give a brief feedback on one or two of the most interesting points brought up by their group. Ask them not to identify who has made specific comments.

Tell the participants that our beliefs, attitudes and values are formed over time by our experiences and hence by the circumstances into which we are born and live and by the people and situations we encounter. The beliefs, attitudes and values that we hold can influence the way we interact with other people and our ability to provide professional and non-judgemental care and support.

Through examining our own beliefs, attitudes and values towards mental health, we can better understand those that are prevalent in our communities and consider how they have formed. In this way we are better placed to challenge the stigma and discrimination that people with mental health problems are frequently subject to in society and health-care settings.

Promotion of adolescent mental health starts by ensuring it is possible for young people with mental health difficulties to receive help without fear of shame and stigma.

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Consider how opinions come from events in our lives. For example, if someone in our neighbourhood is seen as “dangerous” and “someone to avoid”, this can encourage the belief that mental illness is a threat to one’s personal safety, a perception that one could hold for many years. (In fact, people with mental illness are more likely to be victims than perpetrators of violence.)

We may all have opinions that are not evidence-based and involve generalizations about people or groups. Challenging these opinions can have enormous influence on our attitudes and values on important issues.

TIP FOR YOU

You may give a different example.

Activity 4

Plenary: the stigma of Mental illness

Participants can stay in their small groups or move back for the plenary.

Ask all participants “What is stigma?” Allow for some discussion, and then put up Flipchart.

Put up Flipchart and ask the question.

Flipchart XI : 22

- Stigma: mark of shame, disgrace or disapproval that results in an individual being shunned or rejected by others.
- Stigma of mental illness: mental illness is associated with stigma in most societies. Stigma may increase as behaviours become increasingly different from the norm.

Write the responses on the flipchart. Encourage participants to respond.

TIP FOR YOU

Ensure the following points are discussed; prompt participants if necessary:

- The stigma of mental illness is often based on lack of knowledge about the causes of mental illness and the availability of effective treatment.
- in many societies there are myths and beliefs that increase the stigma and fear of mental illness. Mental illness might be believed to be associated with evil spirits and magic.
- Mental illness and the associated stigma can cause a great deal of suffering for the adolescent and their family and friends.
- Mental illness and the associated stigma can result in:– rejection by friends, fellow students, co-workers, relatives and neighbours, leading to aggravated feelings of rejection, loneliness and depression;– rejection of a young person with a mental or behavioural disorder, affecting his or her family or caregivers and leading to the person’s isolation or humiliation;– denial of equal participation in family life, schooling, social and professional networks, and employment;– reduced ability to access the services, treatment and support required in health-care settings and the community.

Flipchart XI - 23

How can health-care providers contribute to reducing the stigma of mental illness for adolescents?

Tell participants that health-care providers should be aware that adolescents with mental illness are more vulnerable to being abused and badly treated.

When the responses slow down, summarize the points made. Then put up Flipchart.

Write responses on the flipchart. Encourage participants to respond.

TIP FOR YOU

Ensure the following points are discussed; prompt participants if necessary:

- The myths, misconceptions and negative stereotypes that people have are a major cause of the stigma associated with mental illness.
- Reducing the stigma of mental illness involves talking openly and accurately about the causes, effects and effective treatment of mental illness. One example of this is making people aware that most adolescent mental health problems are not permanent and can be treated successfully with psychosocial and sometimes pharmacological interventions.
- Stigma of mental health can be reduced by actions at the community and wider societal levels. At the community level, there is a need to:
 - talk openly about mental illness and the role of the community in promoting mental health and supporting adolescents with mental illness;
 - provide accurate information on the causes, prevalence, course and effect of mental illness;
 - challenge the negative stereotypes and misconceptions surrounding mental illness, and challenge and correct myths and misinformation about the causes and treatment of mental illness, including among health workers;
 - provide support and treatment services that enable young people with mental illness to participate fully in all aspects of community life.
- At the societal level, there is a need to:
 - ensure those in charge of law and policy reform understand the issues surrounding adolescent mental health, and that they work towards the provision of mental health services in the community;
 - create demand and support for new or revised legislation and its enforcement to protect the rights of people with mental illness, enable access to health and social services, and reduce discrimination in schools and the workplace.

Module XI

30 mins



Materials:

Materials

Flipchart

SESSION 5

Responding to adolescent with health difficulties or problem or a mental disorder

Objectives:

- **By the end of the session, participant will be able to**
- Discuss responses to adolescents with mental health difficulties or disorders by families and communities.
- Discuss responses to adolescents with mental health difficulties or disorders by first- and referral- level health-care providers.

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|------------------------------------|----------------------|---------|
| Activity 1 | Response by family and community | Mini lecture | 5 mins |
| Activity 2 | Responses by health care providers | Mini lecture | 15 mins |
| Activity 3 | Responding to needs of parents | Mini lecture | 10 mins |

Activity 1

Mini-lecture: responses by family Members and community Members

Talking points

Family members, teachers, youth workers, social workers and other non-health workers could help identify (in their homes, schools and elsewhere in their communities) adolescents experiencing mental health problems. To do this, they need to know what warning signs to be alert to. They also need to know that it is important to look out for these warning signs.

They could also help adolescents experiencing mental health problems by giving them a patient hearing, empathizing and offering advice and support to adolescents to cope with the challenges they are facing and to deal with them effectively. If the symptoms persist or if the adolescent's ability to function is affected, he or she should be referred to a primary-level health worker.

Family and community members can make it easier for adolescents to seek help by normalizing and legitimizing care-seeking for mental health problems.

Flipchart XI : 24

Families and community members could:

- help identify adolescents with mental
- health difficulties or disorders;
- offer them empathy and support;
- refer them for help, if needed.

TIP FOR YOU

Invite comments and questions on the points you have made in the session. Do not feel obliged to respond to all inputs made – encourage other participants to do so instead.

Activity 2

Mini-lecture: responses by health-care providers

Talking points

Health-care providers at the primary level need to be able to provide the following services:

- Recognize mental health difficulties and disorders: Health-care providers need to be able to recognize the warning signs that an adolescent may be experiencing mental health problems or substance dependence.
- Deliver simple therapies and treatments: Health-care providers need to be able to deliver simple psychological therapies and treatments to help the mental health of adolescents.
- Refer adolescents who need specialized care: Health-care providers who have not been trained to treat mental disorders should at least be minimally trained to recognize mental health disorders and adolescents in danger of self-harm or suicide, and to refer them to appropriately trained providers.

At the referral level, a multidisciplinary team should deal with the biopsychosocial and rehabilitation needs of adolescents with serious mental health problems. One key emergency service that should be in place is care and support for adolescents who harm themselves or are at risk of doing so.

Referral-level staff also has an important role to play in supporting primary-level health-care providers.

Flipchart XI : 25

Health-care providers at the primary level could:

- recognize mental health difficulties and disorders;
- deliver simple therapies and treatments;
- refer adolescents who need specialized care.

Flipchart XI : 26

A multidisciplinary team at the referral level could:

- provide care to seriously ill adolescents;
- support primary-level providers.

Flipchart XI : 27

Management of mental health difficulties and disorders consists of:

- psychological approaches;
- biomedical approaches.

Talking points

The management of mental health problems in adolescents includes a combination of psychosocial and biomedical interventions. Certain interventions or combinations of interventions work better than others for particular conditions. Beyond this, the management strategy will depend on factors such as the nature of the problem, the competence of the health-care providers involved and the availability of medication.

Psychological interventions include:

- undirected approaches, such as those providing help within a counselling framework to help patients explore, discover and clarify ways of dealing with problems or concerns;
- directed approaches that aim to change a pattern of behaviour or things, e.g. cognitive therapy, behavioural therapy or a combination of both (cognitive–behavioural therapy, CBT).

Biomedical interventions consist of treatment with the following groups of medications:

- Antidepressants: Examples include fluoxetine (but not other selective serotonin reuptake inhibitors) and amitriptyline (and other tricyclic antidepressants), both antidepressants mentioned in the WHO Formulary and on the WHO Model List of Essential Medicines.
- Anxiolytics or minor tranquillizers: These can help to reduce anxiety symptoms but do not help with depression. They are also used as sleeping pills. These medications should be used with caution and only for short periods of time, since they can cause dependence. Examples include benzodiazepines.
- Neuroleptics or major tranquillizers: These are used to treat schizophrenia and some other mental disorders. Oral haloperidol or chlorpromazine should be offered routinely if the person has a psychotic disorder.

Flipchart XI : 28

Advice on self help-strategies that can be taught to adolescents:

- preventing anxiety and sadness from dominating thoughts and feelings;
- coping with everyday problems;
- relaxing when feeling overcome.

Talking points

Health-care providers can provide basic psychosocial support through approaches such as the ones listed in the slide. Practical guidance on this is provided in the handout (Section 5).

TIP FOR YOU

Ask participants to turn to the appropriate section of the handout. Give them a few minutes to go over the points. Invite comments and questions on the points you have made in the session.

Activity 3

Mini-lecture: responding to the needs of parents and other accompanying adults

Adolescents may come to the health centre with a parent or another adult. Health-care providers need to consider how they will communicate with accompanying

adults in a manner that is respectful to the rights of the adolescent patient and also sensitive to the needs of the parent or accompanying adult who is coping with a son, daughter or ward who is psychologically troubled or behaving in a manner they find troubling.

This is a challenge when working with all adolescents, but especially when working with younger adolescents who are more dependent on their parents.

It is important to be aware of general principles in dealing with such situations. It is also important to be aware of laws and policies on dealing with such matters. Each case needs to be managed based on local realities, finding the right balance between ethical (i.e. to do what is in the adolescent's best interests) and legal and practical imperatives.

- Demonstrate respect and empathy for the parent through your words and actions. Show you respect their views and perspectives on their child, through your words and actions. Reassure the parent that you believe parents have an important role to play in supporting their children.
- Explain to the parent your guiding principles (i.e. respect for the evolving capacity of the adolescent) and your working methods (e.g. you may need to speak to the adolescent in private). Maintain confidentiality and do not share information with the parent, without the adolescent's consent, on anything that the adolescent has confided in you.
- Try to identify the nature of the relationship between the parent and the adolescent. Try to understand whether one or both parents may have contributed to the problem, and whether one or both parents could potentially contribute to the solution. Parents may be a part of the problem as well as a part of the solution in many cases. Do not underestimate the influence that parents can have, even on older adolescents who seem independent.
- Provide the parent with the information and advice he/she needs to support their son or daughter, but do this only when you have the permission or support of the adolescent.
- Do not make decisions or agreements with parents on issues concerning their son or daughter "over the head" of the adolescent.

Flipchart XI : 29

Responding to the needs of parents and other accompanying adults:

- Demonstrate respect and empathy.
- Explain your guiding principles.
- Identify the nature of the relationship between the person and the adolescent.
- Provide the person with the information and advice they need to support their son or daughter.
- Do not "go over the head" of the adolescent.

TIP FOR YOU

Invite comments and questions on the points you have made in the session. Do not feel obliged to respond to all inputs made, but encourage other participants to do so instead.

Review the session objects, and identify the main points of session.

Module XI

SESSION 6

Promoting mental health in adolescents

20 mins



Objectives:

By the end of the session, participant will be able to

- Identify actions at the individual and environmental level that could be taken to promote mental health in adolescents.

Materials:

Materials
Flipchart

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|--------------------------|----------------------|---------|
| Activity 1 | Health promoting actions | Brainstorming | 20 mins |

Activity 1

Brainstorming: identifying key health promoting actions

TIP FOR YOU

Recall the discussion in Session 2 on factors that contribute to mental health difficulties and disorders in adolescents. Then ask participants to identify possible health-promoting actions at the individual and environmental level, giving reasons for their choice of actions.

Put up Flipchart.

Allow participants to brainstorm and write all comments in brief on the flipchart. When the comments slow down, call a halt to new comments and encourage some discussion.

Ask the participants to open their handouts at the table shown below. Take them through one row, and then give them the time to go over the rest of the table.

Flipchart XI - 30

What actions do you believe need to be taken to promote mental health in adolescents, and why?

| Setting | Sector | Actions |
|--------------------------------------|-------------------------------|---|
| Home | Social welfare services | <p>Educating parents to help them understand the emotional needs of adolescents and how to respond to these needs</p> <p>nature of mental health problems that might occur, how to respond to them, and when and how to seek help</p> <p>Supporting vulnerable adolescents and their families</p> |
| School | School staff | <p>Building individual assets such as self-esteem and life skills</p> <p>Discussing sexual health, injuries, violence and substance use; promoting healthy attitudes and behaviours</p> <p>Making school a safe (i.e. free from physical and emotional violence) and supportive (i.e. where students and staff feel valued and supported) environment</p> <p>Training teachers to detect adolescents who might need help, provide them with counselling support, and refer those who need medical help to health facilities</p> <p>Working with social health services to identify and provide support to adolescents living in difficult circumstances</p> |
| Community | Community leaders and members | <p>Engaging and sensitizing community leaders and members to help create a caring and supportive environment for adolescents with or at risk of mental health problems, and their families</p> <p>Engaging and sensitizing community members to intervene when there is violence in homes and elsewhere in the community</p> <p>Training selected community members to detect and refer to health services adolescents who might need help</p> |
| Media and communication technologies | Media personnel | <p>Disseminating information on factors contributing to mental health problems in adolescents, on effective ways to prevent mental health problems and respond to them when they occur, and on substance use and mental health problems</p> <p>Preventing glamorization of suicides</p> |

In your concluding comments, refer to any points that participants made that are not in the table. Thank the participants and close the activity.

Module XI

SESSION 7

Module Summary

10 mins



Objectives:

By the end of the session, participant will be able to

- Review and discuss the answers to the spot checks.
- Review the “matters arising board”.
- Review the module objectives.

Materials:

Materials

Flipchart

| ACTIVITY | TOPIC | TRAINING METHODOLOGY | TIME |
|------------|----------------|----------------------|---------|
| Activity 1 | Module Summary | Presentation | 10 mins |

Activity 1

Review Module objectives

Display the module objectives again (Flipchart) and go through the points. Ask participants for any questions or comments and address them.

Put up and read Flipchart.

Ask participants to write down three key lessons they have learnt from this module and three things that they plan to do in their work for or with adolescents to put into practice the new knowledge acquired as a result of their participation in this module.

Remind participants to record their impressions on the module on the Mood Meter. Remind them the handout provides more information on the module. Thank participants warmly for their hard work and participation in this module.

Flipchart XI – 31

Lessons learnt

- List three important lessons that you learnt through participating in this module.
- List three things that you plan to do in your work for or with adolescents to put into practice the new knowledge you acquired as a result of participating in this module.

Concluding Module

Module XII

Post-test

Session 1
30 mins

What will I do to make my health
centre Adolescent Friendly?

Session 2
50 mins

Closing of the Orientation
Programme

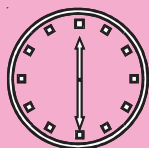
Session 3
10 mins

(Total Time: 1 hr 30 mins)

Module XII

SESSION 1 Post-test

30 mins



Objectives:

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

- Answer key questions related to Adolescent Health.

Materials:

- Blank Post-tests for each participants

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

Introduction

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

Activity 1

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

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

TIPS FOR FACILITATOR

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

SESSION 2


What will I do to make my health centre Adolescent Friendly

Module XII

Objectives:
By the end of this session, participants will:

- Have an action plan for making their health centresAdolescent Friendly.

50 mins



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

Materials:

- Blank flipcharts
- Markers

Activity 1

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

TIPS FOR FACILITATOR

- Column 1**
Changes you personally plan to make in your everyday work with or for adolescents. Stress that each change could relate to something they learned during any of the modules they have worked through. Explain each remaining column in turn.
- Column 2**
Why is this change important: who or what will benefit and in what way? Explain that the first task is to concentrate on the first two columns only.
- Column 3**
How will you measure the extent of success of this change?
- Column 4**
Are they any personal or professional challenges and/or problems you anticipate in carrying out the changes?
- Column 5**
What assistance are you likely to need and who could provide you with this assistance?

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

PLAN OF ACTION (An Example)

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

Module XII

10 mins



SESSION 3

Closing of the Orientation Programme

Activity

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

Pre / Post-Testfor *Participants*

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

Name of state _____ Name of District _____

Name of Block PHC/CH _____ Date of Pre/Post-test _____

Name of Participant (Optional) _____

Dates of Programme _____ Date of Test _____

Note: Answer all questions. Multiple choice questions have only one correct answer.
Please '✓' correct answer. You may provide more information wherever asked.

1. Adolescents come under which age group?
 - a) 8 -10 years
 - b) 8 -15 years
 - c) 10 -19 years
 - d) 19 -35 years
2. What are the important changes that take place in the individual as he/she goes through adolescence?
 - a) Physical
 - b) Mental
 - c) Emotional
 - d) All of the above
3. What are health related concerns of adolescents?
 - a) Menstrual problems
 - b) RTIs/STIs - Hygiene
 - c) Teenage pregnancy
 - d) Anaemia
 - e) Unsafe abortions
 - f) Drug/substance abuse/smoking
 - g) All of the above
 - h) Any other (plese write) _____
4. We should invest in adolescents because:
 - a) a healthy adolescent grows into a healthy adult.
 - b) health benefits for the adolescent's present and future.
 - c) economic benefits to avert future health cost.
 - d) as an adolescents' right to good health.
 - e) all of the above
 - f) Any other (plese write) _____

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

12. Are the nutritional needs of boys more than that of girls?
- a) Boys have more nutritional needs
 - b) Boys and girls have some nutritional needs
 - c) Girls have more nutritional needs
13. What is the risk of maternal death among women aged 15-19 years as compared to women aged 20-35 years?
- a) Lower
 - b) Higher
 - c) Equal
14. What can you as an ANM/LHV do to prevent unsafe abortions in pregnant adolescents?
- a) Counsel and refer to appropriate facility for termination of pregnancy
 - b) Conduct termination of pregnancy yourself
 - c) Scold her for getting pregnant and tell her to continue her pregnancy now and take some contraception after delivery
15. Which contraceptive method is not an appropriate choice for adolescents?
- a) Abstinence
 - b) Condoms
 - c) Combined oral contraceptive pills
 - d) Sterilisation
 - e) Fertility-awareness based methods
 - f) IUCD
16. What should ANMs/LHVs do to prevent STIs among adolescents? (please (🗑) three most important actions)
- a) Counsel all adolescents to abstain from sex until marriage ☐
 - b) Counsel for faithfulness and contraception to sexually active adolescents ☐
 - c) Make STI services adolescent friendly ☐
 - d) Criticise unmarried sexually active and inform the parents of sexually activer unmarried adolescents of their shameful behaviour ☐
17. After unprotected sex, emergency contraceptive pills can be given to:
- a) Married adolescents
 - b) Unmarried adolescents
 - c) Both
 - d) None of the above

18. Which adolescent services can you provide at your health centre (PHC or sub-centre)?

a) _____

b) _____

c) _____

d) _____

19. What are the most important characteristics of adolescent-friendly health facilities?

a) _____

b) _____

c) _____

d) _____

20. Which contraceptive methods are protective against STIs/HIV (dual protection)?

a) _____

b) _____

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

$$\frac{15}{20} \times 100 = 75\%$$

Ministry of Health and Family Welfare

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