

# **Facilitator's Guide**

## **Training Manual for Medical Officers**



## Acknowledgement

The Training Modules for Orientation Program for Medical Officers on Adolescent Friendly Health Services under Rashtriya Kishor Swasthya Karyakram have been adapted from the modules of Orientation Program for Medical Officers to provide Adolescent Friendly Reproductive and Sexual Health Services [Ministry of Health for Health Care Providers (WHO), and Adolescent Job Aid (WHO)]. Material for health talks on important issues has also been provided in a format which is easy to understand by adolescents and their parents and teachers.

A new addition is the clinical algorithms from Adolescent Job Aid (WHO). These algorithms will guide the medical officers on management of common clinical problems faced by adolescents.

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# *Introductory Module*

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- Session 1** : Getting to know each other and  
new Adolescent Health Strategy 60 mins.
- Session 2** : Adolescent-Friendly Health Services  
Orientation Programme 60 mins.

*Module I:*  
*Introductory*  
*Module*



## Session 1

## Getting to know each other

**Objectives:**

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

- Identify each other in the group.
- Get to know the facilitator and establish better rapport with them.

**Materials:**

- Flipchart 1 - 1
- Name tags
- Markers
- Pre-prepared paired cards

Activity	Topic	Training Methodology	Time
Activity I	Group Introductions	Game of matching paired cards	45 mins.
Activity II	New Adolescent Health Strategy	Presentation	15 mins.

**Activity I**

- Introduce yourself and your co-facilitator(s).
- Welcome the participants to the Orientation Programme on adolescent health and to this module. This module provides an introduction to the Adolescent friendly Health Services. It will also provide information regarding the Orientation Programmes for Medical Officers to provide adolescent friendly health services. It will help acquaint the participants to one another and to the facilitator(s). It will also run through the workshop objectives, participant's expectations and contributions and set the ground rules and norms for the workshop.
- Explain that before starting the programme, some time will be spent on getting to know each other through a game.
- Keep pre-prepared cards ready by writing on them words that form pairs- one word on a separate card. Such as 'Day-Night'. Write 'Day' on one card and 'Night' on another card. These two cards together become a pair. These pairs can also be prepared by writing names of persons, movies, diseases and causative factors, phrases and idioms. The number of paired cards should equal the number of participants so that each one gets one portion of the card. Include the facilitators also in this game.
- Explain the game to the participants:
  - Each participant, including facilitators, will pick up a card when the facilitators come to him/her with the bowl of cards.
  - Each participant will read the word on his/her card and move in the room to find his/her partner with the other word to complete the pair. These two participants, with a complete pair of cards, are partners for this game.

## Module I

### Session I: Getting to know each other

- Put up Flipchart I-I and tell the participants that each person will ask his/ her partner for the information written on the flipchart. Read the questions written on the flipchart.

#### Flipchart i-i

Please Introduce your partner by:

- Name
- Designation and where he/she is working
- Number of years of work experience
- Fondest memory from your adolescence
- Troublesome experience from your adolescence

- Tell the participants that they will be given 5 minutes to complete this game. After 5 minutes, each pair will come forward, share their paired word and introduce each other to the whole group using the guidelines written on the flipchart.
- Once the participants have understood the game, the co-facilitators should move from one participant to another with the bowl of jumbled paired cards. Each participant, including the facilitators, will lift a card from the bowl and find his/her partner.
- After 5 minutes, ask each pair to come up to the front of the room and introduce each other to the whole group.
- Keep on noting and adding up the number of years of experience of everyone in the room as you go along.
- 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 and learn from others in the group.
- Highlight that how vividly they remember both positive and negative experiences from their teenage even if these appear of little importance now as adults. We should therefore remember to be empathic with a teenager who is concerned about a seemingly 'little' problem.
- Ask the participants to take out their name tags from their folders and write on it clearly the name they would like to be called during the programme -some people prefer their first name and others their surname. Give a marker pen to each participant to write their names. Ask the participants to wear their name tags throughout the Orientation Programme.

#### Activity II

- This activity includes a Presentation about status of adolescents of India and the new adolescent health strategy.
- Before making the presentation, please read the Handout-I "Introduction" pages 3-13 from Resource Book - Handouts.
- Make the presentation using the Flipcharts / Slides given in the slide set provided to you. These slides are not printed in this Facilitator's Guide so please acquaint yourself with the slides too before making the presentation.

#### 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.

## Session 2

## AFHS Orientation Programme

**Objectives:**

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

- Give an overview of the 4-day Orientation Programme for Medical Officers.
- List out the objectives of the Orientation Programme for Medical Officers.

**Materials:**

- Flipchart 1-2
- Flipchart 1-3
- Flipchart 1-4
- Flipchart 1-5
- Markers
- Coloured cards
- Tape

Activity	Topic	Training Methodology	Time
Activity 1	Listing of participants' Expectations and Contributions	Individual exercise	30 mins
Activity 2	Overview of the new Adolescent Health Strategy, AFHS and Orientation Programme including Objectives	Presentation	30 mins

**Activity 1**

- Take two different coloured cards. On one (eg. red card) write "Expectations"/ what you would like to take away and on other (blue card) write "Contribution"/ what you would like to share during the workshop. Paste these two cards on a wall at a distance of 2 feet from each other.
- Give each participant a set of two different coloured (red and blue) blank cards (similar in colour which are pasted on the wall).
- Ask the participants to write on the red card one expectation they have from this orientation programme and on the blue card what can they contribute/ share in this programme. Refer to the immense wealth of experience in the room to encourage participants.
- Give the participants 2 minutes to write their responses on the cards. Give them marker pens to write. As the participants complete writing their responses, ask them to come and paste the cards under each category on the wall.
- When all the participants have pasted their cards on the wall, request two participants to volunteer to read the response first of expectations and then of contributions.

## Module 1

### Session 2: AFHS Orientation Programme

- Thank the participants for their responses. Tell them that you will refer to these expectations when presenting the objectives of the programme.
- Also thank them for being ready to contribute to the workshop in their own way.

#### Activity 2

- Explain to the participants that India's population today is over one billion. Adolescents in the age group 10-19 years make up one fifth of the population.
- Refer the participants to Handout-I and explain briefly the overview of new Adolescent Health Strategy and the Adolescent-Friendly Health Services.
- Explain that with this background, orientation programmes have been planned for Programme Managers and service providers.
- Refer to the section Background and Objectives of the Orientation Programme in Handout-I for specific objectives of the Orientation Programme. Put up Flipchart 1-2 and explain objectives of the Orientation Programme for Medical Officers. Match these objectives with the expectations and contributions mentioned by the participants. Explain that the expectations beyond the scope of this orientation programme will not be met.

#### Flipchart i-2

##### **Objectives of the Orientation Programme**

By the end of this Programme, participants will be:

- More knowledgeable about the characteristics of adolescent growth and development
- Able to understand the needs of adolescents
- Better equipped with information and resources thereby be able to implement and monitor adolescent-friendly health services in their area and ensure quality of care
- Able to make a plan of action to implement and monitor adolescent-friendly health services through Adolescent Friendly Health Clinic

- Put up Flipchart 1-3 and explain that the Orientation Programme will help the participants answer two questions:

#### Flipchart i-3

Questions to be answered:

- What do I, as a Medical Officer, need to know and do differently if the person who walks into my health centre is aged 10-19 years, rather than 6 or 36?
- How can I help? In the health centre? Away from the health centre? Are there other influential people in my community who understand and respond to the needs and problems of adolescents?

- The overall aim of this programme is to orient Medical Officers at the PHCs, CHCs and other hospitals 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-services 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.
- Stress that the assumption is that the service providers are already equipped with clinical skills. The focus of this orientation workshop is on how to use these skills to reorganize the existing services for adolescents.
- Refer participants to the Handout and ask them to look at the Agenda in Handout I and briefly take them through each day's work listing the modules prepared for the orientation.

### **Agenda for 4-day Workshop for Medical Officers**

<b>Schedule of the Training Programme for Medical Officers</b>	
<b>Day 1</b>	
<i>Module I</i>	Introductory Module
<i>Module II</i>	Adolescent Growth and Development and its Implications on Health
<i>Module III</i>	Dealing with the Adolescent Client
<b>Day 2</b>	
<i>Module IV</i>	Adolescent-friendly Health Services
<i>Module V</i>	Sexual and Reproductive Health Concerns of Boys and Girls
<i>Module VI</i>	Nutritional Needs of Adolescents and Anaemia
<b>Day 3</b>	
<i>Module VII</i>	Pregnancy and Unsafe Abortions in Adolescents
<i>Module VIII</i>	Contraception for Adolescents
<i>Module IX</i>	RTIs, STIs and HIV/AIDS in Adolescents
<b>Day 4</b>	
<i>Module X</i>	NCDs, Injuries, Aggression and Violence
<i>Module XI</i>	Mental Health
<i>Module XII</i>	Concluding Module

- Please explain that particular subject modules for the Orientation Programme 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 uninterrupted presence and active participation.
- Tell 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 learn from each other.
- Explain briefly the methodology and process of the Orientation Programme. Explain the "participatory learning process".

## Module 1

### Session 2: AFHS Orientation Programme

- 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 extensive clinical and/or other experience of working with adolescents and adolescent health issues.

A participatory approach enables the individual to draw on his/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.

#### 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
- Keeping mobile phones on silent mode.
- Drawing on the expertise of facilitators and the participants in difficult situations

- Emphasise that there are some basic ground rules that would be followed throughout the workshop.
- Put up Flipchart 1-4 to display some ground rules.
- Ask one of the participants to read out the list of ground rules.
- 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.
- Stress that adherence to these rules will help to ensure an effective and enjoyable learning environment. The group may want to make a list of its own rules. Ask participants for any other rules they wish to add to the list.
- Once the list of ground rules is complete, write the list on the flipchart and paste it on the wall. These can then be referred to throughout the workshop.
- Explain that throughout the Orientation Programme, a "Satisfaction Meter" will be used to assess how participants feel about each module. Show Flipchart 1-5 and explain how it works.

## Flipchart i-5

## Satisfaction Meter

Module I

Module II

Module III

Satisfied



Not so satisfied



Disappointed



- On a blank flip chart write 'Parking Lot' at the top and paste it on the wall in a corner. Show it to the participants and explain that it will remain in this location at all times so that participants may write down any issues that came up during the day and were not adequately dealt with.

Tell the participants that the questions raised will be dealt with during relevant sessions and during breaks.

- Explain to the participants that Self-Assessment Tools (SAT) would be used in this workshop to measure changes in participants' knowledge. Tell them that there are a series of Self-Assessment Tools (SAT) for each of the module (except the Introductory and Concluding modules). SAT will enable the participants to see how they feel about certain issues, and what they know about the topic before beginning the module. Reviewing the same SAT at the end will reveal if there has been any change in their attitudes and knowledge. Instructions to answer the questions are given in the SAT.

## Tips for Facilitator

QUESTION OR COMMENT	POSSIBLE RESPONSE
Why is this workshop only focusing on Medical Officers, ANMs/LHVs when many other "adults" also influence adolescents?	Explain that many groups including health workers, teachers, social workers, religious leaders, and, of course, parents have important contributions to make to the health of adolescents.
	The Government of India has a special responsibility in strengthening the 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. Counselors, ASHAs and Peer Educators are also being trained.
I may have views about how to improve our health service, but I am not in a position to influence people who matter.	Explain that, within the group, some people may be in a decision-making role, and that many others may not. Some may be able to do a great deal, and others only very little. However, every one of us will be able to do something, and this workshop will help each of us to define what is possible for us to do (in the positions that we hold).

## Module 1

### Session 2: AFHS Orientation Programme

- Tell the participants to revisit the SAT in the evening at their rooms after the subject has been discussed in the training room during the day to see if there is any change in their answers.

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*

#### *Tips for Facilitator*

The ‘Parking lot’ chains a place for the participants to record any matters arising during the course of the workshop which were not dealt adequately, so that you can address them later in the workshop. You should have designated earlier a place in the room for the ‘Parking lot’ which is easily accessible to all participants at all times.



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# *Adolescent Growth and Development and its Implications on Health*

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Session 1	: Module Introduction	15 mins.
Session 2	: Developmental Characteristics of Adolescents and Health Implications	50 mins.
Session 3	: Adolescent Sexual Development and its Health Implications	30 mins.
Session 4	: Why Invest in Adolescent Health and Development?	50 mins.

## ***Module II:***

### ***Adolescent Growth and Develop- ment and its Implications on Health***

## Session I

## Module Introduction

**Objectives:**

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

- List the module objectives.

**Materials:**

- Flipchart I - 2
- Self-assessment Tool

Activity	Topic	Training Methodology	Time
Activity 1	Module Introduction	Presentation	5 mins.
Activity 2	Self-Assessment	Self-Assessment Tool	10 mins.

**Activity 1**

- Introduce this module to the participants. 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 growth and, psychological and behavioural changes 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.
- Put up Flipchart I I-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 on the 'parking lot' and encourage them to do this during the breaks.

## Module II

### Session I: Module Introduction

#### Flipchart ii-I

##### Module Objectives:

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

- Define the term “adolescence”
- Describe the changes during adolescence and their implications on health
- Identify important reasons for investing in adolescent health and development

#### Activity 2

- Ask the participants to open Handout II and ask them to fill the Self-Assessment Tool (SAT) at Annexure 2.
- Explain to the participants how to complete the questions.
- Ask the participants to complete the Self-Assessment Tool to the best of their knowledge and keep them for future self-assessment.

## Session 2

# Developmental Characteristics of Adolescents & Health Implications

**Objectives:**

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

- Define the term 'adolescence'.
- Understand the changes that occur during adolescence.
- Correlate the changes during adolescence period with health implications.
- Explain the rationale and importance of addressing adolescent health and development issues.

**Materials:**

- Flipcharts II-2
- Flipcharts II-3
- Flipcharts II-4
- Flipcharts II-5
- Flipcharts II-6
- Flipcharts II-7
- Blank Flipcharts
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	Definition of "Adolescence"	Interactive Presentation	10 mins.
Activity 2	Changes / events during adolescence	Group work	20 mins
Activity 3	Health Implications of development	Group work	20 mins.

**Activity 1**

- Ask the participants to say what they understand by the term 'adolescence'. Encourage them to state words that come to their mind when they think of adolescence.
- Put down the responses on a blank flipchart and using key words from these responses, help the participants to come up with a definition of adolescence.
- Put up Flipchart II-2 and read out the definition of "adolescence".

## Module II

### Session 2: Developmental Characteristics of Adolescents & Health Implications

#### Flipchart ii-2

##### Adolescence:

- “Adolescence” covers ages 10-19 years.
- GoI in the National Youth Policy defines adolescence as 13-19 years
- “Youth” covers ages 15-24 years. GoI defines this age group as 15-35 years.
- “Young people” covers ages 10-24 years
- “Young adults” covers ages 20-24 years

#### 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 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 to write the list.
- 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-3 containing the list of physical changes, Flipchart II-4 sexual development and Flipchart II-5 of emotional and social changes after respective group work presentations for comparison.
- Invite any additional comments and suggestions.
- Inform that these changes are described in detail in the training manual for medical officers. They can refer to this module for further clinical use.

### Flipchart ii-3

#### Physical events / changes

Boys	Girls
Growth spurt occurs	Growth spurt occurs
Muscles develop	Breasts develop
Skin becomes oily	Skin becomes oily
Shoulders broaden	Hips widen
Voice cracks	Underarm hair appear
Underarm hair, chest hair, pubic hair appear	Pubic hair appear
Facial hair appears	External genitals enlarge
Penis and testes enlarge	Uterus and ovaries enlarge

## Module II

### Session 2: Develop- mental Charac- teristics of Adolescents & Health Implications

### Flipchart ii-4

#### Sexual Development

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

## Module II

### Session 2: Developmental Characteristics of Adolescents & Health Implications

#### Flipchart ii-5

##### Emotional and Social changes

- Preoccupied with body image
- Want to establish own identity
- Fantasy/daydreaming
- Rapid mood changes, Emotional instability
- Full of energy, Restlessness
- Attention seeking behaviour
- Sexual attraction
- Curious, Inquisitive
- Progression from concrete thinking to abstract thinking
- Self exploration and evaluation
- Conflicts with family over control
- Seek affiliation to counter instability (Form groups for feeling assured)
- Peer-group defines their behaviours
- Formation of new relationships

#### Activity 3

- Explain that now through group work (same 3 groups), we will correlate the developmental changes / characteristics of adolescence with their possible health implication.
- 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.
- After all the groups have presented, put up Flipchart II-6 and present the correlation between changes during adolescence and their possible health implications. This summarizes the activity and fill in any gaps in the participants' lists.



## Flipchart ii-6

Changes during Adolescence		Health Implications
<b>Physical Changes</b>		
• Normal growing-up		Undue anxiety and tension
• Increase in height and weight		Increase nutrition requirement – if inadequate, under nutrition & anaemia
• Breasts Development		Stooping of shoulders, poor posture, back pain
• Skin becomes oily		Acne
• Desire to be thin, have a good figure		Protein-energy malnutrition, anaemia
<b>Sexual Development</b>		
• 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		Dysmenorrhoea, Menorrhagia – Anaemia, Poor menstrual hygiene may lead to RTIs
<b>Emotional changes and Social development</b>		
• Development of Identity		Confusion, moodiness, irritation
• Very curious		Experimentation, Risk taking behaviour
• Peer pressure	Effect on lifestyles	• Unhealthy eating habits leading to obesity
		• Smoking and alcohol use leading to ill health
		• Speed driving, accidents

## Module II

### Session 2: Developmental Characteristics of Adolescents & Health Implications

#### Vulnerability of Adolescents:

- **Stress that to have a health problem, it is not necessary for the adolescent to be sick. Even normal growth and development processes can cause health problems in adolescents.**
- Explain that Adolescents are vulnerable by virtue of:
  - Normal developmental processes
  - Family/ Peer/ Environmental influences
  - Life style patterns;
 and are “At Risk” because of certain behaviors they may pick up while passing through this phase of life
- Put up Flipchart I I-7 and discuss that there are some special attention groups among adolescents in the community.

## Module II

### Session 2: Developmental Characteristics of Adolescents & Health Implications

#### Flipchart ii-7

##### Special attention groups

- “Out of school” adolescents, street adolescents
- Sexually abused adolescents
- Commercial sex workers
- Adolescents with mental and physical disabilities
- Adolescents living with HIV / AIDS
- Orphan adolescents, those in foster care and institutions
- Adolescents in conflict with the law
- Working adolescents

- Explain why these groups are even more vulnerable and need special attention. The adolescents who fall in the special attention groups are more at risk of identity crisis and low self esteem, guilt, frustration and mental health problems. They are also the group who can be moulded and helped to change their erratic behaviours to more responsible ones to improve their self worth and esteem.
- **Stress that the various issues related to adolescence - growing up, new behaviours etc. have not only a huge socio-economic impact just by their sheer numbers but also impact the National Health Indicators.**

#### Tips for Facilitator

- Explain that adolescence is a transition period in life when an individual is no longer a child, but not yet an adult because biologically some of the body organs are not developed completely and are not yet ready for proper function. Example: (1) the uterus and pelvis of a girl is not fully grown to bear and continue a pregnancy to term. This may result in complications during pregnancy and childbirth. (2) Emotionally adolescents are not mature enough to bear the responsibilities of pregnancy and parenthood.
- It is a period of enormous physical and psychological changes and changes in social expectations and perceptions. They have high self esteem and want to be recognised and respected.
- 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 occur, and not on the factors that cause them.

## Session 3

# Adolescent Sexual Behaviour and its Health Implications

## Objectives:

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

- Understand factors that are associated with adolescent sexual experience
- Understand risks and consequences of adolescent sexual behaviour
- Understand that myths related to SRH impact adolescent health

## Materials:

- Flipcharts II-8
- Flipcharts II-9
- Flipcharts II-10
- Flipcharts II-11
- Flipcharts II-12
- Flipcharts II-13
- Blank Flipcharts
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	Factors that are associated with adolescent sexual experience	Interactive discussion	10 mins.
Activity 2	Risks and consequences of early sexual involvement	Brainstorming	10 mins.
Activity 3	Prevalent myths related to sexual and reproductive health and their impact	Brainstorming	10 mins.

## Activity 1

- Display Flipchart II-8 and do an interactive presentation.
- Lead a discussion on development of adolescent sexuality and link it with the exercise on adolescent characteristics and their health implications done in Session 2, Activity 3.
- Stress that all the above factors make it a high risk activity for adolescents since they are more likely to have unsafe sex than older people.
- Explain that many of these factors are linked and feed on each other.
- Encourage the participants to ask questions and answer them.

## Module II

### Session3: Adolescent Sexual Behaviour and its Health Implications

#### Flipchart ii-8

Factors associated with sexual experience in case of adolescents

- Desire to have sex and increased libido
- Desire to experiment
- Incorrect / insufficient information on sexuality, STI/HIV and Contraception
- Peer pressure
- Coercive sexual experiences
- Sex with partner having high risk behaviour
- Multi partner sex
- Unprotected sex – Low condom usage
- Low contraception usage
- Lack of life skills
- Ignorance about available AFHS, safe abortions and post abortion services

#### Activity 2

- Ask the participants that in their opinion:
  - Are adolescents getting more exposed to explicit “sexual material?” How? How many? All of them? Discuss role of mobiles, smartphones and internet.
  - Are adolescents increasingly becoming more “sexually active”? How many? Which ones? Married/ unmarried? Rural / urban / tribal?
  - Do they have adequate and appropriate “knowledge and skills” to safeguard themselves and others?
- Display Flipchart II-9 and discuss implications of early sexual involvement.

#### Flipchart ii-9

Risks of Early Sexual Involvement

- Adolescents who start having sex early are more likely to have sex with :
  - high risk behaviour partner; or
  - multiple partners.
- They are less likely to use condoms.
- Contraceptive usage is likely to be low.

- Explain that adolescents are “exposed” but lack, accurate and “useful” information concerning sexuality and reproductive health. They many have many myths concerning sexuality.
- Display the Flipchart II-10 and discuss the consequences of adolescent sexuality.

**Flipchart ii-10**

Consequences of unsafe sexual behaviour in adolescents

- Early pregnancy and parenthood (within and out of marriage); Higher MMR
- Unsafe abortions and its related complications
- Higher proportion of low birth weight (LBW) babies and increased infant morbidity and mortality
- STIs including HIV/AIDS
- Economic impact – hindrance to academic and career progression because of pregnancy

Consequences that are more in adolescents even if it has been “safe sex”

- *Emotional impact – guilt, stress, anxiety, suicide*
- *Social impact – Stigma (especially if unmarried)*

*Emotional, social and economic impact may be more in case of adolescents (even if it is a safe sex) because they are not mature enough to handle these consequences*

- Put up Flipchart II-I I to highlight the impact on Health indicators.

**Flipchart ii-I I**

Adolescent sexuality impacts, among other the following health indicators:

- Increased Total Fertility Rate (TFR)
- Low Contraceptive Prevalence Rate (CPR)
- Increased Maternal Mortality Rate (MMR)
- Increased Infant Mortality Rate (IMR)
- Increased under-5 Mortality Rate
- High Abortion Rate: Unsafe abortion
- High STI incidence/prevalence rate
- High HIV incidence/prevalence rate

- Tell the participants that adolescent sexual experiences (because of higher possibility of being unsafe) are not only risky for the individuals but they, collectively, also negatively impact the National Health Indicators like - TFR, MMR, STI/HIV incidence and prevalence rate, abortion rate, IMR, under-5 mortality rate, etc. These in turn have a negative effect on the development indicators.

## Module II

### Session3: Adolescent Sexual Behaviour and its Health Implications

#### Activity 3

- In this activity it will be explained how myths and poor information impacts adolescent sexual and reproductive health and facilitates transmission of HIV.
- Display the Flipchart II-12 and ask the participants the questions written on the flipchart.

#### *Flipchart ii-12*

- What are the common myths/misconceptions related to sexuality/Reproductive Health (RH) in your community? Are some of them risky to health?
- What about adolescents? Are they likely to have more myths/misconceptions than adults? Boys? Girls?

- Display Flipchart II-13 and discuss how myths impact adolescent health.

#### *Flipchart ii-13*

Myths/misconceptions leading to Health Risk Behaviour:

- Visiting Commercial Sex Workers to prove/check whether they are man enough
- Seeking “virgins” for sex
- Girls may also seek to prove that they are woman enough
- Belief that all of their friends are doing it

## 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
- Enumerate the National Health Indicators that are adversely impacted by adolescent sexuality.

## Materials:

- Flipchart II-I4
- Flipchart II-I5
- Flipchart II-I6
- Flipchart II-I7
- Flipchart II-I8
- Blank Flipcharts
- Markers
- Tape

Activity	Topic	Traning Methodology	Time
Activity 1	Facts about Adolescents	Interactive presentation	15 mins.
Activity 2	Priority Health problems of adolescents	Brainstorming	15 mins.
Activity 3	Reasons for investing in adolescent health and development	Brainstorming	20 mins.

- Discuss that it is generally considered that adolescents are a healthy section of our population. Explain that while they no longer have diseases like pneumonia, diarrhea, measles etc. that are common during childhood, adolescents have a different set of problems. Many of these have an impact on National demographic and health indicators.
- Display Flipchart II-I4 and present the facts about adolescents in India.
- Explain that adolescents make up 1/5 (22%) of the total population of India and investing in them will yield rich dividends. Explain that these facts suggest that major risks adolescents face in India are because of early pregnancy, childbirth and risk of HIV, STIs, and substance use
- Display Flipchart II-I5 and enumerate the priority health problems of adolescents.

## Module II

### Session 4: Why Invest in Adolescent Health and Development

#### Flipchart ii-14

##### Facts about Adolescents in India:

- Adolescent comprise > 22% of India's population
- Anemia and Stunting are widely prevalent, especially in girls
- 47% girls are married by 18 years (NFHS 3)
- Adolescents (15-19 yr) contribute to 14% (urban) & 18% (Rural) TFR (NFHS 3)
- 16% 15-19 yr girls are either pregnant or have had first child birth; 44% married 15-19 yr women already have children (NFHS 3)
- Maternal mortality is higher among adolescent mothers
- Unmet need for contraception (15-19 years) 13% (NFHS 3)
- Premarital sexual relations are increasing
- Trafficking and prostitution have increased
- RTIs are common in young women
- Misconceptions about HIV/AIDS are widespread
- 40% start taking drugs & substance of abuse between 15-20 years (UNODC, 2002)
- Girls and rural adolescents are disadvantaged

#### Flipchart ii-15

##### Priority Health Problems

- Sexual and reproductive health problems
- Nutritional problems
- Substance abuse
- Injuries, accidents, coercion, abuse and violence
- Psychosocial issues and anxiety and depression
- Issues related to scholastic performance
- Acute and chronic diseases (like asthma, TB, Diabetes, etc.)

**Clustering of problems is common**

### Activity 2

- Display Flipchart II-16 and conduct a short brainstorming on the fact that different stakeholders have different perspectives on priorities of adolescent issues.
- Emphasize that many adolescents give high priority to issues like how they look (body image), acne, education and career issues in addition to sexuality issues (menstruation, masturbation etc.).
- When adolescents approach to seek help on such issues the healthcare provider should use this opportunity to promote their health and development holistically.



*Flipchart ii-16*

## Adolescents issues: Different Perspectives

- **Parents' Perspective:** Examination marks, growth, career, happiness, good citizen, marriage
- **Teacher's Perspective:** Examination marks, all round development, career, civic sense
- **Health Sector's Perspective:** growth, health protection and promotion, safety, early pregnancy, HIV/STI, injuries
- **Administrator's/Policy makers' Perspective:** Healthy and productive population
- **Adolescents themselves:** body image, career/job, sexual concerns, general health

- Service package for adolescents, therefore, should be a comprehensive one, that responds to their needs as well. However, in the Rashtriya Kishor Swasthya Karyakram most of the needs of adolescents are being met through community programs and by strengthening Adolescent Friendly Health Clinic in various health care facilities.

**Activity 3**

- Display Flipchart II-17 which presents reasons for investing in adolescent health. Ask participants to add more reasons if they think so.
- Talk about 'Demographic bonus' that these adolescents and young people would be able to offer in terms of National productivity if they remain healthy.

*Flipchart ii-17*

## Reasons for investing in adolescent health and development

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

## Module II

### Session 4: Why Invest in Adolescent Health and Development

- Explain to them that these are the reasons that make it imperative for the health sector to be a major player. Let the participants know that these reasons can also be used for advocacy for allocating higher resources to adolescent health and adolescent wellbeing in general by the health sector. Encourage participants to develop a consensus that the time has come to break the silence that has till recently enshrouded the issues related to adolescents. Lead the discussion to bring out the fact that **lack of friendly health services for adolescents has also contributed to the negative public health impact. RKSK is likely to improve it**
- Display Flipchart II-18 and ask participants what can the Health System do to help adolescents maintain optimum health.

#### Flipchart ii-18

##### Role of Health System for Adolescents' Health

- Provide accurate information and skills to adolescents to promote healthy behaviour
  - Provide needed services in a friendly manner (AFHS)
  - Support community intervention through Peer Educators
  - Enable other sectors: adolescents, teachers, schools, colleges, parents
  - Help schools to provide Life Skills Education
  - Work with community to help postpone early marriage and early pregnancy
  - Utilize the media for health awareness
- Ask the participants “what role can the health sector play in postponing the prevalent early marriages in some states, postponing pregnancies in adolescents and providing specialized health services for managing adolescent pregnancies?” Note down the various points which the participants mention under the three heads. Let it be emphasised that though the health sector has major roles in the latter two, it can also carry out advocacy for postponing marriage. The health sector should assist the other sectors in this issue of great importance and other areas of “silence”.
  - Ask the participants how providing screening services to adolescents is likely to prevent life style disorders like diabetes, stroke and cancer.
  - 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. Summarize with reasons given in the *Tips for Facilitator*.

## *Tips for Facilitator*

### Reasons for investing in Adolescents:

- Investing in Adolescents Health will reduce the burden of disease during this stage and in later life. It is during adolescence that behaviours are formed which often last a lifetime.
- The HIV/AIDS pandemic alone is sufficient reason to look anew at how health services address the needs of adolescents. Over 50% of new infections occur under the age of 25.
- These are formative years, where physical, emotional and behavioural patterns are set. A healthy adolescent becomes a healthy adult. Preventing high risk behaviors is likely to reduce burden of chronic diseases like diabetes, hypertension, stroke and cancers.
- In the context of the Millenium Development Goals that refer to reduction in IMR, MMR & TFR, paying attention to adolescents will yield dividends in terms of delaying age of marriage, reducing incidence of teenage pregnancy, prevention and management of obstetric complications, and reduction in proportion of LBW neonates.
- Adolescents in the age group of 15-19 years contribute to 19% of the TFR and unmet need for contraception among them is 27%. Considering the significant size of this age group, it is critical to invest in them. Efforts must be made at all levels to make adolescent-friendly services available and accessible. The barriers on both sides - health providers as well as clients must be minimised.

## *Module II*

### *Session 4: Why Invest in Adolescent Health and Development*

## Module Summary

**Key points:**

- Period of adolescence (10-19 yrs) is a period of rapid physical growth, sexual development and emotional-social changes.
- Adolescents are vulnerable to health implications due to the normal developmental changes, to their nature of experimenting and to exposure to more opportunities for high risk behaviour with limited information regarding issues affecting their health and development.
- Investing in adolescents will be a 'demographic bonus' later on by improving maternal and child health and improving overall indicators of morbidity and mortality, when they become responsible and well informed adults.
- There is also an economic benefit - healthy adolescents grow into healthy adults who contribute to National productivity. The cost of treating behaviour / life style related illness during adult age is averted.

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# *Dealing with the Adolescent Client*

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Session I	: Module Introduction	15 mins.
Session II	: Communication	120 mins.
Session III	: Counselling	75 mins.
Session IV	: Clinical interaction with adolescent client	60 mins.
Session V	: Module Summary	05 mins.

## ***Module III:***

### ***Dealing with the Adolescent Client***

## Session I

## Module Introduction

**Objectives:**

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

- Get an overview of the module and its objectives.

**Materials:**

- Flipchart III-I
- Self-assessment Tool

Activity	Topic	Training Methodology	Time
Activity 1	Module Objectives	Presentation	5 mins.
Activity 2	Self-Assessment	Self-Assessment Tool	10 mins.

**Activity 1**

- Introduce the module to the participants. 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, behaviour change and role-plays. It will help Medical Officers to understand the realities and the mind set of their adolescent client and will foster better communication skills for counseling the clients to help manage their personal problems.
- Put up Flipchart III-I and present the module objectives to the participant.

**Flipchart iii-I**

Module Objectives:

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

- Identify effective communication skills
- Identify effective counselling skills to use when interacting with adolescent clients

## *Module III*

### *Session I: Module Introduction*

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

#### *Activity 2*

- Ask the participants to open Handout on 'Dealing with the Adolescent Client' and ask them to fill the Self-Assessment Tool.



## Session 2

## Communication

**Objectives:**

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

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

**Materials:**

- Flipchart III-2
- Flipchart III-3
- Flipchart III-4
- Flipchart III-5
- Flipchart III-6
- Cards with role play scenarios written on them (6 cards for 6 scenarios)
- Blank Flipcharts
- Markers

Activity	Topic	Training Methodology	Time
Activity 1	Defining communication	Brainstorming and discussion	10 mins.
Activity 2	Verbal and non-verbal communication	Interactive Presentation	30 mins
Activity 3	Barriers to effective communication	Demonstration Role Play, Brainstorming	60 mins.
Activity 4	Barriers to sexual and reproductive health information and services and actions for overcoming barriers	Case studies and Group Work	20 mins.

**Activity 1**

- Ask the participants - “What do they understand by “communication?”
- Put the responses on a flipchart.
- Put up Flipchart III-2 and read out the definition of “communication”.

**Flipchart iii-2**

Communication:

- It is the art of expressing and exchanging ideas, thoughts and feelings in speech, writing and/or by body language

## Module III

### Session 2: Communication

- Refer the participants to Handout on Dealing with the Adolescent client and explain how communication is 'a two-way process'

#### Tips for Facilitator

Types of communication are described in detail in the Handout. The facilitators should prepare themselves before conducting this session.

### Activity 2

- Tell the participants that they will now be discussing the different types of communication.
- Emphasise that there are verbal and non-verbal skills that Medical Officers use while communicating with clients. Sometimes, without realising it, doctors communicate one message verbally, while communicating the opposite message non verbally. Mention that non-verbal actions may be "positive" or "negative".
- Call 2 participants. One participant is to tell the other to "leave the room" in four different ways which indicate different emotions (like showing respect, affection, anger, rudeness). Stress that to be an effective communication what is said is as important as how it is said.
- Put up a blank flipchart and brainstorm for "positive non-verbal actions".
- Note the responses on the flipchart. A few examples have been mentioned on Flipchart III-3, but the list is not exhaustive.

#### Flipchart iii-3

##### List of positive non-verbal actions

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

- Put up a blank flipchart and ask the participants to list some "negative nonverbal actions".
- Note the responses on the flipchart. A few examples have been mentioned on Flipchart III-4, but the list is not exhaustive.

## Flipchart iii-4

List of 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

## Activity 3

**Barriers to effective communication:**

- Two facilitators will perform Role-Play I given below, to demonstrate a real-life scenario that commonly occurs in a busy OPD. If there is only one facilitator the role of Sheela can be played by a participant. Tell the participants to observe the process of communication during the role play.

**Role Play****Scenario I**

Sheela is a 14-year old girl who comes hesitatingly to the PHC. The MO calls her into the room and asks Sheela what is her problem? He does not ask Sheela to sit on a stool or chair and his expression is also very firm. Sheela is feeling very shy and is not saying anything. The MO asks her again about the problem. There is a lot of noise outside the clinic room. Anxious and shy, Sheela says that she is having a lot of pimples on her face. The MO asks for how long she is having pimples. Sheela says, 'for the last 2-3 months'. A PHC staff comes to get a paper, signed by the MO, which he signs. The MO asks Sheela her age. Sheela says, 14 years. The MO tries to explain to her that pimples are normal during her age. An adult patient comes in to confirm how he is to take his medicines. The conversation between the MO and Sheela is interrupted as the MO explains to the patient how to take the medicines. He again turns to Sheela and says that she should not worry as the pimples will disappear as she grows older. He asks Sheela to leave. She is still hesitant to go and is trying to linger in the room. The MO again reassures her not to worry and asks Sheela to go home as she does not require any medicine. Reluctantly, Sheela goes out of the clinic.

Sheela was mainly worried because she had irregular periods with pain in the lower abdomen. The MO failed to identify the fact that Sheela has some other problem.

- After the role-play ask the participants to critique the process of inter-personal communication and clinic environment of the role play. Note their responses on a flipchart.
- **Ask the participants what they think adolescents feel when they walk into a health facility, or stand before a doctor. List out the feelings on a flipchart.**

## Module III

### Session 2: Communication

**[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 Medical Officers, they can do to put the adolescent client at ease.  
[Possible answers may be establishing trust, being non-judgemental, using simple language, reasoning with the young client, maintaining confidentiality and privacy].
- Tell the participants that adolescents are still developing their understanding of themselves, other people and the world around them. They do not trust adults easily and hesitate to communicate with them. Their best friends are their peers.
- Lead the discussion to bring out barriers and challenges to communication, especially while communicating with adolescents.
- Put up Flipchart III-5 and compare the list of barriers that Medical Officers face when communicating with adolescents in a health-centre setting.

#### Flipchart iii-5

Barriers to communicating with an adolescent client:

- Physical barriers: Too much noise and distraction
- Lack of privacy - both audio and visual
- Inability to make the adolescent feel comfortable
- Use of medical terms-complicated, unfamiliar words for the adolescent
- Too much information given in one session
- Provider's own perception, beliefs and values clash with the adolescent's needs
- Not enough time devoted with the adolescent client to elicit complete history and provide services including responding to specific questions
- Ordering, directing, commanding
- Teaching, instructing
- Warning, threatening, Preaching, moralizing
- Advising, judging, criticizing, blaming
- Name calling, ridiculing, shaming

- Explain how to overcome barriers and challenges when communicating with an adolescent client. Refer to Handout to explain this issue.
- Ask the participants to volunteer to enact and present Sheela's role-play once again. Explain to the actors that they will try to eliminate all barriers and challenges presented in the previous role-play and complete the play by eliciting further history and ensuring confidentiality.
- When the participants are ready, ask them to present the role-play. Encourage the audience to observe the inter-personal communication this time.
- Lead the discussion to stress how communication can be made effective.

## Activity 4

- Divide the participants into two groups. Give each group a case-study. Tell them that they will have 5 minutes to read it as a group. Refer the participants to Handout on “Dealing with the adolescent client”, Annexure 2 for these case-studies.

## Module III

### Session 2: Communication

#### Scenario I

Ramesh is a 17 year old boy who lives in Kalyanpuri, a slum in Delhi. His friend Raghu, who studies in his class, keeps boasting about the many girl friends he has. Raghu laughs at Ramesh for not having engaged in sexual activity. Raghu jokingly says that Ramesh is not man enough. Ramesh feels embarrassed about this and thinks, may be he is not normal but he is not able to talk to anybody about his fears. Of late, Ramesh has developed some blotchy brownish-red patches in the groin. Ramesh suspects that he has some deadly disease but is scared to talk to any one as they may think he is a bad boy. There is a health clinic in his area that runs in the morning hours.

He used to be a bright student in his class but slowly he has started lagging behind the other students as he lives with fear that he is soon going to die of some deadly disease.

One day he decides to go to the clinic and waits for his turn to discuss his problem with the doctor. However, the doctor calls him in when he has 3-4 patients in the room and asks Ramesh about his complaint. When Ramesh hesitantly starts telling his problem, the doctor tells him to hurry up as he has so many other things to do.

- Q.1 Why did Ramesh's status change from that of a bright 17 year old school boy to a dull student full of fears?
- Q.2 What are the communication barriers in this case?
- Q.3 What could have been done to enable Ramesh to obtain the sexual and reproductive health information and services he needed?

#### Scenario I

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

One day, when Surekha was in class, she noticed that her underpants were feeling wet and uncomfortable. When she looked down at her dress, she noticed that it was splotched with blood. She was scared and did not know what was happening to her. On her way home, Surekha met the ANM. She wanted to ask the 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. She went home and started crying.

- Q.1 Why was Surekha so unprepared for this important event in her life?
- Q.2 What are the communication barriers in this case?
- Q.3 What could have been done to enable Surekha to obtain the sexual and reproductive health information and services she needed?

## Module III

### Session 2: Communication

- After the participants have read the case studies, post the questions on Flipchart III-6 and read it out loud. Give them 5 minutes for discussion in their groups on the points given on the flipchart. Tell the participants to focus on communication barriers more than on service barriers.

#### Flipchart iii-6

##### QUESTION 1:

- Why did Ramesh's status change from that of a bright 17 year old school boy to a dull student full of fears?
- Why was Surekha so unprepared for this important event in her life?

##### QUESTION 2:

- What are the communication barriers in these two cases?

##### QUESTION 3:

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

- Invite a member of the first group to summarize Case Study I, for the benefit of the other group and present their responses to the questions.
- Ask a volunteer to record the responses on a flipchart, then repeat the process with the other group. Finally, open the floor for discussion.
- Ask what do these case studies highlight (see Tips for Facilitator). Stress that issues raised in these case studies will be discussed further in the modules to follow.

#### Tips for Facilitator

These case-studies highlight several issues, including:

- Inaccurate information sexual and reproductive health matters among adolescents (peers), and inadequate communication between them and their parents and other adults around them.
- Inadequate access by adolescents to the reproductive health information and services they need.
- Raise these points, if they have not already been raised by the participants.
- Discuss gender issues that such barriers may be more operative in case of girls than boys.

## Session 3

# Counselling

**Materials:**

- Flipchart III-7
- Flipchart III-8
- Role plays

**Objectives:**

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

- Define counselling and explain the 6 elements of counselling.
- Display effective counselling skills.

Activity	Topic	Training Methodology	Time
Activity 1	Defining counselling and the elements of counselling	Brainstorming and discussions	15 mins.
Activity 2	Counselling adolescent clients	Role Play	60 mins.

**Activity 1**

- Ask the participants, what they understand by the word “counselling”? Note their responses on a flipchart.
- Put up Flipchart III-7 and ask a participant to read the definition of counselling. Compare the definition with the responses given by the participants.
- Tell the participants that if they offer good counselling, more adolescents will make healthy choices and adopt or change behaviour to remain healthy. 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. 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. Respectful attitude, attention to each adolescent’s concerns, and sometimes just a few more minutes make the difference.

*Flipchart iii-7*

Counselling:

- It is helping people to identify problem, make decisions and giving them confidence to put their decisions into practice. Counselling is based on the following principles:
- Helps the client to identify the problem and make decisions for himself or herself
- The client (not you as service provider) has the right to choose his or her own action
- Accurate information is provided
- Is strictly confidential
- Takes into account psycho-social, financial and spiritual needs of the client

Ask the participants if they know what “GATHER” stands for. Put up Flipchart III-8 and read it out.

*Flipchart iii-8*

- 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. Finally, open the floor for discussion.
- Tell the participants to read Handout in their spare time to understand “communication” and how to “counsel” adolescent clients effectively for behaviour change.
- **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.**



### Greet the adolescents

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

### 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 adolescent clients to express their feelings in their own words
- show respect and tolerance to what they say and do not pass judgement
- actively listen and show that you are paying attention through your looking
- encourage them through helpful questions

### Tell them any relevant information they need

- provide accurate and specific information in reply to their questions
- give information on what they can do to 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

### Help them to make decisions

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

### Explain any misunderstanding

- ask questions to check understanding of important points
- ask the adolescent to repeat back in his/her own words the key points

### Return for follow-up or referral

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

## Activity 2

- Divide the participants into four smaller groups by counting off 1,2,3 and 4 (Each group should have at least 4 participants)
- Put the one's in Group 1, two's in Group 2 and so on. Give each group a Role play scenario.
- Give the groups about five minutes to talk about the scenario and prepare the role play.
- While one group is presenting, the others will act as "observers", marking their responses on the "Observer Role play Checklist" given in Handout.
- Request them to focus on communication skills & counseling principles not on medical/ clinical content, for which time allotted is quite less.
- After each role play, ask the participants to share their comments with the group (both positive and negative).

## Module III

### Session 3: Counselling

- Tell the participants, that when they speak with adolescents, it is important to use “simple language”. If certain reproductive health terms had been used which adolescents may not easily understand, ask the group to suggest words that they can use instead.
- Emphasize that it is important for Medical Officers 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 subsequent 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 counselling skills will contribute to quality services for adolescents.

#### *Tips for Facilitator*

To communicate with adolescents may be difficult because they are not willing to talk to adults about their worries and may be shy, afraid or embarrassed

They have not developed ability to communicate and 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. Tell the participants to focus on the process of communication skills.*

### Module III Session 3: Counselling

Task	Performed	
	Yes	No
<b>Non-verbal Communication</b>		
Friendly/ welcoming/ smiling?		
Non-judgemental/ empathetic?		
Listens/attentive/ nods head to encourage and acknowledge client's responses?		
Allows client enough time to talk?		
<b>Verbal Communication</b>		
Greets client		
Asks clients about themselves		
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?**

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

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## Module III

### Session 3: Counselling

#### Role Play Scenarios

##### Scenario 1

A 19 year old unmarried girl comes to your health centre because she had unprotected sex last night and she is worried about becoming pregnant.

**How will you counsel the client?**

##### Scenario 2

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 3

A 16 year old boy comes to you saying that he masturbates several times a day and is worried that he will become "impotent" when he becomes an adult. He cannot stop himself from masturbating.

**How will you counsel the boy?**

##### Scenario 4

A 17 year old boy comes for counselling. He has a girlfriend and all his friends are pressuring him to have intercourse with her. He has strong sexual feelings for his girlfriend and doesn't know what to do.

**How will you counsel him?**

You will find more role play scenarios in Handout-III.

## Session 4

Clinical interaction with an  
adolescent client**Objectives:**

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

- Learn eliciting history using HEADS
- Learn use of clinical algorithms

**Materials:**

- Flip charts
- Role Plays

Activity	Topic	Training Methodology	Time
Activity 1	History taking and HEADS	Interactive mini lecture Role play	30 mins.
Activity 2	Use of clinical algorithm	Discussion and demonstrations	30 mins.

**Activity 1**

- Ask the participants that what are the differences in methods of eliciting history from adolescents and from children and adults.
- Ask which issues are important and exclusive to adolescents.
- Ask what is the role of parents, other care givers and teachers in eliciting history.
- Make the presentation using flip charts.
- Emphasize on rapport building, privacy, confidentiality and training of questions appropriate to the age and cultural and socio-economic background of adolescents.

## Module III

### Session 4: Clinical interaction with an adolescent client

#### Flipchart iii-9

H E A D S is an acronym for

- Home
- Education/Employment
- Eating
- Activity
- Drugs
- Sexuality
- Safety
- Suicide/Depression

#### Flipchart iii-10

Home

- Where they live
- With whom they live
- Whether there have been recent changes in their home situation
- How they perceive their home situation

#### Flipchart iii-11

Education/ Employment

- Whether they study/work
- How they perceive how they are doing
- How they perceive their relation with their teachers and fellow students/employers and colleagues
- Whether there have been any recent changes in their situation
- What they do during their breaks

#### Flipchart iii-12

Eating

- How many meals they have on a normal day
- What they eat at each meal
- What they think and feel about their bodies

### Flipchart iii-13

#### Activity

- What activities they are involved in outside study/work
- What they do in their free time – during week days and on holidays
- Whether they spend some time with family members and friends

### Flipchart iii-14

#### Drugs

- Whether they use tobacco, alcohol, or other substances
- Whether they inject any substances
- If they use any substances, how much do they use; when, where and with whom do they use them

### Flipchart iii-15

#### Sexuality

- Their knowledge about sexual and reproductive health
- Their knowledge about their menstrual periods
- Any questions and concerns that they have about their menstrual periods
- Their thoughts and feelings about sexuality
- Whether they are sexually active; if so, the nature and context of their sexual activity Whether they are taking steps to avoid sexual and reproductive health problems Whether they have in fact encountered such problems (unwanted pregnancy, infection, sexual coercion)
- If so, whether they have received any treatment for this
- Their sexual orientation

## Module III

### Session 4: Clinical interaction with an adolescent client

#### Flipchart iii-16

##### Safety

- Whether they feel safe at home, in the community, in their place of study or work;
- On the road (as drivers and as pedestrians) etc.
- If they feel unsafe, what makes them feel so

##### Suicide/ Depression

- Whether their sleep is adequate
- Whether they feel unduly tired
- Whether they eat well
- How they feel emotionally
- Whether they have had any mental health problems (especially depression)
- If so, whether they have received any treatment for this
- Whether they have had suicidal thoughts
- Whether they have attempted suicide

#### Role Play

- History taking from adolescent and their parents is critical step in clinical interaction as the first interaction determines the success and probability of next sessions. This is a demonstration role-play where facilitator should act as doctor and other facilitator or a participant should act as adolescent client and other participants may act as parents. Use the following scenario and give 5 minutes time to participants to develop it. Demonstrate the ideal method of eliciting history using HEADS.
- Raju is a 14 year old boy who has come to you with pain in abdomen and body ache off and on for last 2 months. His parents complain of deterioration in scholastic performance. They also complain of misbehavior at home, and of friendship with not so good elements in neighborhood.
- Summarize the module by saying that success of clinical interaction with adolescent client depend on communication skills (both verbal and non verbal) of not only the MOs but also of other health care workers.

#### Activity II

- Ask participants whether they know something about IMNCI or IMAI.
- Inform participants that on the lines of IMNCI/IMCI/IMAI WHO developed Adolescent Job Aids containing-
  - Approach to adolescent client and HEADS,
  - Clinical algorithms on diagnosis and management of common medical conditions faced by adolescents,
  - FAQs for adolescents and their parents, and



### Module III:

#### Dealing with the Adolescent Client

- Information on some topics for use in Group Meetings with adolescents, parents, and teachers.
- Tell them that all the above components have been incorporated in RSKS Modules i.e. Resource Book Handouts and Physician Chart Booklet.
- Ask the participants to take out these 2 modules. Tell them that now you will show how to use these materials given in these books.
- Ask them to open Resource Book Handout III on “Dealing with Adolescent Client” and section on “Clinical Interaction with Adolescent Client”.
- Emphasize that the process of clinical interaction with adolescent client is different than that with a child or an adult. Remind them that an adolescent client is different than a 6 or 26 year old client. Reasons for this are inherent in the growth and development processes during adolescence.
- Ask them to glance through the steps of clinical interaction-
  - Know the development of adolescent client
  - Establish rapport
  - Take history of presenting problem
  - Going beyond presenting problem or using HEADS
  - Doing physical examination. Stress on the important issue of privacy (both audio and visual) and policy of confidentiality
  - Identifying medical issue or illness
  - Communicating the classification, explaining its implications, and discussing the treatment
  - Dealing with laws and policies.
- Ask them to read it in their leisure time especially the section on “Sexual and Reproductive Health Assessment”.
- Now tell them that you will demonstrate “how to use clinical algorithms in Physician Chart Booklet”.
- Demonstrate the components of an algorithm using Physician Chart Booklet-
  - Take the participants through the “Content” and tell them that the algorithms have been linked to the chapters in Resource Book Handouts.
  - Show that every Algorithm begins with a presenting complaint/issue by adolescent or parent and based on this an algorithm has to be selected. We may have to use more than one algorithm for a single client.
  - Show that there are 6 columns- Ask, Look/Listen/Feel, Symptoms and Signs, Classify, Manage, and Follow-up.
  - Tell that physician should first finish first 2 columns i.e. Ask and Look/Feel/Listen.
  - Then see that in which ‘row’ the features found in first 2 columns fit well, and this becomes the classification.
  - Show the colour scheme- Pink colour denotes a serious condition requiring immediate attention and a referral (if appropriate facilities are not available). Yellow colours include classifications which could be managed at primary care setup, and the Green colour indicates that NO pathological condition is identified.

## **Module III:**

### **Dealing with the Adolescent Client**

- Then take the participants to the next sections on “Information to be given to adolescents and accompanying adults” and on “Frequently Asked Questions”. These sections contain information in lay terms.
- Tell them that some algorithms contain more information like BMI Charts, guidelines, etc.
- Now ask them to open Handout III section 8.2 and explain through the diagram how to select algorithms according to the presenting issues/problem.
- Encourage the participants to use Physician Chart Booklet as Table-top reference book during routine clinical practice.
- Inform them that they will have opportunity of using various algorithm during this training too.

## Session 5

# Module Summary

### **Key points:**

- Communication is exchanging thoughts, feelings and ideas in speech or writing. It also involves non-verbal actions while communicating.
- Counselling is communicating to help people make informed decisions and provide confidence to enable them to put their decisions into action.
- Inadequate communication on sexual and reproductive health matters and social taboos attached to them, along with the way adolescents feel when visiting service providers, makes communication with them rather challenging.
- Establishing trust, encouraging, friendly and non-judgmental attitude of provider; and ensuring confidentiality help build effective communication.
- Effective counseling can gradually bring about behaviour change in adolescents.
- Opportunities for counseling on issues related to sexuality, gender and decision making should be looked for and appropriately utilized for promoting healthy behaviour.

## ***Module III:***

### ***Dealing with the Adolescent Client***

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# *Adolescent - Friendly Health Services*

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Session I	: Module Introduction	30 mins.
Session II	: Making Services Adolescent-friendly	90 mins.
Session III	: Adolescent-friendly Clinic/Teen Clinic	30 mins.
Session IV	: Quality of Care in AFHS	45 mins.
Session V	: Module Summary	05 mins.

*Module IV:*

*Adolescent  
- Friendly  
Health  
Services*

## Session I

## Module Introduction

**Objectives:**

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

- Get an overview of this module and its objectives.

**Materials:**

- Flipchart IV-1
- Flipchart IV-2
- Self-Assessment Tool
- Blank flipcharts
- Cards
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	Module Objectives	Presentation	5 mins.
Activity 2	Self-Assessment	Self-Assessment Tool	10 mins.
Activity 3	Adolescents' needs	Interactive presentation	15 mins.

**Introduction**

- Introduce this module to the participants. Services for adolescents must demonstrate relevance to the needs and wishes of young people. This module looks at how to implement and 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.
- Put up Flipchart IV-1 and present the module objectives.

**Activity 2**

- Ask the participants to open Handout AFHS and ask them to fill the Self-Assessment Tool. Give them 5 minutes for this activity.

**Activity 3**

- Explain that the purpose of this module is to help the participants to examine what makes it difficult for adolescents to get the health services they need, and what actions they could take to make the existing health facilities in their community more adolescent-friendly than they currently are.
- Display Flipchart IV-2 and explain adolescents' needs. Refer to Tips for Facilitators to explain these points.

## Module IV

### Session I: Module Introduction

#### Flipchart iv-1

##### **Module Objectives**

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

- Explain how health services can promote adolescent health
- Understand the perspectives of adolescents, healthcare providers and other adult “gatekeepers” on the provision of health services to adolescents
- Identify the characteristics of adolescent-friendly health services
- Describe approaches to making health services more adolescent-friendly
- Understand issues related to Gender
- Define quality of care and concept of quality implementation

#### Flipchart iv-2

##### **Adolescent’s needs**

- A safe and supportive environment that offers protection and opportunities for full development
  - Information and skills to understand and deal with physical and emotional changes they undergo and also to interact with the outside world
  - Health services and counselling – to address the health problems and deal with personal difficulties
- Health sector is directly responsible for providing friendly health services and counseling. Health sector can also meaningfully contribute in providing safe & supportive environment and information & skills that are primary responsibility of other players like families & schools.

#### **Tips for Facilitator**

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 from stress, abuse, injury, disease and opportunities for development; such as education, nutrition, physical development, mental/emotional development, vocational training;
- Information on growing up process, and skills to understand and interact with the outside world, and apply the information;
- Develop life skills for problem identification, decision making, problem solving and negotiation skills; (Refer to Handout)
- Health services and counselling - to address the health problems and deal with personal difficulties.



## Session 2

# Making services Adolescent-friendly

### Objectives:

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.
- Identify characteristics of Adolescent-friendly Health Services.

### Materials:

- Flipchart IV-3
- Flipchart IV-4
- Flipchart IV-5
- Flipchart IV-6
- Flipchart IV-7
- Flipchart IV-8
- Flipchart IV-9
- Markers
- Cards

Activity	Topic	Traning Methodology	Time
Activity 1	Taking off our “blindners”	Individual problem solving	10 mins.
Activity 2	Common Adolescent problems	Brainstorming	10 mins.
Activity 3	Barriers in utilization of health services by adolescents	Group Work	20 mins.
Activity 4	Gender issues	Discussion and Role Play	40 mins.
Activity 5	Characteristics of Adolescent-friendly health services	Brainstorming & free-listing	10 mins.

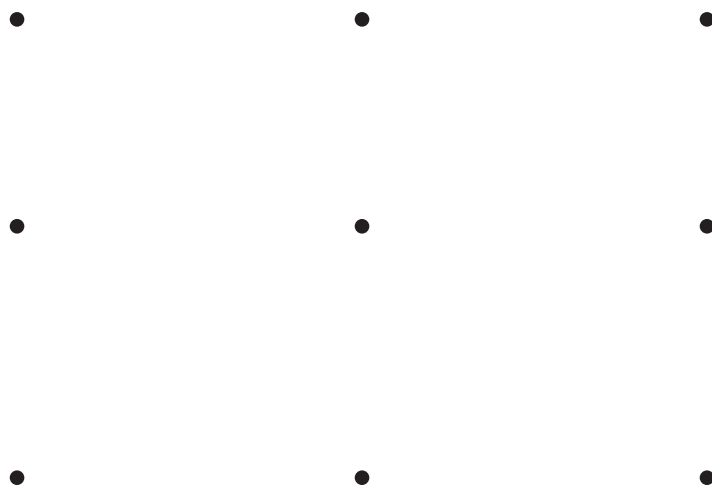
### Activity 1

- Tell the participants that in order to provide adolescents with the health services they “need”, we need to tear off the conventional “blindners” that limit our vision and imagination.
- Put up Flipchart IV-3, 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 and no line should be retraced).
- Give the participants 2 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.

## Module IV

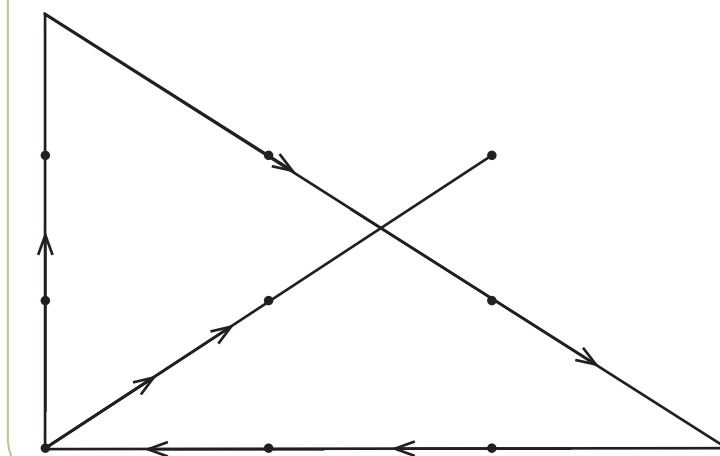
### Session 2: Making services Adolescent- friendly

#### Flipchart iv-3



- 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-4 and show them how to connect the dots.

#### Flipchart iv-4



- 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 care facility and the services Medical Officers and ANMs/ LHV's provide 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?

- Emphasise that the Health department cannot do everything and service providers must link up with functionaries of other departments like Women and Child, Youth Affairs and Education for referring adolescent clients to them for services.

## Module IV

### Session 2: Making services Adolescent- friendly

#### Activity 2

- Ask the participants to brainstorm the common adolescent problems. According to them, for what problems may adolescents visit a health facility? Record their responses on a flipchart.
- Display Flipchart IV-5 and compare the responses of the participants with the list of common adolescent problems mentioned on the flipchart.

#### Flipchart iv-5

##### **What are the common health problems that the adolescents may face:**

- Concerns regarding growth and development
- Behavioural problems
- Tiredness, Headache
- Feeling sad/Anxious
- Not able to see well
- Acne
- Smoking, alcohol use
- Menstrual disorders
- Amenorrhea
- Genital tract infections (RTI & STI)
- Need for contraception
- Night ejaculation and masturbation
- Concern about size and bending of penis
- Problems related to pregnancy & childbirth

#### Activity 3

- If adolescents have all these problems, do they come to you? Why don't they?
- Tell the participants that now we will discuss the barriers in utilization of health services by adolescents.
- Divide the participants into three groups by counting off 1, 2, 3. Give a number to each group (Group 1 to Group 3). Write the following questions on a blank flipchart and read out the questions one by one for each group. Example:

**Group 1** - What are the barriers related to clients (adolescents)?

**Group 2** - What are the barriers related to health provider and policy?

**Group 3** - What are the barriers related to health facility?

- Give each group a blank flipchart and marker pen to write their responses. Tell the groups that they will get 10 mins to discuss their task with the group members and to write the responses.

## Module IV

### Session 2: Making services Adolescent- friendly

- Once the groups have finished their task, ask each group to come and present their group's response to the whole group. Give each group three minutes to present their responses.
- Encourage all the participants to respond to any questions or issues raised by the other groups. Facilitator to add points if and when required.
- Compliment the groups for their effort and ask members of the other group if they wish to add any other reason to the list presented. Add their response to the list.
- Display Flipcharts 6, 7 and 8 and compare the responses of the groups with the list mentioned in the flipchart. (The answers given on each flipchart are Tips for the Facilitator and are not exhaustive).

#### Flipchart iv-6

##### **Barriers related to clients (adolescents):**

- Discomfort with real or perceived clinic conditions
  - Discomfort with real or perceived attitudes of providers
  - Concern that the staff will be hostile or judgmental
  - Belief that the services are not intended for them
  - Concern over lack of privacy and confidentiality
  - Embarrassment at needing or wanting RH services
  - Shame, especially if the visit follows coercion or abuse
  - Fear of being examined by provider of opposite sex
  - Fear of medical procedures
  - Ignorance or lack of information about health risk and services available
    - Poor understanding of their changing bodies and needs
    - Lack of information on Risk factors for NCDs
    - Insufficient awareness of pregnancy and STI/HIV risks
    - Lack of information of what services are available and location of services
- Summarize key issues arising in the discussion.

**Flipchart iv-7****Barriers related to health providers and policy:**

Policy factors:

- Discrimination against adolescents, sometimes by requiring minimum age or parental consent
- Unclear laws and policies regarding adolescents, both married/unmarried and boys/girls
- Not involving adolescent boys and girls during formulation of policies related to their needs and concerns
- Cost of services is high and unaffordable by adolescents

**Flipchart iv-8****Barriers related to health facility:**

- Lack of designated or special health services/workers for adolescents at the facility
- Lack of privacy and confidentiality
- Unfriendly environment
- Timings are not suitable and convenient to the adolescents
- Does not provide services that adolescents want
- Distance

**Activity 4: Gender Issues**

- Do you think the viewpoints of policy makers and service providers are different for adolescent boys and girls? If so, how and why? Note the participants' responses on the flipchart. To help participants understand your question better you can elaborate your question with the following example:
- If a boy and a girl (both unmarried) come to you for a similar need, (say, requesting contraception) would you view their need and advise differently for the boy and girl? If so, why? Or will it be the same?
- Ask the participants how they could alter or change themselves, or their environment so as to address the needs of both boys and girls in a similar manner, without bringing gender bias in to their judgement and advise?
- As Programme Managers and health providers, you have an important role to play in implementing Adolescent-friendly Health Services, to ensure addressing issues related to health and development of adolescents by removing barriers to utilization of services by 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? Are we able to separate our role as parent from our professional role for the adolescent client who approaches us for a specific need or a problem.
- Ask participants to perform an activity of gender power walk according to Annexure I.

### Activity 5

- Ask the participants to imagine they are wearing a pair of Adolescent-friendly spectacles.
- Now ask them to look at the world through the Adolescent-friendly spectacles and list the characteristics of Adolescent-friendly health services and record their responses.
- Put up Flipchart IV-9 and explain the characteristics of adolescent friendly health services

#### Flipchart iv-9

##### Characteristics of Adolescents-Friendly Health Services (AFHS):

- Adolescent-friendly Policies:
- Affordable and acceptable services
- Services available for all adolescents (boys and girls, married and unmarried etc)
- Provision of comprehensive package of services that responds to adolescents' felt-needs
- Linkages with other institutions to promote publicity and encourage utilization of services (demand generation)
- Clear policies on privacy, confidentiality and provision of contraceptives to adolescents (also unmarried)
- Promotion of trained peer counselor approach

##### Characteristics of AFHS

- Adolescent-friendly Providers:
- Trained providers aware of adolescent issues, who:
- Respect and empathize with adolescent's needs and concerns
- Are non-judgmental, have a friendly attitude
- Ensure privacy and confidentiality
- Have good communication and counselling skills
- Are able to give adequate time to clients
- Provide correct and complete information

##### Characteristics of AFHS

- Adolescent-friendly Facility:
- Friendly and comfortable environment
- Adequate space
- Convenient timing
- Able to maintain privacy and confidentiality
- Accessible and approachable: Is close to adolescents or where they gather
- Counselling services also available
- Informative material on adolescent health issues and concerns is available

### ***Tips for Facilitator***

1. Although adolescents are expected to have a set of specific concerns and problems, yet many of them do not come to the health facility. While they readily come (or are brought by parents) for sickness like fever, cough, diarrhea etc. they rarely visit regarding help on 'personal issues' like genitourinary symptoms, masturbation, sexual coercion etc.
2. There are barriers that operate at client level, facility level and staff level that may prevent the adolescents from utilizing existing health services.
3. By removing these barriers and introducing certain friendly attributes within the existing public health facilities, services could be made adolescent friendly.

## ***Module IV***

### ***Session 2: Making services Adolescent- friendly***

## Module IV

### Session 3: Adolescent- friendly Health Clinic

## Session 3

# Adolescent-friendly Health Clinic

#### Materials:

- Flipchart IV-10
- Flipchart IV-11
- Flipchart IV-12
- Flipchart IV-13
- Blank Flipchart
- Markers

#### Objectives:

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

- Describe how they would implement or facilitate provision of adolescent friendly health services, at health care facility

Activity	Topic	Traning Methodology	Time
Activity 1	Package of Services at PHC/Subcenter	Presentation and discussion	20 mins.
Activity 2	Irnpdernenting AFHS	Interactive Discussion	10 mins.

### Activity 1

- Ask participants what package of services would they like to offer in the Adolescent/Friendly Health Clinic? Elicit the response from participants on a blank flipchart. Ensure that participants mention services listed in the table in Handout I.
- Ask participants what additional equipment and supplies would they require to
- Set up a Teen Clinic? Put up Flipchart IV-11. Probable answers may be IEC material, Emergency Contraceptive Pills. Note their responses on a blank flipchart.
- Ask participants how will they monitor AFHS services. Note their responses on a blank flipchart and compare with Flipchart IV-12.
- Also refer the participants to the table on 'Proposed Service Delivery at various health care facilities in Handout I, to recall the expected services for adolescents at these health facilities.



**Flipchart iv-10****Package of service at Adolescent Friendly Health Clinic may include:**

- Information and Counseling on adolescent issues
- Nutrition counseling, prevention and treatment of anaemia
- Counselling on behaviour related issues and on school problems.
- Assessment and management of adolescence specific physical and mental illnesses
- RTIs/STIs, HIV/AIDS prevention and care
- Menstrual hygiene counseling
- TT immunization
- Referrals for early and safe abortion
- Provision of contraceptives
- Enroll newly married couples for ANC
- Institutional delivery
- BMI Screening
- Hb Testing
- Screening for diabetes and hypertension
- Management of Physical violence & sexual problems.
- Linkages with de-addiction centres & referrals
- Treatment by specialists
- Referral

**Flipchart iv-11****Supplies required to provide Adolescent Services:**

- IEC material
- Sanitary Napkins
- Contraceptives including Emergency contraceptive pills
- IFA and Albendazole tablets
- Tetanus toxoid injection
- Pregnancy Testing kits
- Other medicines (e.g. paracetamol, anti-spaasmodic and first aid)

**Activity 2**

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

## Module IV

### Session 3: Adolescent- friendly Clinic/ “Teen Clinic”

#### Flipchart iv-12

##### **How would you like to monitor utilization of services at these clinics?**

- Increased number of adolescents coming to the clinic
- Increased proportion of follow-up visits
- Increase in institutional deliveries of adolescents
- Increase in ANC coverage in adolescent pregnancies
- Adolescents availing treatment and counselling of RTIs/STIs

#### Flipchart iv-13

##### **Community level assistance for awareness, enabling environment and marketing of services:**

- Schools
- ASHAs
- Peer Educators
- Counsellor
- Anganwadi Workers (AWWs)
- Self-Help Groups (SHGs)
- Mahila Mandal
- Youth Clubs
- NGOs working in their area
- Literacy programmes (continued education)
- Saas-bahu groups (eg. In Chittor)
- Parents groups
- Nehru Yuvak Kendra (NYKs)
- National Cadet Corps
- National Service Scheme (NSS)
- Scouts and Guides
- Media to create awareness and an enabling environment

#### **Tips for Facilitator**

1. Health service providers cannot meet all the needs of adolescents alone. They can join or create networks that act together and maximise resources. Inter-sectoral approach is best — Education and Health to work together. Health sector can help education sector in implementing Life Skills Education Programme.
2. There is no single “fixed menu” suitable for every region. Each district/state must develop its own package, according to epidemiological and social circumstances.
  - Reproductive health services and counselling are a high priority in most places,
  - Information and counselling are important elements to support adolescents.

## Session 4

## Quality of Care in AFHS

**Objectives:**

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

- Define quality of care.
- Explain quality of care attributes to render AFHS.

**Materials:**

- Flipchart IV-14
- Flipchart IV-15
- Flipchart IV-16
- Flipchart IV-17
- Flipchart IV-18
- Flipchart IV-19
- Flipchart IV-20
- Flipchart IV-21
- Flipchart IV-22
- Flipchart IV-23
- Flipchart IV-24
- Flipchart IV-25
- Flipchart IV-26
- Flipchart IV-27

Activity	Topic	Traning Methodology	Time
Activity 1	Define Quality of Care	Brainstorming	10 mins.
Activity 2	Quality Improvement process	Presentation (slides)	35 mins.

**Activity 1**

- Explain to the participants that to provide good 'quality' adolescent health services, we need to define what quality means.
- Ask the participants what they understand by Quality of Care (QOC) for Adolescent Health Services?
- Display Flipchart IV-14 and define QOC in reference to Adolescent Health Services.
- Also explain what are 'standards'.

**Flipchart iv-14****Quality of Care**

- Quality is conformance to specifications - specified standards

**'Standard' of Quality**

- A statement of required quality -
- An expectation of a certain level of performance

## Module IV

### Session 4: Quality of Care in AFHS

- Inform that MOHFW (GOI) has developed the operational guidelines for implementing adolescent friendly health services in the public health system. These are described as seven standards in the 'Implementation Guide'
- Refer the participants to the WHO definition and evaluation of quality in Handout IV Page 11. They may read this later.

#### Activity 2

- Tell the participants that now we will discuss the Quality. Encourage participants to ask questions and discuss them during the presentation to clear any doubts. Refer them to Annex 1 in Handout IV.
- Display Flipchart - I5 and explain that QOC has three dimensions.

#### Flipchart iv-15

##### **Dimensions of Quality**

- RECIPIENTS
- PROVIDERS
- DELIVERY SYSTEM

- Elaborate each of these dimensions one by one by displaying Flipcharts IV-16, IV-17 and IV-18.

#### Flipchart iv-16

##### **Quality Dimensions Relating to the Recipients of Services**

**Accessible:** Individuals who need the services, are able to obtain them

**Acceptable:** Individuals who need the services, are willing to obtain them (i.e., it meets their expectation)

**Equitable:** Different population groups in the area who need the services are able to obtain them (No discrimination)

- Display Flipchart IV-19 and explain the dimensions of quality health services for adolescents.
- With the help of Flipcharts IV-20, IV-21 & IV-22 explain the steps of Quality Improvement process.
- Explain that certain actions have to take place at National/State level, at district level and also at facility level in order to meet the critical of input, process and output so that the specified standard of quality is achieved. Tables describing these action under the seven national standards are provided in the handout that participants must read later. (Handout IV)

## Flipchart iv-17

**Quality Dimensions Relating to the Provision of Services**

**Appropriate:** The required services are provided; services that are not needed (even if harmless) as well as harmful services are not provided

**Comprehensive:** The services cover all the needed aspects (i.e. preventive, promotive and curative) for biomedical and psychosocial illness

**Effective:** The services bring about positive changes in health status

## Flipchart iv-18

**Quality Dimensions Relating to the System in which Services are Provided**

**Efficient:** The services are provided at the lowest possible cost and regularly.

## Flipchart iv-19

**Dimensions of quality health services for adolescents****Accessibility, acceptability and equity**

- Adolescent friendly policies:
- Adolescent friendly procedures:
- Adolescent friendly health care providers:
- Adolescent friendly support staff.
- Adolescent friendly health facilities.
- Adolescent involvement.
- Community involvement.
- Provision of outreach/peer-to-peer services.

**Appropriate and comprehensive**

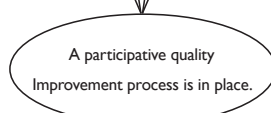
- Adolescents are addressed as individuals not just as cases of a health problem.
- A comprehensive package of health services and other relevant services are provided or secured through referral

**Effectiveness**

- Health workers have the required competencies.
- Provider practices are guided by evidence-based protocols and guidelines.
- Health facilities have the required equipment, supplies and functioning basic services.

**Efficiency**

- Management information system and a system to utilise the information generated from this is in place.
- A system by which the cost of services for adolescents can be monitored is in place.



- It is extremely important to verify whether the criteria for input, process and output have been implemented or not. The table in handout IV also describes the 'means of verification' in each criteria under the seven national standards. (Handout-IV)
- Display Flipchart IV-23 and explain the comprehensive Quality Improvement process.
- Explain the steps 1 to 5 of a simple quality improvement process.

## Module IV

### Sessin 4: Quality of Care in AFHS

#### Flipchart iv-20

##### Quality Improvement Process

Select an issue for quality improvement	Identify which dimension of health service provision is inadequate
Identify the standard	Standard specifies the desired quality to be achieved
Formulate the criteria	Specify what needs to happen for the standard to be complied with

#### Flipchart iv-21

##### Criteria to meet 'Standard'

Input	Features of the Clinic Area: Staff, equipment, Standard Operating Policies (SOPs)
Process	The activities of providing and utilizing services: Clinical exam of client, referral
Output	Impact of services on the clients, their physical and mental health; satisfaction level

#### Flipchart iv-22

##### Quality Improvement Process

At level of:	Means of Verification: Collection and use of data
Input Process & Output	• What data is to be gathered?
	• How is the data to be gathered? (When, from where, from whom, by whom)
	• How will the data be analysed and put to use ?

## Flipchart iv-23

## Module IV

### Session 4: Quality of Care in AFHS



- Explain the quality improvement process using the one example given in Flipcharts IV-24 to IV-25.
- Explain that this is described in the table in Handout IV under the standard 6
- After the criteria have been formulated/identified next step is to verify whether these are being implemented at the health facility (Flipchart IV-25)
- Display Flipchart IV-26 to describe the principles of the Quality Improvement Principles.
- Display Flipchart IV-27 to emphasize the importance and effectiveness of applying Quality Improvement in our work to provide adolescent health services.

## Module IV

### Sessin 4: Quality of Care in AFHS

#### Flipchart iv-24

##### Example

Select an issue for quality improvement	Adolescents in our community are not aware of what health and counselling services are available.
Identify the standard	Adolescents are well informed about the availability of health services
Formulate the Criteria	<p><b>Input:</b></p> <ul style="list-style-type: none"> <li>• Facility will have a signboard welcoming adolescents &amp; informing them about the availability of good quality health services.</li> <li>• Facility staff will have visited educational institutions to inform adolescents about the availability of quality health services.</li> </ul> <p><b>Process:</b></p> <ul style="list-style-type: none"> <li>• Staff are visiting educational institutions to inform adolescents about the availability of good quality health services.</li> <li>• Organizations which come into contact with adolescents are briefing them about the availability of quality health services.</li> </ul> <p><b>Output:</b></p> <p>Adolescents are well informed about the availability of good quality health services</p>



## Flipchart iv-25

<b>Criteria</b>	<b>Means of Verification</b>
<b>Input</b>	
• Signboard welcoming adolescents & informing them about the availability of good quality health services.	• Observation
• Staff will have visited educational institutions to inform adolescents about the availability of quality health services.	• Report of the Facility. • Interviews with Staff.
<b>Process</b>	
• Staff are visiting educational institutions to inform adolescents about the availability of good quality health services.	• Observe selected sessions.
• Organizations which come into contact with adolescents are briefing them about the availability of quality health services.	
<b>Output</b>	
• Adolescents are well informed about the availability of good quality health services	• FGD with adolescents in the catchment area of the facility

## Flipchart iv-26

**Quality Improvement Principles**

- A continuous cyclical process – NOT a one-time activity
- Applicable to all levels of health services and systems
- Focuses on processes, structures and systems - NOT people - as the root of health service delivery problems
- Participatory: Involves key stakeholders (e.g. clinicians, patients, managers, policy makers) to ensure that multiple perspectives of quality are addressed
- Evidence-based and appropriate: Uses local data to identify local solutions to local problems
- Requires continuous, committed and active leadership

## Module IV

### Session 4: Quality of Care in AFHS

#### Flipchart iv-27

##### **Quality Improvement**

- QI methods and tools have been successfully applied in reproductive health and child health service provision.
- They can be useful in our efforts to make health services friendly to adolescents.

#### **Tips for Facilitator**

- Explain that programme policies and providers should be sensitive to the needs of the adolescents and Programme Managers would facilitate service providers reorganise their facilities to provide adolescent friendly services. These guidelines are available in the RCH II ARSH Implementation Guide that should be available with the District Programme Manager.
- Refer the participants to Handout IV Annexure 2: Examples of 'Standards of Quality and Criteria for meeting the Standards for Adolescent-friendly Health Services' at the level of Center, State and District. Use Annexure 2 in the Handout and explain the columns in the table and different quality attributes at the health facility, service providers, adolescents and overall context levels.
- Refer the participants to Handout IV for detailed information on QOC.

## Session 5

# 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 outside world (life skills).
- Health services and counselling to address their health problems.
- Health service providers cannot meet all these needs alone. They need to network and act to maximise use of resources through inter-sectoral approach.
- In spite of many concerns/problems that adolescent boys & girls have they find it difficult to access the existing health services because of barriers that operate at level of client, staff, policies and facility.
- Providers can make some changes in their practice pattern to make the existing services adolescent friendly so that it can attract adolescent clients and retain them for follow up.
- Quality of Care in AFHS would result in greater access and utilization by adolescent clients. 'Implementation Guide' provides the quality standards, actions to be taken to meet those standards and how to verify that these are being actually implemented .

## Annexure-I

### Gender Walk

(DURATION: 30 minutes; MATERIALS: open space, identity chits for Power Walk, power walk questions; TO PREPARE: Decide if you wish to add vulnerable adolescent groups most relevant to your context)

### 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.

### 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 as given in the box below. Instruct them that for the duration of the role play they have to become the person whose identity they have been given. 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) and ask the participants to check whether they can move ahead or not depending on their identity and the statement you just read.
4. After reading **all** 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 a medical officer, what can you do to prevent or minimise this discrimination?

**Power walk identities**

1. 16 year-old unmarried boy belonging to a backward caste
2. 14 year-old boy with physical disability
3. Only son of parents with 3 sisters
4. A married young man
5. Newly married 17 year-old daughter-in-law
6. A married girl with a 2 year-old son
7. 16 year-old girl belonging to a forward caste
8. 14 year-old girl with visual disability

**Power walk Statements**

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

*Module IV:*

*Adolescent  
- Friendly  
Health  
Services*

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# ***Sexual and Reproductive Health Concerns of Boys and Girls during Adolescence***

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Session I	: Module Introduction	15 mins.
Session II	: Sex Versus Sexuality	40 mins.
Session III	: Adolescent Sexual and Reproductive Health Concerns	60 mins.
Session IV	: Menstruation, Ejaculation and Masturbation	60 mins.
Session V	: Module Summary	05 mins.

## **Module V:**

### ***Sexual and Reproductive Health Concerns of Boys and Girls during Adolescence***



## Session I

## Module Introduction

**Objectives:**

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

- Get an overview of the module including its objectives.
- Be comfortable with 'sexuality' and language-usage to discuss sexuality.

**Materials:**

- Flipchart V-I
- Self-Assessment Tool

Activity	Topic	Traning Methodology	Time
Activity 1	Module Introduction & Objectives	Presentation	5 mins.
Activity 2	Self-Assessment	Self-Assessment Tool	10 mins.

**Activity 1**

- Introduce the module to the participants. This module on adolescent sexual and reproductive health addresses issues that concern adolescents on the road to adulthood. 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.
- Put up Flipchart V-I and present the module objectives to the participants.

**Flipchart v-I****Module Objectives**

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

- Understand sexuality
- Describe common sexual and reproductive health concerns and problems of adolescents
- Address issues related to menstruation
- Address myths and misconceptions related to nightfall and masturbation

## Module V

### Session 1: Module Introduction

- Explain that this module looks at sexual and reproductive health issues of adolescents.
- Remind them to put any questions/suggestions on the 'Parking Lot' flipchart and encourage them to do this during the breaks.

#### Activity 2

- Ask the participants to open Handout on “Sexual and Reproductive Health concerns of Boys and Girls” and ask them to fill the Self-Assessment Tool. Give them 10 minutes for this activity.

## Session 2

## Sex versus Sexuality

**Objectives:**

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

- Explain the terms sex and sexuality.
- Be comfortable with sexuality and language used to discuss sexuality issues.

**Materials:**

- Flipchart V-2
- Blank flipchart
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	Understanding Sex and Sexuality	Brainstorming and discussion	30 mins.
Activity 2	Synonyms of body parts	Labelling exercise	10 mins.

**Activity 1**

- Ask the participants to define the terms “Sex” and “Sexuality”.
- Encourage the participants to talk about their concepts about “sex” and “sexuality”. The difference between the two terms should be explained and by the end of this activity participants are expected to be able to talk comfortably about sex and sexuality.
- Display Flipchart V-2 to define the terms sex and sexuality.

**Flipchart v-2****Sex**

- Sex is the biological difference between women and men

**Sexuality**

- Includes the sum total of a person's personality, thinking and behaviour towards sex

- Refer the participants to the section on sexuality in Handout V and ask them to read it later for their information and better understanding.

### Activity 2

- Paste seven sheets of flipchart paper around the room. Write two different words from the following list of words on each sheet of flipchart pasted on the wall. Write the words in such a way that there is some space under the word for the participants to write their responses. List of words: masturbation, sexual intercourse, testes, semen, penis, scrotum, ovaries, breasts, nipples, uterus, fallopian tubes, vagina, nightfall.
- Instruct each participant to move around the room and write the common words including slang words or phrases or terms commonly used in local language for each of the words on the sheets of paper.
- Encourage them to use any word or phrase they know. Let the participants know it is okay to use words they may think are “bad”. Once everyone has finished, come together and read through the lists out loud carefully and slowly.
- Stress to the participants that this exercise is to get us more relaxed talking about body parts before we start discussing issues related to sexuality.
- Hold a small discussion on the point whether there are any ‘bad’ words or these sound bad because of our socio-cultural conditioning.
- This exercise also highlights the fact that initially it is difficult to use these words with adolescent clients in local language than in English. But using such words is unavoidable when talking to illiterate adolescents or who haven’t been educated in English.

### Tips for Facilitator

Prepare yourself in advance by reading handout page V-2 to V-6.

## Session 3

# Adolescent Sexual and Reproductive Health Concerns

## Objectives:

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

- Explore the sexual and reproductive health related issues and concerns of adolescents.

## Materials:

- Flipchart V-3
- Case studies
- Blank Flipcharts
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	Defining and understanding terms	Brainstorm and discussion	15 mins.
Activity 2	Sexual Health related issues and concerns of adolescents	Group Work: Case Studies	45 mins.

## Activity 1

- Ask the participants what they understand by the terms health, “reproductive health”, “gender” and “rights” of adolescents? Ask the participants to brainstorm and list their responses on the flipchart.
- Display Flipchart V-3 and compare the information regarding the above mentioned terms with the responses of the participants and explain the terms.

## Activity 2

- Tell the participants that adolescent boys and girls have many concerns related to sexual and reproductive health.
- Explain to the participants that the needs of young adolescents of 10-14 years is different from those of older adolescents. Example: the need and concerns of 10-14 years is more regarding their growth and menstruation and the concerns of 15-19 years is more regarding sex, pregnancy and contraception.
- Divide the participants into six groups. Refer them to Handout. Give one case study to each group. Ask the participants to discuss in their smaller groups the issues and concerns of adolescents reflected in their case studies. Give them 5 minutes for this exercise.

## Module V:

### Session 3: Adolescent Sexual and Reproductive Health Concerns

#### Flipchart v-3

##### Health

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

##### 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

##### Gender

- Is the socially constructed roles and responsibilities assigned to women and men in a given culture or location and the societal structures that support them. Gender is learned and changes over time

##### Rights of Adolescents

- Adolescents have a right to information, knowledge about reproduction, sex, contraception, health issues, options/choices available, make decisions, and access to safe services.

- After the groups have completed their task, ask each group to present their case study, its questions and summary of the discussion to the whole group.
- Record important points on a flipchart while presentations are going on.
- Ask participants of other groups if they want to make any comments or add to the list of answers.
- Draw attention to (or reaffirm) the fact that the adolescents' concerns on the changes and events they go through are often different among boys and girls, married, unmarried, adolescents, younger and older adolescents and among rural/urban adolescents
- Many of the concerns are unfounded since there is lack of awareness among them about physiological changes and a wide range of normalcy. They need empathy and reassurance.
- They may also have certain problems arising out of risky behaviour like unwanted pregnancy, unsafe abortion, STI, HIV, Contraceptive needs etc.

#### 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 Menstruation**

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. Simla, 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, who gave her a concoction to drink, which 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?
  - What can a Medical Officer 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 Contraceptive Needs**

Baldev is an 18 year old boy. He was 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 a Medical Officer do to help Baldev and Sudha?

**Case Study 4 : Size of Breasts**

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

- Discuss:
- What is Preeti suffering from?
  - What kind of a problem is this?
  - How can it be addressed?

## Module V:

### Session 3: Adolescent Sexual and Reproductive Health Concerns

#### Case Study 5 :Addiction

Mohan is a 16 year old boy living in an urban slum in Delhi and feels very happy that he has met a friend, Sohan, whom he likes very much. They play football and go to the cinema together. Days ago, Mohan discovered that Sohan was eating Gutka. Mohan is terrified about this, because he has heard that Gutka 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 any such thing or drugs. 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 the Gutka.

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

#### Case Study 6 : Unsafe Abortion

Madhu is a 15 year old girl married to Hari, a 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 has not been feeling well. Madhu has not told this to anyone in her family. When her mother-in-law gets to know of this she will get very angry. Now Madhu wants to know what to do?

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



## Session 4

Menstruation, Ejaculation and  
Masturbation**Objectives:**

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

- Describe Normal menarche and menstrual hygiene.
- Bring out socio-cultural issues related to menstruation and address myths related to menstruation and identify action points for management of common menstrual problems.
- Address myths related to nightfall and masturbation and explain facts about them.

**Materials:**

- Flipchart V-4
- Situation cards
- Quiz questions
- Blank flipchart
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	Basic aspects of menstruation and menstrual hygiene	Brainstorming	15 mins.
Activity 2	Management of menstrual disorders and myths related to menstruation	Situation Cards and Frequently Asked Questions (FAQs)	20 mins.
Activity 3	Male Reproductive Functions and Masturbation	Discussion and Quiz	25 mins.

**Activity 1**

- Refer the participants to Handout and discuss female genital tract.
- 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.
- Discuss the menstrual cycle. Discuss only basic aspects with emphasis on information that has bearing on the management of menstrual disorders.
- You may skip these steps if all participants are confident about these.
- Ask the participants the following question:
  - **What is the normal age for menarche (onset of menstruation)?**

## Module V:

### Session 4: Menstruation, Ejaculation and Masturbation

Reiterate that there is wide range of normalcy in age of onset of menstruation. However, mention that the onset of menstruation before 10-years or the absence of menstruation after 16-years in a girl should alert you. These girls are likely to be normal, but must be seen by a Medical Officer to rule out serious problems.

#### - **How should a girl maintain menstrual hygiene?**

Ask the participants if this is a common query they face or if the elder women in the family talk to the girl about this issue. It is likely that the participants feel that the women in the family are more often discussing these issues with the girls and health workers are consulted only in case of problems.

- Ask the participants to list areas in menstruation that adolescents girls do not feel comfortable with.
- List the responses on a flipchart. The likely responses could be:
  - Irregular menstrual cycles
  - Excessive bleeding
  - Do's and don'ts during menstruation prevalent in the community
  - Discomfort during menstruation
- Discuss the answers to the following questions, as these will help the participants to understand menstrual hygiene better. (Discussed in Handout)
  - 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 cloth/pads?
  - How does a girl keep herself clean?
  - Should girls take a bath daily?
- 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.
- Emphasise that maintenance of menstrual hygiene is very important for a girl to protect herself from local 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. Sanitary napkins can add to self-esteem & confidence of young girls.

### Activity 2

- Divide the participants into 5 groups and give one situation to each group.
- Put up Flipchart V-4.
- Ask the group members to read the situation carefully and answer the questions on the flipchart.
- Give 5 minutes for completing this exercise. Ask one representative from each group to present the situation and its nature.
- After each group has presented, invite comments and suggestions from the other participants to elicit sexual and reproductive health concerns of adolescents. Provide the necessary technical inputs if correct answers have not emerged from the discussion.

## Flipchart v-4

### Task for group work

Discuss in group:

- What is the situation?
- Is the situation within normal range of development or does it need medical help?
- How would you deal with the situation if such a case comes to you?

## Module V:

### Session 4: Menstruation, Ejaculation and Masturbation

#### Situations

- Card 1 Kajal is a 14 year old girl. She is worried since she has not started having her periods.
- Card 2 Saroj is 15 years old unmarried girl, who complains of foul smelling dirty vaginal discharge, accompanied by itching in the genital region. Her periods started six months back. She is not sexually active.
- Card 3 Babita is a 13 year old girl and has a lot of thin, white discharge from the vagina.
- Card 4 Fatima is 16 years old and has a lot of bleeding and pain abdomen during periods every month. She feels very weak.
- Card 5 Kamla is 16 years old and started her periods 4 years ago. She has not had her period for the last 2 months. She is not sexually active.

- Refer the participants to Handout to discuss frequently asked questions (FAQs) regarding menstruation. See Facilitator's notes at the end.
- Lead the discussion to bring out the following facts:
  - Menstruation is a normal physiological process signifying the maturation of reproductive organs and potential to become pregnant.
  - There are many misconceptions related to menstruation, which have no scientific basis.
  - Most of the common concerns can be dealt with by 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 can best handle these issues.

### Activity 3

- Refer the participants to Handout and discuss the male genital tract and sequence of events in sperm formation and ejaculation.
- Ask the participants what they understand by "nightfall" and "masturbation"? Explain that many adolescent boys have expressed or hidden concerns about erection, masturbation

## Module V:

### Session 4: Menstruation, Ejaculation and Masturbation

and nightfall. You need to encourage them to talk.

- Stress the following:
  - A boy cannot control when he will have an erection or wet dream (nightfall).
  - Erections and wet dreams are completely normal.
  - Boys do not have to ejaculate each time they have an erection.
  - Semen leaves the body during ejaculation.
  - Ejaculation means a boy is physically able to get a girl pregnant.
- Tell the participants that they are now going to participate in a quiz on dealing with masturbation.
- 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.

#### Quiz

1. Both boys and girls masturbate.
2. If an adolescent boy masturbates too much, his adult sex life will be affected.
3. People stop masturbating after they get married.
4. People who masturbate too much are tired and irritable most of the time.
5. Masturbation is considered more acceptable today than it used to be. Still, it is common for people who masturbate to feel guilty about it.
6. Masturbation can cause pimples, acne, and other skin problems in adolescents.
7. People who masturbate too much when they are adolescent, may, as a result, have mental problems when they get older.
8. Homosexuals masturbate more than heterosexuals.
9. People always masturbate alone.
10. When they are masturbating, some people imagine themselves participating in sexual acts they would consider strange at other times.
11. If a penis is touched a lot, it will bend.
12. Masturbation is a safe way in which adolescent boys and girls can deal with their sexual urges.

- 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.
- After reviewing all the statements, facilitate a discussion by asking the following questions:
  - Which statement, if any, did you find challenging to form an opinion about? Why?

- How did you feel expressing an opinion that was different from that of some of the participants.
- How do you think that people's attitude about some of the statements might affect their interactions with young clients, or their ability to provide RH services to adolescents.
- 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 will help them to be more open with adolescents.

### Facilitator's 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. People stop masturbating after they get married. **DISAGREE**
4. People who masturbate too much are tired and irritable most of the time. **DISAGREE**
5. Masturbation is considered more acceptable today than it used to be. Still, it is common for people who masturbate to feel guilty about it. **AGREE**
6. Masturbation can cause pimples (acne) and other skin problems in adolescents. **DISAGREE**
7. People who masturbate too much when they are adolescent, may, as a result, have mental problems when they get older. **DISAGREE**
8. Homosexuals masturbate more than heterosexuals. **DISAGREE**
9. People always masturbate alone. **DISAGREE**
10. When they are masturbating, some people imagine themselves participating in sexual acts they would consider strange at other times. **AGREE**
11. If a penis is touched a lot, it will bend. **DISAGREE**
12. Masturbation is a safe way in which adolescent boys and girls can deal with their sexual urges. **AGREE**

### Tips for Facilitator

Explanations are given in Handout on "Sexual and Reproductive Health concerns of Boys and Girls during Adolescence".

## Module V:

### Session 4: Menstruation, Ejaculation and Masturbation

#### Facilitators' Notes

Problem Cards	What is the cause of the problem?	How would you deal with it if such a case comes to you?
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.	Reassure her, give iron supplement, if needed. Tell her to report if no periods by age 16.
Saroj, a 15 year old unmarried girl complains of foul smelling vaginal discharge, accompanied by itching in the genital region. Her periods started six months back and she is not sexually active.	It is a case of infection of the reproductive tract.	Give treatment for RTI, counsel about genital/ menstrual hygiene
Babita is 13 years old and has a lot of thin, white discharge from vagina.	It is a case of normal white discharge (no infection)	Reassure her that it is normal at this age and is not an infection/ disease. Give some supplements like multi-vitamin, calcium, iron. Counsel her for genital hygiene.
Fatima is 16 years 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. Her weakness may be due to anaemia because of excessive loss of blood.	Reassure her that it is not a disease, give symptomatic treatment for bleeding and pain, give iron supplement. Counsel her that if she soaks more than 3 pads in a day and her bleeding is on for more than 7 days she needs to consult a lady doctor.
Kamla is 15 years old and started her periods 2 years ago. She has not had her period for the last 2 months. She is not sexually active.	It may just be a case of missed or skipped periods.	Counsel that girls of her age do miss their periods. She will have her periods spontaneously.

## Session 5

# Module Summary

Summarize the module by emphasizing on following points.

### Key Points:

- Understanding sexuality helps making one comfortable in discussing this sensitive issue with adolescents.
- Information helps adolescents understand how their bodies work and what the consequences of their actions are likely to be. It dispels myths and corrects inaccuracies.
- Reassurance and counselling on issues related to common sexual concerns can help adolescents make informed choices, giving them more confidence and helping them feel in more control of their lives.
- Health services can help healthy adolescents remain healthy and help ill adolescents get back to health.

## **Module V:**

### ***Sexual and Reproductive Health Concerns of Boys and Girls during Adolescence***



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# ***Nutrition and Anaemia in Adolescents***

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Session I	: Module Introduction	15 mins.
Session II	: Growth and Nutrition in Adolescents and Anaemia	100 mins.
Session III	: Module Summary	05 mins.

**Module VI:**  
**Nutrition  
and  
Anaemia in  
Adolescents**

## Session I

## Module Introduction

**Objectives:**

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

- Get an overview of the module including its objectives.
- Be able to counsel adolescents on nutrition
- Be able to manage anaemia and nutritional issues

**Materials:**

- Flipchart VI-I
- Self-Assessment Tool

Activity	Topic	Training Methodology	Time
Activity 1	Module Introduction & Objectives	Presentation	5 mins.
Activity 2	Self-Assessment	Self-Assessment Tool	10 mins.

**Activity 1**

- Introduce the module to the participants. 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 often suffer from anaemia which is detrimental to growth and perpetuates the vicious cycle of malnutrition and growth retardation. This module

**Flipchart v-I****Module Objectives**

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

- Describe the importance of balanced diet during adolescence
- Explain the magnitude of anaemia in adolescent girls and its consequences
- Describe prevention and management of anaemia in adolescent girls
- Illustrate measures to prevent and treat anaemia

## Module VI

### Session I: Module Introduction

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

- Put up Flipchart VI-I and present the module objectives to the participants.
- Explain that this module looks at the nutritional needs of adolescents and factors affecting the nutritional status of adolescents, especially girls. It also deals with various physiological and social aspects of anaemia and steps to be taken in prevention and treatment of anaemia. This module will also include algorithms related to nutrition and anaemia

### Activity 2

- Ask the participants to open Handout V and ask them to fill the *Self-Assessment Tool*. Give them 10 minutes to complete the SAT.

## Session 2

Nutrition in Adolescents  
and Anaemia**Materials:**

- Flipchart V-2
- Blank flipchart
- Markers

**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 the growth of adolescents.
- Describe the physical and social aspects of anaemia.
- Illustrate measures to prevent and treat anaemia.

Activity	Topic	Traning Methodology	Time
Activity 1	Why adolescents have special nutritional needs	Brainstorming	10 mins.
Activity 2	Factors that influence nutrition of adolescents	Group work	25 mins.
Activity 3	Physiological and social aspects of Anaemia	Case Study	20 mins.
Activity 4	Role of Medical Officers	Discussion and Role Plays	45 mins.

**Activity 1**

- Ask the participants whether they feel that additional nutrition is required by adolescents. Most participants are likely to agree.
- Ask the participants to list reasons why adolescent boys and girls require nutritious food. List the responses on a flipchart. Some of the likely responses could be:
  - Growing phase of life
  - Need strength, energy to work and play
  - Are the future generation
  - Girls start menstruating
- Summarise the reasons why adolescents have special nutritional needs emphasising

## Module VI:

### Session 2: Nutrition in Adolescents and Anaemia

that adolescent growth and development creates special nutritional needs that are higher during adolescence than in either childhood or adulthood. Stress that increased nutritional needs at this juncture relate to the fact that adolescents gain upto 50% of their adult weight, more than 20% of their adult height, and 50% of their adult skeletal/ bone mass during this period. Adolescent girls also need additional requirement of iron to compensate for menstrual blood loss and calcium which gives strength to bones. Sub-optimal nutrition slows the growth process and the rate of sexual maturation.

- Malnutrition affects development - More than half of the adolescent girls suffer from anaemia. Two thirds suffer from Chronic Energy Deficiency of the third degree with Body Mass Index (BMI) below 16. Iodine Deficiency Disorders can lead to growth retardation and retard mental development. Only half of the households are using Iodised salt for cooking in India (Multiple Indicator Survey, (MICS 2000). Meal missing, junking and food fads are equal in rural and urban girls. Boys also have food fads which affect their health adversely. This is driven by fancy towards role-models from the media. Junking may cause both over weight and under weight. Anaemic adolescent mothers are at a higher risk of miscarriages, maternal mortality and giving birth to stillborn and underweight babies. Therefore, nutritional deficiency has an inter-generation effect also. To decrease low birth weight babies, take care of adolescents to support their growth.

### Activity 2

- Put up Flipchart VI-2 and discuss the factors that influence adolescent nutrition:

#### Flipchart vi-2

##### 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, missing meals, junkfood
- 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
- Bad cooking habits (over boiling vegetables and straining water, removing husk from wheat, eating polished rice and straining rice water)
- Social reasons - girls and women eating leftovers after the male members of the family have eaten; imitating role models and focus on body image
- 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
- Hookworm infestation
- Infectious diseases like Malaria, Tuberculosis

- Display Flipchart VI-3 and discuss factors that are specific to adolescent nutrition because of their eating behaviours.

### Flipchart vi-3

#### Eating patterns 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

- Conclude the session 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. Girls also suffer from dietary restrictions imposed on them during menstruation. All these factors result in gross nutritional inadequacies leading to malnutrition.
- Ask the participants to read up Handout on “Nutrition and Anaemia in Adolescents” for a better understanding of this issue.

#### **Assessment of nutritional status of an adolescent.**

- Nutrition can be an easy entry point in establishing rapport with adolescent and his/her family. It is also important for prevention of anaemia, underweight and overweight / obesity and its consequences.
- Tell the participants that overweight adolescent may continue to be overweight adult or even may become an obese adult. This is a major risk factor for non-communicable diseases like hypertension, diabetes, stroke and coronary artery disease.
- Do tell that certain habits developed during this age are likely to continue to adult life hence Medical Officer should emphasize on healthy habits related to food, exercise and sedentary behaviors.
- Ask all participants to take their weight and height and calculate BMI. Ask them to use BMI chart in Physician Chart Booklet and classify their nutrition.
- Have an informal discussion on importance of healthy and regular physical activities. Do discuss, role of modern gadgets in sedentary behaviors and in physical activity.

## Module VI:

### Session 2: Nutrition in Adolescents and Anaemia

## Module VI:

### Session 2: Nutrition in Adolescents and Anaemia

#### Activity 4

##### Anaemia in adolescents

- Divide the participants into 2 groups.
- Ask the participants to turn to the case study in Handout VI. Give Sheela's case study to Group 1 and Raju's case study to Group 2.

##### Case Study I : Sheela

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 I : Raju

Raju is 14 years old and lives in a village. Every morning he goes barefoot to the fields to defecate. He has an upset stomach most of the time and has loose motions. He dislikes vegetables, dal and roti 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 the Medical Officer.

Discuss:

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

- Tell the participants to discuss the case study in their small groups and answer the questions given under the case study.
- Ask the groups to present their answers one by one and summarise the discussion. Discuss the social and cultural factors responsible in causing Anaemia in these two cases.

#### Flipchart vi-4

##### **Magnitude of nutritional anaemia: (Hb less than 12 gm % - WHO)**

Findings from (NFHS-3) indicate that as many as 56% of females & 30% of males in the 15-19 age group are anaemic.

- Out of this 17% females & 13% males suffer from moderate to severe anaemia.
- The prevalence of anaemia is higher in rural than in urban areas.



Refer to Tips for Facilitator to discuss these factors. Refer the participants to Handout VI for details of anaemia and other nutritional deficiencies in adolescents.

- Put up Flipchart VI-4 and present the statistics on Nutritional anaemia in girls and boys.
- Put up Flipchart VI-5 and discuss consequences of anaemia in boys and girls.

## Module VI:

### Session 2: Nutrition in Adolescents and Anaemia

#### Flipchart vi-5

##### Consequences of anaemia in boys and girls

Boys	Girls
• Stunted growth	• Stunted growth
• Tiredness	• Weakness and tiredness
• Lack of concentration	• Lack of concentration
• Poor school performance	• Poor school performance
• Breathlessness	• Breathlessness
	• Miscarriage
	• Low birth weight babies
	• Premature labour
	• Antepartum/Postpartum haemorrhage
	• Puerperal Sepsis
	• Higher risk of maternal mortality and morbidity

#### Activity 5

- Ask the participants what they think their role could be, as a Medical Officer, in preventing malnutrition/anaemia in adolescents.
- Put up Flipchart VI-6 and discuss the points mentioned in the flipchart.

#### Flipchart vi-6

##### Role of Health Care Providers:

- Education regarding balanced diet for both boys and girls
- Create awareness in community to factors contributing to malnutrition and nutritional anaemia in girls
- Involve other functionaries like AWW, School teachers, ANMs/Male workers to identify and tackle nutritional problem.
- Create awareness in community about role of malaria and hookworm infestation in causing and aggravating anaemia
- Management of Malaria, hookworm infestation and tuberculosis to be promoted

## Module VI:

### Session 2: Nutrition in Adolescents and Anaemia

- Divide the participants into 3 groups and give each group one Role Play scenario and ask them to develop it according to the given algorithms.

#### Role Plays

##### Scenario 1

A 13 year old boy, Rajiv, is brought by his mother to your clinic with a respiratory infection. On examination you note that he is of thin built, looks short for his age and pale. He is at the early stage of puberty. They belong to lower middle class family.

*How do you manage this case using algorithm “I am too thin”?*

##### Scenario 2

A 16 year old girl, Neha, is brought to your centre by her mother who complains that Neha will not eat enough even after repeated requests, which angers her. The mother says that Neha needs to be given some tonic. Neha herself is very quiet.

*How do you handle this situation using algorithm “I am too pale”?*

##### Scenario 3

The principal of a nearby government school has come to see you. She would like to begin some nutrition education in her school. She requests you to help her in this activity.

*How would you help her?*

*Prepare a small talk using information on “Eating Healthy” and “Physical Activity”.*

- Tell the groups to prepare the role play in 5 minutes.
- Once the groups have prepared their role play, ask each group to present their role play in front of the whole group.
- Encourage participants to comment on the presentation for communication and counselling issues regarding nutrition of adolescents.
- Also request participants to comment on utility of clinical algorithms, and on “Information for Adolescents and Parents” included in Handouts. Inform on other algorithms and their utility, as not all algorithms can be discussed in this training program.
- Invite any additional comments or suggestions and conclude the session by thanking the participants for their participation.

### *Tips for Facilitator*

- Adolescence is a phase of rapid and continuous physical, mental and sexual growth and development. The quality of food consumed by 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 and 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. 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 nutritious diet during adolescence gain height and body mass. Girls in India lag behind because of gender discrimination also.

### *Module VI:*

#### *Session 2: Nutrition in Adolescents and Anaemia*

## Module VI:

### Session 2: Nutrition in Adolescents and Anaemia

## Facilitators' Notes

### Issues to be highlighted in Role-Play

**Please ensure that following issues are highlighted during feed back on each role play:**

#### *Role-Play 1*

- Highlight utility of algorithms
- Motivate participants in using nutritional assessment of all adolescents
- Counsel the boys about importance of nutrition. Relate the healthy effects with body image concern like healthy glow, good stature etc.

#### *Role-Play 2*

- Counseling of girl and her mother on importance of nutrition and effect of anaemia on health and school performance
- Promote consumption of food items that are rich in iron.
- Promote growing leafy vegetables in kitchen garden if feasible
- Counseling on taking IFA tablets.

#### *Role-Play 3*

- Find out if there is an immediate reason or is it a general request. If there is a recent observation by school authorities try and address that specifically first.
- Analyse existing situation : No. of classes, No. of students, SE status of students, is it a co-ed school etc.
- Discuss methods like: expert lectures, debate, essay writing, distribution of IEC materials depending on the available resources
- Nutrition and physical activity are two neutral subjects which can be taken in beginning. Sensitive issues like sexuality should be taken up carefully and only after consulting school authorities about it.

## Session 3

# Module Summary

### Key points:

- Both boys and girls require adequate and good quality food during adolescence since their bodies undergo continuous and rapid growth and development.
- Because of their gender and social conditioning, girls are more vulnerable to poor nutritional status 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 in their adult life too.
- 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.

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# *Pregnancy and Unsafe Abortions in Adolescents*

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Session I	: Module Introduction	15 mins.
Session II	: Magnitude and Contributory Factors of Adolescent Pregnancy and Abortions	30 mins.
Session III	: Complications of Pregnancy and Abortions in Adolescents	45 mins.
Session IV	: Prevention and Management of Pregnancy and Post-abortion Complications in Adolescents	50 mins.
Session V	: Module Summary	10 mins.

## **Module VII:**

### ***Pregnancy and Unsafe Abortions in Adolescents***



## Session I

## Module Introduction

**Objectives:**

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

- Get an overview of the module and its objectives.

**Materials:**

- Flipchart VII-I
- Markers
- Self-assessment Tool

Activity	Topic	Traning Methodology	Time
Activity 1	Module introduction and objectives	Presentation	5 mins.
Activity 2	Self-Assessment	Self-Assessment Tool	10 mins.

**Activity 1**

- Introduce the topic to the participants. In India, where adolescent pregnancy is common, health service providers need to be familiar with the risks and complications that are associated with such pregnancies. This module will introduce Medical Officers to factors that influence such pregnancies and relevant critical issues.
- Adolescent pregnancy very often leads to unsafe abortions 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 resort to illegal abortions each year because of social stigma, lack of awareness and the lack of access to health facilities that offer technically competent services.
- Display the module objectives given in Flipchart VII-I and present them to participants.

**Activity 2**

- Ask participants to open the Self-Assessment Tool in Handout VII and take 10 minutes to complete it.

## Module VII

### Session I: Module Introduction

#### Flipchart vii-1

##### **Module Objectives:**

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

- Identify factors that influence adolescent pregnancy and childbirth
- Identify risks associated with adolescent pregnancy and childbirth, in married as well as unmarried adolescents, and the manner in which they differ from those in older women
- Discuss the nature and scope of illegal abortion in adolescents
- List factors contributing to illegal and unsafe abortions in adolescents
- Identify consequences of post-abortion complications in adolescents
- Manage cases of post-abortion complications

## Session 2

# Magnitude and Contributory Factors of Adolescent Pregnancy and Abortions

## Objectives:

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

- Discuss the magnitude of adolescent pregnancy and abortions in adolescents
- Describe factors that contribute to adolescent pregnancy and childbirth
- Discuss factors that lead to illegal and unsafe abortions

## Materials:

- Flipchart VII-2
- Flipchart VII-3
- Flipchart VII-4
- Flipchart VII-5
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	How often do you or your health centre provide care to adolescents for pregnancy and abortions?	Brainstorming	10 mins.
Activity 2	Factors contributing to pregnancy and unsafe abortions in married and unmarried adolescent girls	Group work	20 mins

## Activity 1

- Put up Flipchart VII-2 and ask participants to raise their hands if they provide services for adolescent pregnancies very often. Count the number of hands and write it on the flipchart in front of “very often”. Similarly, enquire about the frequency of occurrence of the other two situations and note down the numbers.

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.

## Module VII

### Session 2: Magnitude and Contribu- tory Factors of Adolescent Pregnancy and Abortions

#### Flipchart vii-2

How often do you provide services for adolescent pregnancies?

Very often \_\_\_\_\_

Sometimes \_\_\_\_\_

Never \_\_\_\_\_

- Put up Flipchart VII-3 and ask participants about abortion services provided to adolescents at their clinic. Note down the responses on the flipchart.
- A wide difference in the numbers on the flipchart, would indicate disagreement. Ask “why do you think there is such a difference regarding how frequently adolescents in your area seek your services for abortions”?

#### Flipchart vii-3

How frequently do you serve adolescents seeking abortions ?

Very often \_\_\_\_\_

Sometimes \_\_\_\_\_

Never \_\_\_\_\_

- Ask the clients whether they have seen or heard of or served adolescents with post-abortion complications. How frequently do they provide services to such clients?
- Ask the participants “How do you, as Medical Officers, become aware of cases who have sought unsafe abortions”?
- Refer the participants to Handout on Pregnancy and Unsafe Abortion for details of the MTP Act.
- Put up Flipchart VII-4 and emphasise the magnitude and problems related to pregnancy and abortions in adolescents.

#### Tips for Facilitator

- Point out the wide disparity (or similarity) in responses and encourage the participants to speak up. Wide disparity may be because participants come from different places.
- On the other hand, it may be because they have had very different experiences. Some of them may never have seen a case of post-abortion complications, while others may have treated adolescent patients with complications of unsafe abortion.
- Refer participants to Handout on Pregnancy and Unsafe Abortion and discuss the MTP Act and legal, illegal and unsafe abortions. Discuss the problems relating to sex-selective abortions as a means of having a small family with preference for a son.
- Highlight the fact that despite abortions being legal in India, adolescent clients are not seeking services from the government health system.

## Activity 2

- Put up Flipchart VII-5 that contains the task for group work.

## Module VII

### Session 2: Magnitude and Contribu- tory Factors of Adolescent Pregnancy and Abortions

#### Flipchart vii-4

##### **Magnitude of problems related to adolescent pregnancy**

- 47% of Indian women are married before they attain 18 years of age (NFHS 3)
- TFR amongst 15-19 years is 14% in urban & 18% in rural of the total fertility (NFHS 3)
- Unmet need of family planning in the 15-19 years age group is 27% (NFHS 3)
- 20% of the pregnant girls below 20 years of age have not had antenatal checkup
- 66.2 % of the pregnant girls below 20 years of age have received iron & folate tablets as part of antenatal care
- For a mother <20 of age, 34% of birth were assisted by doctors, 13% by ANMs and 36% by TBAs.
- More than 60% of mothers below 20 years of age had not received post partum checkup
- Maternal mortality due to teenage pregnancy is 9% (2007-2009)
- Still birth, early neonatal deaths and infant mortality is higher in girls aged <20 years.
- Infant mortality and incidence of low birth weight babies is higher in adolescent mother.

- Divide the participants into three groups, each dealing with one category, and give each group a blank flipchart.
- Explain that each group has to identify factors in relation to the category assigned to them in about 10 minutes.
- Ask each group to write their responses on separate flipcharts.
- When the groups are ready, ask them to come forward one after another and present their group work in 3 minutes. Once they have done so, invite comments and questions from the rest of the participants.
- Write down any additional factors highlighted in the discussion on the flipcharts and also additional points from Facilitators vii-6 to vii-8.
- As the discussion proceeds, ask participants if the factors operate differently among married and unmarried adolescents.

#### Flipchart vii-5

##### **Task for group work**

- Group 1** Biological and socio-cultural factors contributing to adolescent pregnancy.
- Group 2** Service-delivery factors contributing to adolescent pregnancy.
- Group 3** Factors leading adolescent girls to resort to unsafe abortions.

## Module VII

### Session 2: Magnitude and Contribu- tory Factors of Adolescent Pregnancy and Abortions

#### Flipchart vii-6

##### **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.

#### Flipchart vii-7

##### **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.

#### Flipchart vii-8

##### **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

## Session 3

# Complications of Pregnancy and Abortions in Adolescents

## Objectives:

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

- Identify the pregnancy and childbirth carry more complications in adolescents than they do in adults.
- List the consequences of abortions in adolescents.

## Materials:

- Flipchart VII-6
- Blank flipcharts
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	Common complications of pregnancy and abortions in adolescents	Group work followed by discussion	30 mins.
Activity 2	Consequences of pregnancy and unsafe abortions in married and unmarried adolescents	Brain storming	15 mins.

## Activity 1

- Divide participants into two groups and ask each group to list risks of pregnancy and abortion in adolescents. Give one task to each group, in a manner that it is assigned to two groups.

Group 1 : Complications of pregnancy and child birth in adolescents

Group 2 : Complications of abortions in adolescents

- Give the participants 10 minutes to complete the group work.
- Each group then gets five minutes to present the group work and discussions.
- Complete the list of complications using the “Tips for Facilitators” on next page.
- Summarize the complications using the “Tips for Facilitators” on next page.
- Also point out that risks are even higher in case of unmarried adolescents than the married adolescents.

## Module VII

### Session 3: Complications of Pregnancy and Abortions in Adolescents

#### Flipchart vii-9a

##### **Complications of Adolescent Pregnancy:**

###### **Antenatal**

- Hypertensive Disorders of Pregnancy - Gestational H.T., Pre-eclampsia:  
There is an increased risk with very young adolescent.
- Anaemia is very common in pregnant women and even more common in adolescents.
- Adolescents are at an increased risk of STIs/HIV because of biological and social factors. Therefore the risk of parent to child transmission is also greater in adolescents.
- Higher severity of malaria among adolescents, which further leads to anaemia.
- Antepartum haemorrhage (APH)
- Intrauterine Growth Restriction (IUGR)

###### **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.
- Birth injuries

#### Flipchart vii-9b

##### **Complications of Adolescent Pregnancy:**

###### **Postpartum**

- Postpartum haemorrhage (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.
- Puerperal sepsis
- Depression: This can be a serious problem as the adolescent copes with her new life circumstances.
- Lactational problems

###### **Risks to the Child**

- 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.



*Flipchart vii-I 0***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

*Flipchart vii-I 1***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.

#### **RISKS: Married and unmarried adolescents**

- 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 post-partum period.
- Babies born to adolescent mothers are at a higher risk of being of low birth weight. This makes them predisposed to higher morbidity and mortality.
- Risk of poor pregnancy outcome is more common in adolescent pregnancy than in adults.
- MMR is higher in adolescents as compared to older women (20-30 years); the highest maternal mortality in adolescents is in those aged 15 years or less.
- Pregnancy and responsibility of child-rearing may limit the ability of an adolescent mother to continue her education or explore opportunities for employment.
- Pregnancy in unmarried adolescents is mostly unwanted.
- Unwanted pregnancy in unmarried girls may stigmatise them, leading to poor self-esteem.
- Un-intended pregnancy in both married and unmarried girls may prompt them to resort to illegal and unsafe abortions that are associated with high risk of complications. This is more pronounced in unmarried girls.

## Activity 2

- Do a brainstorm on consequences of pregnancy, childbirth and abortion on the lives of adolescents. Also highlight that consequences may be worse in the case of unmarried adolescents.
- Summarize using the Flipchart VII-6.

## Module VII

### Session 3: Complications of Pregnancy and Abortions in Adolescents

#### Flipchart vii-12

Consequences of pregnancy and childbirth:

Married	Unmarried
<b>Immediate</b>	
<ul style="list-style-type: none"> <li>• More likely to seek or receive ANC</li> </ul>	<ul style="list-style-type: none"> <li>• Less likely to seek or receive ANC</li> </ul>
<ul style="list-style-type: none"> <li>• May get safe MTP services</li> </ul>	<ul style="list-style-type: none"> <li>• May resort to illegal and unsafe abortions with associated complications</li> </ul>
<ul style="list-style-type: none"> <li>• Ill health or death due to complications of pregnancy, childbirth and post-partum period, especially birth injuries.</li> </ul>	<ul style="list-style-type: none"> <li>• Ill health or death due to complications of pregnancy, childbirth and post-partum period, especially birth injuries.</li> </ul>
<ul style="list-style-type: none"> <li>• Depression due to stress of child rearing</li> </ul>	<ul style="list-style-type: none"> <li>• Guilt and depression due to social stigma</li> </ul>
<b>Long Term</b>	
<ul style="list-style-type: none"> <li>• Chronic ill health and depression due to complications during pregnancy, childbirth and post-partum period</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic ill health and infertility due to complications during abortion</li> </ul>
<ul style="list-style-type: none"> <li>• Marital discord and divorce due to impaired sexual life resulting from child birth injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Interruption of education/ career</li> </ul>

## Module VII

### Session 4: Prevent and Manage Pregnancy and Post- Abortion Complica- tions in Adolescents

## Session 4

# Prevent and Manage Pregnancy and Post-Abortion Complications in Adolescents

#### Materials:

- Flipchart VII-7
- Flipchart VII-8
- Blank flipcharts
- Markers
- Role play scenario

#### Objectives:

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

- Apply acquired information to prevent and manage adolescent pregnancy.
- Describe action points for diagnosis and management of post-abortion complications in adolescents.

Activity	Topic	Traning Methodology	Time
Activity 1	What can Medical Officers do to prevent pregnancy?	Brainstorming	10 mins.
Activity 2	Care of Adolescent Pregnancy and Childbirth	Role-play	20 mins.
Activity 3	Management of post-abortion complications	Role-play & discussion	20 mins.

#### Activity 1

- Ask the participants to brainstorm on the actions that they can take, as Medical Officers, to prevent adolescent pregnancies in both married and unmarried adolescents.
- Note the responses and compare with list on Flipchart VII-7.
- Note that the responses marked on Flipchart VII-7 are only examples and that the list is not exhaustive.

**Flipchart vii-13**

Actions you can take, as Medical Officers, to prevent adolescent pregnancies:

- Promote legal age of marriage
- Educate boys (husbands), families/ communities to postpone pregnancy till the girl is 18 years, even if she is married early
- Promote birth spacing by 3-5 years in married adolescents
- Involve gatekeepers and community level functionaries to promote negotiation skills among unmarried adolescents to avoid sexual contact or have safe sex.

**Activity 2**

- Ask the participants to list actions that they can take, as service providers, to manage pregnancy in married and unmarried adolescents.
- Complete the list of actions by projecting Flipchart VII-8.

**Flipchart vii-14**

Management of pregnancy:

Married	Unmarried
<ul style="list-style-type: none"> <li>• Early registration &amp; ANC</li> </ul>	<ul style="list-style-type: none"> <li>• If she desires to continue the pregnancy, provide ANC &amp; counsel for institutional delivery &amp; post partum care</li> </ul>
<ul style="list-style-type: none"> <li>• Make adolescent aware of danger signs</li> </ul>	<ul style="list-style-type: none"> <li>• Counsel client on the consequences of unsafe abortions</li> </ul>
<ul style="list-style-type: none"> <li>• Promote institutional delivery and post partum care</li> </ul>	<ul style="list-style-type: none"> <li>• Provide referral for MTP services, or conduct MTP if trained</li> </ul>
<ul style="list-style-type: none"> <li>• Contraceptive counselling and services, including ECP</li> </ul>	<ul style="list-style-type: none"> <li>• Contraceptive counselling and services, including ECP</li> </ul>

- Refer the participants to Handout VII and explain what Health sector can do to prevent and manage teenage pregnancy.
- Tell the participants that the focus of this activity is on implementing good practices in adolescent patient care during pregnancy and childbirth.
- Refer the participants to Handout VII for care of adolescent girls during pregnancy and childbirth.
- Choose any one of the following role plays and ask the number of participants required

## Module VII

### Session 4: Prevent and Manage Pregnancy and Post- Abortion Complica- tions in Ado- lescents

for it to volunteer to prepare and demonstrate the role-play to the whole group. Give them 5 minutes to prepare and 5 minutes to demonstrate the role play

- After the role play, guide the discussions using the Tips for Facilitator.
- If time permits do two role plays and use the other scenario for emphasizing highlights.

### Role play

#### Scenario 1

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

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

*How would you handle the situation?*

#### Scenario 2

A 17 year old pregnant girl is brought to the PHC by her mother-in-law for an antenatal check up. The doctor finds that her nails and conjunctivae are very pale. She sends her to the lab. and the haemoglobin is found to be 8 gm%.

*How would you manage the case?*

#### Scenario 3

A 15 year old girl has delivered a baby girl a few days ago. She is brought to the PHC by her mother-in-law as she has engorged breasts.

*How would you counsel her?*

### Tips for Facilitator

**Role play 1** highlights the need for non-judgemental attitude and respect towards pregnant adolescents, especially unmarried ones. Permission from the client is needed in order to disclose pregnancy to the mother.

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

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

## Tips for Facilitator

Care of adolescent pregnancy and childbirth includes:

- Promoting safe pregnancy and childbearing in adolescence, which 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 among adolescents regarding risk of adolescent pregnancy and childbirth.
- Creating awareness of increased risk of death or long term morbidity after adolescent pregnancy and childbirth.
- Raising awareness of the importance of care and support during initiation and continuation of breast feeding.
- Counselling on importance of preventing next pregnancy by providing family planning services.

## Module VII

### Session 4: Prevent and Manage Pregnancy and Post- Abortion Complica- tions in Ado- lescents

## Activity 3

- Choose any one of these role plays and ask the number of participants required for it to volunteer to prepare and demonstrate the role play to the whole group. Give them 5 minutes to prepare and 5 minutes to demonstrate the role play
- After the role play, guide the discussions using the Tips for Facilitator. (Page VII-18) Use the other scenario to emphasize the highlights.

## Role Plays

### Scenario 1 : Unmarried unsafe abortion

A 17 year old unmarried girl from Rampur walks into your PHC with a friend, looking anxious and disturbed. On examination, you find that she is 7 weeks pregnant. When you ask her what she would like to do with the pregnancy she says that she wants an abortion. You tell her that since she is a minor, she has to tell her family and bring her mother to give her 'consent' for the procedure. She starts crying and saying that her parents would kill her if they came to know that she was pregnant. She begs you to perform the abortion, which you cannot do since there is no adult to give the consent. The friend then intervenes and says that she knows of a local woman in the village who does abortions and that they should go to her instead, since the doctor can't do anything.

*What would you, as a Medical Officer, do in this case? See algorithm 'I am pregnant'.*

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### Session 4: Prevent and Manage Pregnancy and Post- Abortion Complica- tions in Ado- lescents

#### Scenario 2 : Unmarried adolescent accompanied by mother to PHC for MTP

Sheela, a 16 year old unmarried girl tells her mother that she has had sex with her boy friend because he was insistent. Now she has not had her period for the last 2 months. The mother was shocked to hear this and scolded Sheela that she had not done the right thing. She spoke to Sheela's grandmother and got her advice. The grandmother decided to take Sheela to Saroj, the local ANM, for advice. Sheela's mother said that she must inform Sheela's father before going to the ANM. Sheela requests her mother not to tell her father because she fears that her father will beat her. Sheela's mother assures her that her father will not beat her. On hearing the story, Sheela's father was ashamed and angry but accompanied them to the sub-centre. At the sub-centre he requests the ANM to accompany them to the doctor and tells her that nothing should happen to his daughter. Pregnancy is confirmed and Sheela gets proper MTP services at the PHC.

*What else will you do to help Sheela for the future? See algorithm "could I be pregnant".*

- After the groups are through with role playing, ask the participants to spell out the issues that were brought out.
- Discuss the role of gatekeepers in preventing unsafe abortions and saving the life of Sheela.
- Put up Flipchart VII-9 and emphasise the points on it.

#### Flipchart vii-15

##### Management of post-abortion complications

- Quick history taking and diagnosis
- Emergency resuscitation may be required as many patients present in shock due to hemorrhage following the attempt at abortion
- Evacuation of the uterus is essential to remove all products of conception in order to arrest bleeding and remove the source of infection
- Treatment of any complications (e.g.: stitching lacerations, dealing with infection, etc...)
- Post-abortion counselling is essential since this may be the only point of contact and may extend to issues beyond contraception and the immediate problem
- Establishing good rapport with the adolescent will facilitate follow-up

- Refer them to the Handout for detailed information



### *Tips for Facilitator*

- Role-play 1 raises the issues of conforming to legal requirement, and that there are many providers both qualified and unqualified who would provide the service, usually for a higher fee.
- Role-play 2 demonstrates the benefits of creating awareness in the community to influence the social norms to bring about behaviour change to take care and promote health of adolescents.
- Non-unjudgemental services can help in such difficult situations. Sheela would also benefit from counseling on safe sexual behavior and negotiation skills.
- Discuss use of clinical algorithms given in Physician Chart Booklet.

## *Module VII*

### *Session 4: Prevent and Manage Pregnancy and Post- Abortion Complica- tions in Ado- lescents*

## Module Summary

### Objectives:

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

- Apply acquired information to prevent and manage adolescent pregnancy.
- Describe action points for diagnosis and management of post-abortion complications in adolescents.

Summarize the module by emphasizing on following points:

### Key points:

- Adolescent pregnancy is common in India.
- Adolescents have a higher risk of poor pregnancy outcomes in the form of illness and death of themselves and their babies, especially in unmarried adolescents.
- Many complications of pregnancy and childbirth have 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 abortion implies interference of pregnancy by persons without the necessary knowledge and skills, or in conditions that are not conducive to good health. It can be within or outside of the law.
- Adolescents opt for abortions because of socio-cultural and/or socio-economic reasons.
- Adolescents undergoing unsafe abortions tend to be single, pregnant for the first time and usually obtain their abortions later in their pregnancies than adult women.

- They are more likely to have resorted to illegal providers and to have used dangerous methods for inducing abortion.
- They tend to present later, and with more entrenched complications.
- They tend to face more barriers than adults, in accessing and using the health services they need.
- They are less likely to come for post treatment follow-up.
- The management of post-abortion client should include management of complications, post-abortion counselling, addressing contraception and other issues.
- Despite abortions being legalised in India, 4 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:
  - Emergency resuscitation and referral to District Women's hospital or appropriate facility with effective treatment even in private sector.
  - Evacuation of uterus in early pregnancy by simple techniques as per Government of India guidelines for MOs at PHCs. Referral to CMC or District Women's hospital if pregnancy 8 weeks or more upto 20 weeks.
  - Management of further complications such as infection and injury.
  - Arrangement of post-abortion care including contraceptive 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.
  - Address laws and policies on access to safe abortion services by providing an adolescents sensitive environment.
  - Train health care providers in comprehensive abortion care, and/or counselling for referral to a safe and appropriate facility.
  - Involve inter-sectorial departments and gatekeepers to increase community awareness and reduce stigma associated with pregnancy in unmarried girls.

## **Module VII:**

### ***Pregnancy and Unsafe Abortions in Adolescents***

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# Contraception for Adolescents

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Session I	: Module Introduction	15 mins.
Session II	: Eligibility and Effectiveness of Contraceptives	45 mins.
Session III	: Helping Adolescents Make Well-informed and Voluntary Choice	25 mins.
Session IV	: Module Summary	05 mins.

## *Module VIII:*

### *Contracep- tion for Adolescents*

## Session I

## Module Introduction

**Objectives:**

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

- Get an overview of the module and its objectives.

**Materials:**

- Flipchart VIII-I
- Self-assessment Tool

Activity	Topic	Traning Methodology	Time
Activity 1	Module objectives	Presentation	5 mins.
Activity 2	Self-Assessment	Self-Assessment Tool	10 mins.

**Activity 1**

- Introduce the module to the participants. Adolescence is a special time in an individual's life when she/he is at the threshold of adulthood, hesitant yet excited, ignorant yet confident, willing to take risks but needing support and understanding from those close to her/him. The lifestyle choices s/he makes now will affect the rest of her/his life. Ask the participants to recall the characteristics of adolescents. During adolescent development, there is an increased desire to have sex. With lack of awareness regarding fertility and correct information, the result can be sexual intercourse. If this is unprotected, it can lead to unwanted pregnancy and STI/ HIV-AIDS.
- Some of our customs and traditions close doors for these adolescents, rather than open them. As health providers, we play a very important role in adolescent lives and in a larger context, the lives of the future generation.
- Explain that this module will address the contraceptive needs of adolescents.
- Mention that Handout VIII provides additional related information.
- Display the module objectives given in Flipchart VIII-I and explain the objectives.

## Module VIII

### Session I: Module Introduction

#### Flipchart viii-1

##### **Module Objectives:**

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

- Review the eligibility of adolescents to use the various contraceptive methods available and the effectiveness of each of these methods.
- Consider which contraceptive methods are most appropriate for adolescents.
- Demonstrate counseling skills to help adolescents choose methods most appropriate for them and best suited to their needs.

#### **Activity 2**

- Ask participants to open the Self-Assessment Tool in Handout on Contraception for Adolescents and take 10 minutes to complete it.



## Session 2

Eligibility and Effectiveness  
of Contraceptives**Objectives:**

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

- Examine the medical eligibility of adolescents to use the available contraceptive methods, as well as their effectiveness in preventing pregnancy and STIs and HIV-AIDS.

**Materials:**

- Flipchart VII-2
- Flipchart VII-3
- Flipchart VII-4
- Flipchart VII-5
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	Eligibility and effectiveness of contraceptive methods for adolescents	Presentation & group discussion	10 mins.
Activity 2	Making contraceptives available to adolescents	Debate	15 mins

**Activity 1**

- Put up Flipchart VIII-2 and present the list of contraceptive methods that are available and may be suitable for adolescents.
- Discuss that despite the general observation that the use of spacing methods of contraception with ECP or early abortion as a backup is the safest reversible regimen of fertility regulation at any age, neither ECP nor abortion has never been encouraged as a method of fertility control.

## Module VIII

### Session II: Eligibility and Effectiveness of Contracep- tives

#### Flipchart viii-2

##### **Available Methods for Contraception**

- Abstinence and non-penetrative sex
- Fertility awareness methods
- Lactational amenorrhoea
- Withdrawal
- Male condom
- Combined oral pills
- IUCD
- Emergency Contraceptive Pills (ECP) (Levonorgestrel only pills)

- Tell the participants that we will discuss medical eligibility, appropriateness and effectiveness for preventing pregnancy, STIs and HIV-AIDS.
- Ask participants to list out contraceptives available and to state whether or not there are any medical contradictions restricting their use by adolescents.
- Ask a volunteer to note down the responses on a blank flipchart.
- Hold your responses till you put up Flipchart VIII-3.

#### Flipchart viii-3

Healthy adolescents are medically eligible to use all currently available methods of contraception

- Healthy adolescents are medically eligible to use all currently available methods of contraception
- Put up the Flipchart VIII-3. Explain that, however, some method are not preferred for adolescent as described in Tips for Facilitators' (page VIII-6)
- Refer the participants to Table I Handout on Contraception for Adolescent titled "Contraceptive Methods". and lead them through the table and invite comments and questions.

### Activity 2

- Most sexually active adolescents are in their late adolescence. Lack of contraceptives or condom use characterises the vast majority of sexual encounters among youth. Incidences of unintended adolescent pregnancies and abortions have shown a steady increase. Unsafe abortions are a major source of reproductive mortality and morbidity.
- Invite a debate on the following issue:  
"Contraceptive information should be given to unmarried adolescents, but they should not be given the supply."

- Divide the participants into 2 groups. Give 2 groups the exercise to debate “for” and 2 groups to debate “against” the theme statements.
- Give the groups 5 mins to prepare and give each group 4-5 minutes to put their point across.
- Wrap up the session by reiterating pertinent points brought out during the debate.

### Tips for Facilitator

There is no biological difference between a 16-year old girl who is married and one who is not married. 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, as it is not 100% reversible. Although 18 years old who already has two live issues may opt for sterilization.
- 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. Infection may lead to infertility as well
- Use of ECP, in adolescents or adults, has no long-term adverse effects. It does however reflect the need for appropriate contraception and the failure of the health system to meet that need.

**Table 1: Contraception Methods**

*Contraceptives should be given to sexually active adolescents to a) prevent pregnancy (married and unmarried), b) space births*

Method	Effectiveness against pregnancy		Protection against STI / HIV	Comments and Considerations
	As commonly used	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.
Spermicides	Somewhat effective	Effective	Somewhat protective	Only provides limited dual protection when used correctly and consistently.

## Module VIII

### Session II: Eligibility and Effectiveness of Contracep- tives

Method	Effectiveness against pregnancy		Protection against STI / HIV	Comments and Considerations
	As commonly used	Used correctly and consistently		
Combined oral pills	Effective	Very effective	Not protective	Only protective against pregnancy if used correctly and consistently. If at risk of STIs / HIV, recommend switching to condoms or using condoms along with this method.
Fertility awareness based methods (Standard Days Method: SDM)	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!)	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 OCRs 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 3

# Helping Adolescents make Well-informed and Voluntary Choice

## Objectives:

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

- Assist adolescents in making informed choices regarding contraceptive methods.

## Materials:

- Flipchart VIII-4
- Flipchart VIII-5
- Blank Flipcharts
- Markers
- Role Play Scenarios

Activity	Topic	Traning Methodology	Time
Activity 1	Common complications of pregnancy and abortions in adolescents	Group work followed by discussion	30 mins.
Activity 2	Consequences of pregnancy and unsafe abortions in married and unmarried adolescents	Brain storming	15 mins.

## Activity 1

- Put up Flipchart VIII-4 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 method so that adolscents can make informed decisions.
- 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.

## Activity 2

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

## Module VIII

### Session III: Helping Adolescents make Well- informed and Voluntary Choice

#### Flipchart viii-4

##### **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 the client has made a choice, provide the following additional information on the method**

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

#### Scenario 1

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 feel that Raju has some other problem and is not telling you 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 about his real problem. Shyly, he says that he and Rani, his neighbour's 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

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? See algorithm "I do not want to be pregnant".*

- Explain to the role players that you want the providers to address the issues listed in Flipchart VIII-5
- 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.

### *Flipchart viii-5*

- Briefly inform the adolescents 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.

## *Module VIII*

### *Session III: Helping Adolescents make Well- informed and Voluntary Choice*

### *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 is lactating.

## Module Summary

### Objectives:

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

- Examine the medical eligibility of adolescents to use the available contraceptive methods, as well as their effectiveness in preventing pregnancy and STIs and HIV-AIDS.

### 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 and there is huge unmet need of contraception.
- Hence, need to prevent adolescent 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 counselling services with confidentiality will help adolescents choose an appropriate method of their choice.
- Contraceptive information and services must be made easily available through community based facilities and outreach services also.



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# *RTIs / STIs and HIV / AIDS in Adolescents*

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Session I	: Module Introduction	15 mins.
Session II	: Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs) in Adolescents	30 mins.
Session III	: Management of RTIs/STIs in Adolescents	40 mins.
Session IV	: HIV/AIDS and Adolescents	60 mins.
Session V	: Module Summary	05 mins.

*Module IX:  
RTIs / STIs  
and  
HIV / AIDS in  
Adolescents*

## Session I

## Module Introduction

**Objectives:**

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

- Get an overview of the module and its objectives.

**Materials:**

- Flipchart IX-I
- Self-assessment Tool

Activity	Topic	Traning Methodology	Time
Activity 1	Module introduction and objectives	Presentation	5 mins.
Activity 2	Self-Assessment	Self-Assessment Tool	10 mins.

**Activity 1**

- Introduce the topic to the participants. Repoductive Tract Infections (RTIs), or infections 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 Medical Officers can help adolescents to deal with the problem. Clinical skills and specific medical treatment are not covered here. Participants are referred to syndromic approach of GOI.
- Put up Flipchart IX-I and have the module objectives read out by the participants.
- 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.

**Activity 2**

- Ask the participants to open Handout RTI, STI and HIV / AIDS in Adolescents and ask them to fill the Self-Assessment Tool.

## Module IX

### Session 1: Module Introduction

#### Flipchart ix-1

##### **Module Objectives:**

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.

## Session 2

## RTIs and STIs in Adolescents

**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
- Blank flipcharts
- Case Studies
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	What are RTIs & STIs, their causes and why are adolescents pre-disposed to RTIs & STIs	Plenary discussion and brainstorming	10 mins.
Activity 2	Symptoms of RTIs & STIs	Brainstorming	5 mins.
Activity 3	Consequences	Discussion	5 mins.
Activity 4	Prevention of RTIs & STIs	Brainstorming	10 mins.

**Activity 1**

- Ask whether the participants, in their experience, have seen adolescents complaining of symptoms related to infections of the genital tract. This is likely to be the experience with adolescent girls complaining of vaginal discharge. Drive the discussion to the fact that though adolescent 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 Reproductive Tract Infections (RTIs) and write the responses on a flipchart.
- Then, ask the participants what they understand by Sexually Transmitted Infections (STIs) 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 and Handout on RTI/STI and HIV / AIDS in Adolescents.
- Put up Flipchart IX-2. 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.

## Module IX

### Session 2: RTIs and STIs in Adolescents

#### Flipchart ix-2

##### **What is the reason for the problem stated?**

1. Geeta has itching in the genital region and discharge. She is encouraged not to take bath during menstruation.
2. Gautam is having burning sensation while passing urine. He has been sexually active for six months with different partners. In his village in Rajasthan, water is really scarce.
3. Suman, a 16 year old, was four months pregnant, when she underwent an abortion by the local Dai. Since then, she has been having foul smelling discharge from the genital region.

- Discuss why adolescents are pre-disposed to RTIs/STIs.

#### Flipchart ix-3

##### Increased RTI and STI in adolescents

- More prone to take risks: Adolescents are anxious to do experiments without fear of any disease and as such indulge in unsafe sexual activities
- Lack of awareness of disease and prevention
- S-E status makes them vulnerable
- Vaginal and cervical epithelium in adolescents is immature
- Lack of access to services
- Poor hygiene practices
- Unsafe delivery and abortion

##### **Girls are more vulnerable**

- Ask the participants to brainstorm on why adolescents are **pre-disposed** to RTIs and STIs.
- List the responses on a blank flipchart. Discuss each of these factors.
- Put up Flipchart IX-3. Mention that some factors alone or in combination lead to increase in RTIs/STIs in adolescents.
- Tell the participants that the sequelae of RTIs and STIs, fall most heavily on adolescent girls due to **gender disparity**. This is very important because:
  1. **Asymptomatic infections** are more common in girls as compared to boys, and, as a result, they do not come forward to seek care.
  2. Mucosal surface area contact is more in girls. Most sexually transmitted infections, such as gonorrhoea, chlamydia and HIV 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.

Furthermore, the potential for the spread of infection to the genital tract is greater in girls than in boys, because of larger surface area in females.

3. The lack of available female controlled barrier methods and the power dynamics in sexual relationships also make girls vulnerable.
4. Girls are also less able to prevent exposure to RTIs/STIs than boys because of their vulnerability to forced sex due to limited ability to negotiate. Economic vulnerability is also responsible for unsafe sexual practices.
5. Girls are more at risk from their partners' sexual behaviour than their own.
6. **Potential stigma** prevents early treatment. In most cases, it is socially unacceptable for girls to seek care for genital problems, particularly in a STI clinic.
7. **Diagnosis of infections is more difficult** in girls than in boys.

## Activity 2

- 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 either from a health centre or Medical Officer 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
    - Pain during sexual intercourse
  - For adolescent girls:
    - Unusual vaginal discharge
    - Pain in lower abdomen
    - Fever
  - For adolescent boys:
    - Discharge from the urethra
- Some cases may have infection without any related symptoms.
- In some cases some symptoms may disappear temporarily after some time (even without treatment) but infection continues.
- Now discuss with the participants, factors that increase the risk of RTIs/STIs. Put the responses on a flipchart.  
Some of the responses could be:
  - History of unprotected sexual activity in the recent past
  - Partner having sore on the genital region or urethral discharge
  - Adolescent girl pregnant or recently delivered (more so if a home delivery)
  - History of recent abortion, spontaneous or induced, especially unsafe abortion
  - Adolescent girl using an IUCD

### Activity 3

- Display Flipchart IX-4.
- Discuss the consequences of RTIs and STIs. Emphasize that there could be long term sequelae like urethral stricture, PID, cancer and even death (e.g. Ruptured ectopic pregnancy).

#### Flipchart ix-4

##### Consequences of RTIs and STIs for adolescents

- Pelvic inflammatory disease (PID): Chlamydia infection during adolescence is more likely to result in (PID) and its sequelae (such as infertility);
- Cancer of the cervix: exposure to infection (such as Chlamydia and Human Papilloma virus) during adolescence is more likely to result in cancer of the cervix;
- Tertiary Syphilis: Heart and brain damage as a long-term consequence of an untreated Syphilis infection;
- Stigma and embarrassment associated with STIs can impair psychological development and attitudes towards sexuality later in life.
- Uterthral stricture
- Infertility
- Death
- Neonatal/Intrauterine infections

### Activity 4

- 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-5 and summarise the action points for prevention of RTIs/STIs in adolescents. Mention that as a Medical Officer one should educate and inform adolescent boys and girls about the precautions for prevention of RTIs and STIs.
- 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



### Flipchart ix-5

#### Prevention of RTIs and STIs

- Maintaining proper genital hygiene is important. Girls should also maintain good menstrual hygiene.
- Practicing responsible sexual behaviour - Practicing safe sex
- Avoiding (unprotected) sexual contact, if either of the partner has an STI
- By not neglecting any unusual discharge – seeking help early
- 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 (AFHS)

### Module IX:

### RTIs / STIs and HIV / AIDS in Adolescents

### Tips for Facilitator

RTIs	STIs
<p>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 which are commonly transmitted by sexual contact (Human Immune Deficiency Virus, Hepatitis -B, C, D, etc.) do not always or at all cause an infection of the reproductive tract.</p> <p>Iatrogenic infections (e.g., infections introduced to the reproductive tract by improperly managed childbirth or during improper delivery of family planning services, such as IUCD insertion or unsafe abortion or improperly performed medical and surgical procedures, etc.)</p>	<p>Sexually Transmitted Infections (STIs): STIs are contagious diseases usually acquired by sexual or genital contact.</p>

## Module IX

### Session 3: Management of RTIs / STIs in Adolescents

## Session 3

# Management of RTIs/STIs in Adolescents

#### Materials:

- Flipcharts IX-6
- Blank flipcharts
- Markers
- Case studies

#### Objectives:

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

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

Activity	Topic	Traning Methodology	Time
Activity 1	Management of RTIs and STIs	Presentation	10 mins.
Activity 2	Managing adolescents with RTIs and STIs	Group work; Case study	30 mins.

### 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-6 and summarise the factors.
- Also mention that Handout IX systematically examines the matters which Medical Officers should be aware of and pay attention to, while managing adolescents with STIs. Highlight the increased vulnerability of adolescents for STI/HIV from the Handout IX.
- 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.

*Flipchart ix-6*

Important factors to consider when managing adolescents with RTIs and STIs

- Adolescents may be unaware of the cause and 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
- They need empathy and respect

*Tips for Facilitator*

The Facilitator should stress on the fact that when dealing with adolescents, the words and actions of Medical Officers 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 Medical Officers 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 adolescents (especially when they are still minors), and the rights of their adolescent patients to privacy and confidentiality. It is important that Medical Officers 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 address a different case study.
- Give each of the three groups one case study, and ask them to respond to the question posed, which requires them to specify exactly what they would do if they found themselves in the given situation, and to explain why they have chosen that course of action.
- Ask the groups to work separately for 7 minutes to complete this task. Tell them to prepare a brief (3 minutes) presentation, to share their impressions.
- Ask each group in turn to share their conclusions and to respond to any comments or questions that others pose. As the feedback and the question-answer session proceeds, have someone record the key points on a flipchart.
- Invite comments and questions. Respond to questions yourself and encourage other participants to share their comments. Discuss factors that hinder a prompt and correct diagnosis and effective management of STIs in adolescents.
- Ask the participants to recall and share some of their own experiences in treating adolescents with RTIs/STIs. Share your own experiences too and stress on the need for friendly counselling while treating adolescents for their problems.

## Module IX

### Session 3: Management of RTIs / STIs in Adolescents

- Finally, wrap up the session, highlighting the key points raised in the discussion, and refer the participants back to the Handout.

#### Case Study 1

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 the boy separately. Taking him to another room, you ask the boy 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...

*How would you deal with his situation?*

*Explain why you have chosen this course of action. Use Algorithm, "I have pain in my scrotum / I have injured my serotum"*

#### Case Study 2

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. He says that he has had similar episodes in the past. On enquiry, you learn that the young man is married and has a wife who is 16 years old.

*How would you deal with this situation?*

*Explain why you have chosen this course of action. Use Algorithm, "I have discharge from my penis / pain on urination"*

#### Case Study 3

A 17 year old married girl comes to you with her mother. The girl complains of itching and vaginal discharge for the last 2 months. The girl reveals that her husband works in the city. Her complaint started soon after his last visit to the village a little over two months back.

*How would you deal with the situation?*

*Explain why you have chosen this course of action. Use Algorithm, "I have an abnormal discharge from / burning or itching in my vagina (for non-pregnant women)"*

### Tips for Facilitator

While leading the discussion, please keep in mind the following points:

**Case Study 1 :** This scenario highlights the importance of establishing a rapport with the patient, and eliciting information on the nature of the actual 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 adolescents, and the rights of the adolescent patient to privacy and confidentiality.

**Case Study 2 and 3 :** This scenario highlights the challenge of communicating the diagnosis and its implications, discussing treatment options, and providing treatment. Beyond that, it highlights the importance of helping the patient deal with the social implications of the condition, including involving and treating the spouse.

- National guidelines on RTI/STI management must be followed to manage the adolescent cases as well

## Session 4

## HIV/AIDS in Adolescents

**Objectives:**

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

- Explain the basic information regarding HIV/AIDS.
- Address various myths and misconceptions regarding HIV/AIDS.
- List action points for reducing stigma and discrimination related to HIV/AIDS.

**Materials:**

- Flipchart IX-7
- Flipchart IX-8
- Flipchart IX-9
- Flipchart IX-10
- Blank flipcharts
- Markers
- Cards

Activity	Topic	Traning Methodology	Time
Activity 1	Understanding one's own values regarding HIV/AIDS	Quiz	30 mins
Activity 2	HIV/AIDS, how it is transmitted, myths and misconceptions	Brainstorming and discussion	10 mins
Activity 3	Factors responsible for adolescents being vulnerable to HIV/AIDS	Brainstorming	5 mins
Activity 4	Signs and Symptoms of HIV/ AIDS	Brainstorming, Role play	10 mins
Activity 5	Prevention of HIV/AIDS	Brainstorming	5 mins

**Activity 1**

- Tell the participants that this exercise is to identify different attitudes and explore one's own values about sensitive issues like sexuality, RTIs, STIs and HIV/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.

## Module IX

### Session 4: HIV / AIDS in Adolescents

- 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.

#### Quiz Statements

- 1. People who get HIV through sex deserve it because of the behaviour they practice.**  
This feeling comes from the perception that premarital & extramarital sex and visiting CSW is immoral. But one should remember that a wife can get HIV in spite of being faithful to her husband who has brought HIV to her.
- 2. To have more than one sexual partner is acceptable.**  
For some it may be acceptable.
- 3. Women who get STIs are promiscuous.**  
Same as point 1.
- 4. 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.**  
It is a difficult situation. But she should know this and bring him for treatment as well.
- 5. Anal sex is a perversion.**  
Some people have genuine pleasure through consensual anal sex.
- 6. Oral sex is a wrong practice.**  
For some people it is acceptable. Doctor is not there to decide whether it is right or wrong, but offer relevant services.
- 7. It is easy to recognise a homosexual by his looks and style of dress.**  
No, not always.
- 8. Sex without intercourse is not real sex.**  
Sexual expression has a huge range including non-penetrative sex.
- 9. Condoms should be provided to adolescents if they request.**  
Condoms can save them from STI, HIV & Pregnancy in case they do not want to practice abstinence.

- One or two volunteers from each side should explain the reason they selected that side of the room. People can change sides 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:
  - Were there any opinions or values expressed that surprised you?
  - How can you explain the differences between individuals in this group?
  - Would they expect differences between the values of providers and clients and how do such differences influence counselling with clients?
- Emphasise the importance of separating personal values from professional responsibilities in our work with clients.

## Activity 2

- Start the activity with a brainstorming exercise by asking participants what do they understand by HIV/AIDS? Note down the responses on a blank flipchart and explain what HIV/AIDS stand for.
- If participants seem aware of these issues one can rush through this activity.
- Put up Flipchart IX-7 and define HIV/AIDS.

## Module IX

### Session 4: HIV / AIDS in Adolescents

#### Flipchart ix-7

##### **HIV stands for :**

- Human
- Immunodeficiency
- Virus

##### **AIDS results from infection with HIV/AIDS stands for:**

- **Acquired** : Not genetically inherited but get it from somebody
- **Immuno-Deficiency** : Inadequacy of the body's main defense 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 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. Such ordinary infections become life-threatening.
- Put up Flipchart IX-8 and lead the discussion towards the various modes of transmission of HIV. Ask, "How is HIV transmitted?"  
Mention that the most common route of transmission in our country is through

#### Flipchart ix-8

##### **HIV is transmitted through:**

- Sexual contact wherein sexual fluids come in contact like unprotected anal, vaginal or oral sex
- From an infected mother to her child (parent to child transmission (PTCT) during pregnancy, delivery or breastfeeding.
- Sharing of infected syringes, needles and skin cutting tools contaminated with infected blood and other body fluids, e.g. injectable drug users, needle stick injuries in health care settings.
- Transfusion of infected/unsafe blood or blood products.

## Module IX

### Session 4: HIV / AIDS in Adolescents

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.

- Put up Flipchart IX-9 and discuss 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.

#### Flipchart ix-9

##### **A person cannot get HIV:**

- Shaking hands and embracing
- Touching objects in phone booths or public transport
- Shared use of towels, linen, crockery, utensils
- Use of public toilets, swimming pools
- 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.
- 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.
- Adolescents are less likely to recognise potentially risky situations or negotiate safer sex behaviours.
- In addition, peer pressure, sexual experimentation, drug and alcohol use may increase adolescents' likelihood of engaging in high-risk behaviours.
- Adolescents 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 (Immature vaginal/ cervical 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.
- Ask the participants to describe the signs and symptoms of HIV infection or AIDS.
- Lead the discussion to point to some of the salient features of HIV/AIDS besides signs and symptoms of specific opportunistic infection such as -
  - 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
- Emphasise the following:
  - Only a laboratory test can confirm the presence of HIV
  - ELISA test is the most common screening test used for initial testing
  - Western blot is essential for confirmation
  - Maintaining confidentiality of test results is of utmost importance
  - Voluntary counseling and testing services are now available free of cost at many government health facilities
  - It is important for the Medical Officer to be aware of the nearest ICTC facility in order to be able to guide adolescents to services whenever necessary.

### Role Play

#### Role Play I

Usha is a 19 year old girl. She is married and is pregnant for the last 2 months. Her husband is a truck driver in Bombay. He has been sick for the last 3 months complaining of weight loss, loose motions and fever. He has been diagnosed as a HIV'+ case. But he has not disclosed this to his wife and his parents. For the last 2 days he has been having high fever for which he has been brought to a local PHC by his mother and his wife.

Now as a Medical Officer/ANM how will you deal with this case.

- Read out the role play and ask for volunteers to perform the play. Give them a few minutes to prepare.
- After the volunteers perform the play, discuss the main issues brought out in the play.
  - The issues in this role play are how to maintain confidentiality with the mother and wife, transmission to other partners including wife, PPTCT, ICTC, counseling issues for further transmission and care and support. (Modes of transmission, PPTCT and ICTC, confidentiality-critical issue for disclosure, breastfeeding, stigma and discrimination should be discussed in this role play scenario).

### 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 IX-10 and read out the preventive measures on it while explaining each one of them in detail.
- End the session by summarising what was discussed in the whole session and invite questions or comments.

#### Flipchart ix-10

##### **Preventing HIV 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 and adolescents should have access to Integrated counselling and testing center (ICTC) services

#### **Tips for Facilitator**

It is not possible to tell whether or not a person has HIV/ 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. Blood test is the only method to diagnose the condition.

## 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. Safe sex practices include:

- Staying in a mutually faithfully relationship where both the partners are not infected.
- Non-penetrative sex and masturbation
- Using a condom for sexual intercourse.
- Avoiding (unprotected) sex when either partner has an open sore or STI. 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 integrated counselling and testing center (ICTC) services.

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 ICTC early in the antenatal period in order to prevent mother-to-child transmission of HIV.

## Module IX

### Session 4: HIV / AIDS in Adolescents

## Module Summary

**Key points:**

- RTIs and 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 and STIs lead to serious complications.
- Adolescents are more prone to risk taking and unprotected sex.
- Vulnerability of adolescents to STIs and HIV more during penetrative sex due to biological reasons.
- Adolescents do not seek services.

**Counselling points:**

- Information regarding spread of disease and remove myths.
- Information for safe sex practices and dual protection.
- Partner identification and management.
- VCT should be available to adolescent especially adolescent pregnant mothers.

**Services:**

- Counselling and identification of STIs and referral for management at PHC level.
- Awareness in the community to communicate and counsel adolescents.
- Referral for VCT.

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# Non-communicable diseases, Injuries, Aggression and violence

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Session I	: Module introduction	25 mins.
Session II	: Risk, Risk Taking Behaviour and Health Risk Behaviour	40 mins.
Session III	: Management of Risk Factors and Health Risk Behaviours	60 mins.
Session IV	: Module Summary	05 mins.

**Module X:**

**Non-communicable diseases, Injuries, Aggression and violence**

## Session I

## Module Introduction

**Objectives:**

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

- List the module objectives
- Know the importance of non-communicable diseases, injuries and violence during adolescence.

**Materials:**

- Flip chart 1
- Flip chart 2
- White board
- Marker pen

Activity	Topic	Traning Methodology	Time
Activity 1	Module introduction	Presentation	5 mins.
Activity 2	Self assessment	Self assessment tool	10 mins.
Activity 3	Importance of NCDs	Interactive presentation	10 mins.

**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 on 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 adolescent 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 and violence with special emphasis on violence related to co-ercion and abuse.

Put up Flipchart 1 and discuss module objectives.

### Flipchart x-1

**Module objectives:**

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

- Learn the importance of NCDs, injuries 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 and risk factors for NCDs, injuries and violence.
- Apply the knowledge in primary and secondary prevention of above risk factors.

### Activity 2

- Ask the participants to open Handout and complete Self Assessment Tool.

### Activity 3

- Discuss definitions of injuries and violence etc., using the flipcharts.
- 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.



## Flipchart x-2

## Module X:

### Session 1: Module Introduction

#### **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 Behaviour and Health Risk Behaviour

#### Materials:

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

## Session 2

# Risk, Risk Taking Behavior and Health Risk Behaviour

### Objectives:

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

- Understand the concepts of risk, risk taking behaviours and exploratory behaviours.
- List socially acceptable / not acceptable behaviours, health enhancing / compromising behaviours.
- Relate above behaviour with bio-psychosocial development of adolescents.

Activity	Topic	Traning Methodology	Time
Activity 1	Concepts of risk, Risk taking behavior, and Exploratory behavior	Interactive presentation	10 mins.
Activity 2	Identify risk behaviours and relate them to adolescent development	Group work	30 mins.

### 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.

### Activity 2

- Divide participants in 3 groups and assign the following task by group discussion and presentation in plenary. Give 10 minutes to discuss.

**Group 1 :** Identify various risk taking behaviours of adolescent and relate them with bio-psychosocial development.

### Flipchart x-3

#### **Risk**

- A situation involving exposure to danger (noun)
- Exposing (someone or something valued) to danger, harm or less (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.

## Module X:

### Session 2: Risk, Risk Taking Behaviour and Health Risk Behaviour

### Flipchart x-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.

**Group 2 :** Identify socially appropriate and socially inappropriate behaviours of adolescents.

**Group 3 :** Identify health enhancing and health compromising behaviours of adolescents.

## Module X:

### Session 2: Risk, Risk Taking Behaviour and Health Risk Behaviour

#### Tip for facilitator

During presentation identify factors / behaviours predisposing adolescents for NCDs and for injuries, violence, and abuse. Do discuss protective factors like commitment to learning and studies, positive personal and family values, social competence, and positive identity. External protective factors include support by family, religiosity, spirituality, empowerment, effective use of boundaries and expectations, and constructive use of time. As these factors increase risk taking behaviors decrease.

Ask groups to present and after presentation by the groups show flipcharts x-5 to x-7 and emphasize on the points given with each flipchart.

#### Flipchart x-5

Risk taking behaviours of adolescents in relation to physical and mental changes during adolescence

Risk Taking Behaviours	Changes during adolescence
<ul style="list-style-type: none"><li>Excessive gyming/exercise, Dietary supplements</li><li>Dieting</li></ul>	<ul style="list-style-type: none"><li>Body image concerns</li><li>Desire to be attractive</li><li>Idol worship</li></ul>
<ul style="list-style-type: none"><li>Spending excessive time in sedentary activities like TV viewing, internet including social networking, watching inappropriate media contents, etc.</li><li>Peer pressure related activities like smoking, substance use, gang memberships, rash and unsafe driving, fast food consumption</li></ul>	<ul style="list-style-type: none"><li>Increasing importance of friends, relationships</li><li>Explorative nature</li><li>Poor understanding of long term consequences of current acts</li><li>Feeling “nothing will happen to me”</li></ul>
<ul style="list-style-type: none"><li>Sexual encounters</li><li>Proving to be men/women enough</li></ul>	<ul style="list-style-type: none"><li>Sexual development and urge to have sex</li></ul>

Discuss the points given in the *flipchart x-5*. Emphasize on the following points-

- The changes during adolescence are physiological and even with these normal changes certain issues can emerge which can influence health and well being of adolescents.
- Every health care provider should be aware of these behaviours.
- Such risk taking behaviours are common. Hence, in every clinical encounter with adolescent or when any other opportunity is there we must screen for such behaviours and make the adolescents aware of the risks and consequences associated with such behaviours.

## Flipchart x-6

### Adolescents' behaviours

<i>Socially Appropriate Behaviours</i>	<i>Socially Inappropriate Behaviours</i>
<ul style="list-style-type: none"> <li>• Respecting elders and teachers</li> <li>• Participating in sports (under supervision)</li> <li>• Regular studies in school and at home</li> <li>• Attending hobby classes/ activities (dance, singing, painting, martial arts, etc.)</li> <li>• Participating in religious/ spiritual activities</li> <li>• Participating in family / social functions</li> <li>• Using TV, internet, social media within limits</li> <li>• Following family disciplines and limits</li> </ul>	<ul style="list-style-type: none"> <li>• Reckless and unsafe driving</li> <li>• Bullying, eve teasing, harassing</li> <li>• Indulging in violence and criminal activities</li> <li>• Inappropriate clothing</li> <li>• Kissing, being intimate in public places</li> <li>• Drinking alcohol</li> <li>• Smoking</li> <li>• Derogatory remarks, comments, images physically or on social media sites or through other media like mobile phone.</li> </ul>

## Module X:

### Non-communicable diseases, Injuries, Aggression and violence

Emphasize that adolescence is the age of forming behaviours. Once they learn something it goes long into adult life. If some unhealthy practice is learned than it is more likely to continue during adulthood. Adolescents are more vulnerable too and for this fact various companies target adolescents in their media campaigns.

Tell the participants that every health care provider should be very well aware of these behaviours of adolescents and the social acceptability of such acts. Socially appropriate behaviours should be promoted and socially inappropriate behaviours should be discouraged.

Parents and guardians should be empowered with 'parenting skills' to monitor and to limit inappropriate behaviours and to promote appropriate behaviours.

Remind the participants that there are some behaviours which put adolescents at higher risk of developing NCDs. These are- Unhealthy Diet, Inadequate Physical Activity/ Exercise, Prolonged Sedentary Activities, Use of Tobacco, and Alcohol Consumption. These behaviours should be identified during adolescence and be managed using various methods including counselling.

## Module X:

### Non-communicable diseases, Injuries, Aggression and violence

## Flipchart x-7

### Adolescents' Behaviours related to Health

Health Compromising Behaviours	Health Enhancing Behaviours
<ul style="list-style-type: none"> <li>• Sedentary activities (&gt;2 hours per day on most days of the week)</li> <li>• Eating unhealthy foods (e.g. fast foods) frequently (&gt;once a week)</li> <li>• Avoiding break fast</li> <li>• Using tobacco (smoking, chewing)</li> <li>• Consuming alcohol</li> <li>• Driving vehicles without protective gears (e.g. helmet)</li> <li>• Watching adult rated media</li> <li>• Indulging in unsafe sex</li> </ul>	<ul style="list-style-type: none"> <li>• Regular physical activity (&gt;60 minutes a day on most days of the week)</li> <li>• Limiting sedentary activities (&lt;2 hours per day on most days of the week)</li> <li>• Eating regular meals containing vegetables and fruits daily</li> <li>• Learning and using Life Skills</li> <li>• Participating in religious/spiritual/ social service activities (National Cadet Corps, National Service Scheme, Scouts &amp; Guides, etc.)</li> <li>• Attending school and its activities regularly</li> <li>• Avoiding activities and situations which have potential to cause physical or mental or social harm (e.g. moving alone in dark or deserted area, accompanying a drunken friend/ person driving a bike/car, friendship (gang membership) with known bad elements, etc.).</li> </ul>

Congratulate the group to have identified health compromising and health promoting behaviours. Emphasize the following points-

- When we target to correct or modify risk factors it is known as Primordial Prevention. Various principles of Prevention Science have been used in these modules.
- Inform them that there is a national health program on prevention of NCDs (Diabetes, Hypertension, Coronary Artery Disease, and Stroke). However, this program has major focus on adults. Through RKSK we are targeting adolescents so that they do not learn these risk behaviours and do not develop the habits of physical inactivity, sedentary life, unhealthy diet, tobacco & alcohol use.
- By doing this we shall contribute in keeping our adolescents and youth healthy so that they can contribute better in nation building.
- Remind them that RKSK program is unique in the sense that adolescents are being reached (by health department) in their own community in order to empower them to remain healthy. This is a big paradigm shift in approach. It is our utmost duty to implement it appropriately and to take this to every adolescent of India.
- Do remind that the Resource Book / Handouts have Annexure containing materials (on Healthy Diet, Injuries, Violence, etc) written in easy language for use during discussion with adolescents or their parents and teachers.

## Session 3

# Management of Risk Factors and Health Risk Behaviour

**Objectives:**

By the end of this session, participants 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.

**Materials:**

- Flip charts
- Drawing sheets
- Sketch pens
- BMI charts

Activity	Topic	Traning Methodology	Time
Activity 1	Identify adolescents with likelihood of health risk behavior	Mini lecture	10 mins.
Activity 2	Management of risk factors for NCDs and of an adolescent with injury	Reading in group and presentation (role play)	50 mins.

**Activity 1**

- It is very important to identify an individual adolescent who is likely to be harmed by health risk behaviours. As these behaviours commonly begin during adolescents, it is fruitful to identify them early in order to modify these behaviours and reduce the risks.
- Certain adolescents have genetic / familial predisposition of high risk of developing chronic illnesses like diabetes, hypertension, stroke and cancers. These adolescents should adopt healthy life styles to prevent or delay the development of these chornic illnesses. Through this mini lecture you will explain the various risk factors for development of NCDs, risk behaviours and factors contributing and protecting from injuries, violence, and abuse.

## Module X:

### Session 3: Management of Risk Factors and Health Risk Behaviour

#### Flipchart x-8

##### **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
  - Hb A<sub>1</sub>C-etc

#### Flipchart x-9

##### **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



### Flipchart x-10

#### **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 (victim 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

### Flipchart x-11

#### **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 identifying the risk factors for NCDs, injuries and abuse, it is important to manage these risk factors in order to reduce the risk of NCDs, injuries and abuse.
- Divide the participants in 3 groups and provide the following assignments.

**Group 1 :** To open handout on Adolescent injuries, aggression and violence and read prevention of injuries and management of injuries in clinics. Have a brief discussion and prepare for a presentation.

## Module X:

### Session 3: Management of Risk Factors and Health Risk Behaviour

**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.

**Group 3 :** To open handout and read the algorithm “I have been attacked”. To have a brief discussion to prepare a role play when a 13 year old boy presents with complaint of pain in abdomen and headache for 20 days. He lives in a hostel and visits parents only on weekends. He hesitates initially but later reveals physical and sexual abuse.

#### Role Play

Ravi, a 15 year old boy has come to your clinic with his mother enquiring about tetanus vaccination. He had suffered a minor injury while driving a motorcycle 3 days ago. He has been vaccinated 3 years ago for some sports related injury.

How will you proceed to manage this case?

#### Tip for facilitator

There are two issues:

1. Factual information about tetanus immunization,
2. Probing the cause and setting of unintentional injury.

Begin with dealing with the primary issue the client has come with i.e. tetanus immunization. Then use this opportunity for obtaining detailed history of injury. Also explore about risk taking behavior. Then counsel him depending on response. Motivate him not to drive motorcycle until he has a valid license and to use the helmet if at all he needs to drive. It is important to interview both mother and the client, set some realistic goal and counsel accordingly (use of helmet for driver as well as passenger, drive safely, follow traffic rules, and avoidance of alcohol/drugs etc.); counsel mother regarding role modeling in the family.

- Discuss various issues raised during presentations in plenary.
- Emphasize that at times Medical Officers are requested to talk to adolescents in school. 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.

## Session 4

# Module Summary

Ask the participants to review the objectives of the module and see whether everything has been covered. Summarize the module by stating the following facts.

### **Key Points:**

- Non-Communicable Diseases are important cause of morbidity and mortality during adolescence.
- Unhealthy diet, sedentary behaviours and low physical activity, use of tobacco in any form, and alcohol consumption are common to most non-communicable diseases. Very often these behavioral risk factors begin during adolescence.
- Adolescence is a behavior forming age hence we must use every opportunity to correct harmful behaviors and to promote health promoting behaviors. These topics should be used for addressing school adolescents.
- Injuries, violence and abuse are important reasons for an adolescent's visit to health center and health care providers should be skilled enough to identify and to manage such adolescents appropriately.



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# Mental Health in Adolescents

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Session I	: Module Introduction	10 mins.
Session II	: Mental health and adolescents	60 mins.
Session III	: Adolescent mental illness	50 mins.
Session IV	: Attitude towards mental health	30 mins.
Session V	: Responding to adolescents with mental health problems	30 mins.
Session VI	: Promoting mental health in adolescents	20 mins.
Session VII	: Module summary	10 mins.

***Module XI:***

***Mental  
Health in  
Adolescents***

## Session I

## Module Introduction

**Materials:**

- Flip charts

**Objectives:**

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

- By the end of this session, participants will be able to:
- Get an overview of this Module XI.

Activity	Topic	Traning Methodology	Time
Activity I	Overview and objectives of module	Presentation	10 mins.

**Activity I**

## Module objectives

Welcome the participants to the module.

Say that the module is about the mental health of adolescents. Remind the participants that the handout provides additional information on the issues discussed in this module.

Display the module objectives (Flipchart XI : I), 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.

## Module XI

### Session I: Module Introduction

#### Flipchart 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.

#### **Tips for Facilitator**

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



## Session 2

## Mental Health and Adolescent

**Materials:**

- Flipchart
- Marker pen
- White Board

**Objectives:**

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

Activity	Topic	Traning 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”, “Mental illness” and “Mental well-being”
- 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.

## Module XI

### Session 2: Mental Health and Adolescents

#### Flipchart xi-2

##### **Module objectives:**

- 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?

#### Flipchart xi-3

##### **Mental health**

Mental health is a state of successful performance of mental function, resulting in:

- productive activities
- fulfilling relationships with other people, and
- the ability to adapt, to change, and to cope

#### Flipchart xi-4

##### **Spectrum of mental health**

##### **Mental well-being is:**

- A state in which the individual can realize his or her potential;
- Cope everyday stresses of life;
- 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-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.

## Module XI

### Session 2: Mental Health and Adolescents

#### 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

### 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).

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.

#### **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

#### **Tips for Facilitator**

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

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.

### 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.
- Role play:
  - 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:
  - 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.

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#### Flipchart xi-7

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

- 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;

#### Flipchart xi-8

- Individual:
  - Physical
  - psychological
- Social

- changes in relationship with parents.
- 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.

### **Mental health difficulties and development**

#### Flipchart xi-9

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.

- 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

### Flipchart xi-10

#### Mental health disorders during adolescence

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

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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.

#### 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.

#### 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

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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.

#### Flipchart xi-11

##### Global impact of mental illness during adolescence

- 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.

- 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.
- 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.

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#### Flipchart xi-12

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.

- 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 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.
- 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.

#### 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
Biological		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	
Psycho-logical		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

Source: Patel V et al. Mental health of young people: a global public-health challenge. *Lancet*, 2007, 369:1302-1313

### 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

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#### Flipchart xi-13

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	Ethnic clashes	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.

#### Flipchart xi-14

What are the consequences of mental illness for adolescents?

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.

### 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.

### ***Tips 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.

## Session 3

# Presentation of Adolescent Mental Illness

### Objectives:

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

- Explore the different ways adolescents present with mental illness.
- Assessing an adolescent's mental health using the HEADS framework.
- Understand how to recognize the varying severity of mental illnesses.

Activity	Topic	Traning Methodology	Time
Activity 1	Presentation of Mental disorders	Presentation and Mini Lecture	10 mins
Activity 2	Heads framework	Mini Lecture	20 mins
Activity 3	Assessing Mental health of adolescent	Group work	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-15

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

**Tips 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;
  - Do HEADS assessment;
  - 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).

**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).

**Flipchart xi-16*****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.

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#### Flipchart xi-17

- 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.

#### 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.

#### Activity 2

- Mini-lecture: review of the HEADS framework and adolescent jobaid algorithms
- 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-18

##### 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.

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#### Tips 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.

**Tips for you****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.

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#### Tips for you

##### 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.

**Tips for you****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.

**Activity 3**

- Group work and plenary discussion: assessing the Mental health of adolescents
- Ask participants to find Annex 3 in their handbooks, which contain a number of scenarios. Divide participants into four groups, and give each group a flipchart and a pen. Assign each group a scenario.
- Ask a participant to read through the task aloud.

## Module XI

### Session 3: Presentation of adoles- cent mental illness

#### **Tips for you**

Scenarios: Assessing the mental health of adolescents

Each group should discuss the presentation of the adolescent in their scenario.

Each group needs to decide the important questions that the health-care provider should ask, both at the initial visit and on subsequent visits, to help them assess the adolescent's mental health. Each group should also identify warning signs that would alert the health-care provider to mental health problems the adolescent might be experiencing.

Each group has 5 minutes. The groups should write their questions on their flipcharts. Then one person from each group should present their questions in the plenary.

#### **Scenario 1**

Lata is a 15-year-old girl. She comes to the clinic with her mother. Her mother says that Lata has been very quiet and seemed sad for the past 2 months. Her mother says she has tried talking to her, but Lata does not want to talk and gets angry, saying her mother is too inquisitive. Lata looks sad. Her hair is not brushed and her fingernails are dirty and bitten.

The health-care provider asks whether she can speak to Lata alone. What are the important questions to ask Lata? What warning signs might indicate that Lata is experiencing mental health problems?

#### **Scenario 2**

Mahesh is a 12-year-old boy. He attends school, where he has had good marks over the past year. During the past few weeks he says he has had chest pain in school and finds it hard to breathe. He is worried he has asthma. He tells you his parents expect him to do well at school, but he has found it harder to keep up with his school work recently. He finds it hard to concentrate and feels anxious much of the time. On examination, there are no indications that Mahesh has asthma; on further questioning, the nature of his symptoms is not consistent with asthma.

What are the important questions to ask Mahesh? What warning signs might indicate that Mahesh is experiencing mental health problems?

#### **Scenario 3**

Tarun is an 18-year-old man. He finished school last year and has been looking for work for the past 6 months. The health-care provider has heard from Tarun's father that Tarun has been in trouble with the police during this time. Tarun has come today because he says he thinks he is losing his mind. He often doesn't remember what happened the night before, and during the day he often hears voices when he is alone. He feels afraid.

What are the important questions to ask Tarun? What warning signs might indicate that Tarun is experiencing mental health problems?

#### **Scenario 4**

Rinki is a 13-year-old girl. She has menstrual pain and comes to the clinic today, accompanied by her mother, for a check-up. The health-care provider can see that Rinki is overweight and preoccupied to the shape of nose that it is misshapen.

What are the important questions to ask Rinki? What warning signs might indicate that Rinki is experiencing mental health problems?

Bring the groups back together. Ask each group to report on the outputs of their group work. Invite the other participants to comment and, if necessary, do so yourself.

## Session 4

Attitudes towards  
Mental Health**Materials:**

- Flipchart

**Objectives:**

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

- 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.

Activity	Topic	Traning 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.

**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

#### Flipchart xi-19

- 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.

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 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.

- 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.

#### Flipchart xi-20

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

## 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.

## Module XI

### Session 4: Attitudes towards mental health

## Module XI

### Session 4: Attitudes towards mental health

- What might the health-care provider think and feel when faced with this adolescent and her mother? 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.
- 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.

**Flipchart xi-21**

- 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.

**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.
- 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.
- Tell participants that health-care providers should be aware that adolescents with mental illness are more vulnerable to being abused and badly treated.

**Flipchart xi-22**

How can health-care providers contribute to reducing the stigma of mental illness for adolescents?

## Module XI

### Session 4: Attitudes towards mental health

- 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 effects 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.

## Session 5

# Responding to adolescents with mental health difficulties or problems or a mental disorder

## Objectives:

By the end of this session, participants 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.

## Materials:

- Flipchart

Activity	Topic	Traning 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

## Module XI

### Session 5: Responding to adolescents with mental health difficulties or problems or a mental disorder

#### Flipchart xi-23

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.

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.

#### 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

#### Flipchart xi-24

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.

#### 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.

#### Flipchart xi-25

A multidisciplinary team at the referral level could:

- provide care to seriously ill adolescents;
- support primary-level providers.

## Flipchart xi-26

Management of mental health difficulties and disorders consists of:

- psychological approaches;
- biomedical approaches.

- 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.

### 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 tranquilizers: 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 tranquilizers: 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.

## Module XI

### Session 5: Responding to adoles- cents with mental health diffi- culties or problems or a mental disorder

## Module XI

### Session 5: Responding to adolescents with mental health difficulties or problems or a mental disorder

#### Flipchart xi-27

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.

#### Flipchart xi-28

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.

#### 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



## Module XI

### Session 5: Responding to adolescents with mental health difficulties or problems or a mental disorder

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.

#### **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 objectives, and identify the main points of the session.

**Materials:**

- Flipchart

## Session 6

# Promoting mental health in adolescents

### Objectives:

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

- Identify actions at the individual and environmental level that could be taken to promote mental health in adolescents.

Activity	Topic	Traning Methodology	Time
Activity I	Health promoting actions	Brainstorming	20 mins

### Activity I

- 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-29

What actions do you believe need to be taken to promote mental health in adolescents, and why?

## Module XI

### Session 6: Promoting mental health in adolescents

Setting	Sector	Actions
Home	Social welfare services	Educating parents to help them understand the emotional needs of adolescents and how to respond to these needs nature of mental health problems that might occur, how to respond to them, and when and how to seek help Supporting vulnerable adolescents and their families
School	School staff	Building individual assets such as self-esteem and life skills Discussing sexual health, injuries, violence and substance use; promoting healthy attitudes and behaviours 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 Training teachers to detect adolescents who might need help, provide them with counselling support, and refer those who need medical help to health facilities Working with social health services to identify and provide support to adolescents living in difficult circumstances
Community	Community leaders and members	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 Engaging and sensitizing community members to intervene when there is violence in homes and elsewhere in the community Training selected community members to detect and refer to health services adolescents who might need help
Media and communication technologies	Media personnel	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 Preventing glamorization of suicides

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 Summary

**Materials:**

- Flipchart

**Objectives:**

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

- Review and discuss the answers to SAT.
- Review the “matters arising board”.
- Review the module objectives.

Activity	Topic	Traning Methodology	Time
Activity I	Module Summary	Presentation	10 mins

**Activity I**

- 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-30****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.

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# Concluding Module

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Session I	: Strategy for addressing Adolescent Health in RKSK	10 mins.
Session II	: Providing Adolescent Friendly Health Services through the Public Health System	25 mins.
Session III	: Making an Action Plan	25 mins.
Session IV	: Close of the Orientation Programme	15 mins.

*Module XII:*  
*Concluding*  
*Module*

## Session I

# Strategy for Addressing AFHS in RKSK

## Objectives:

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

- Describe the strategy for addressing Adolescent Health in RKSK.

## Materials:

- Flipchart XII-I
- Self-assessment Tool

Activity	Topic	Traning Methodology	Time
Activity I	Strategy for RKSK	Presentation	10 mins.

## Introduction

- This module in the Orientation Programme on adolescent health is the concluding module in the programme. It asks the participants to reflect on the ways they aim to improve by consolidating areas of strength and addressing areas of weakness in them or their services. They are also required 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 I

- Welcome the participants.
- Put up the Flipchart XII-I.
- Explain the two pronged strategy being used under RKSK.
- Tell them that this Orientation Programme is a part of the second strategy and aims to equip service providers with knowledge and skills so as to enable them to cater to the needs of adolescents.
- Ask participants to ask questions, if any.
- Inform them, that for details they can refer to documents on “National Adolescent Health Strategy” and “Operational Framework for RKSK”. These have been described briefly in Handout-I.

## Module XII:

### Concluding Module

#### Flipchart xii-I

##### **Strategy for addressing Adolescent Health in Rashtriya Kishore Swasthya Karyakram**

- Health promotion for Healthy Community
- Community based approach through Peer Educators
- Strengthening of Adolescent Friendly Health Clinics
- Intersectoral Convergence for strategic partnership



## Session 2

# Providing Adolescent Friendly Health Services through the Public Health System

## Objectives:

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

- Identify ways by which Adolescent Friendly Health Services can be provided at each level of care

## Materials:

- Flipchart XII-2
- Blank flipcharts
- Markers

Activity	Topic	Traning Methodology	Time
Activity 1	AFHS Services to be provided	Mini Presentation	10 mins.
Activity 2	Operationalising AFHS at the Health Care Facilities	Brainstorming	15 mins.

## Activity 1

- Put up the Flipchart XII-2 and explain that under the RCH-II Programme, a framework is proposed for operationalising AFHS within the context of the Public Health System. Actions are proposed at the level of the sub-center, PHC, CHC, District Hospitals and Medical College Hospitals through routine OPDs and a dedicated Adolescent Friendly Health Clinic.

## Activity 2

- Ask the participants to brainstorm on how they would like to operationalise adolescent-friendly health services at the level of the the facility they are working in. Note their responses on a flipchart.
- Ask them the barriers/challenges they expect in providing these services. Note the responses on a flipchart.
- Ask the participants how will they resolve these barriers. Note their responses on the flipchart.
- Inform the participants that operational guidelines have been developed and will guide them to run the Adolescent Friendly Health Clinic in order to provide a adolescent-friendly health services.

## Module XII

### Session 2: Providing ARSH Services through the Public Health System

## Flipchart xii-2

### Proposed Service package under RKSK

	Service Package	DH	CHC	PHC	Outreach
Information	IEC and IPC for Nutrition, SRH, Mental Health, GBV, NCD, Substance misuse	✓	✓	✓	✓
Commodities	IFA/ Albendazole tablets	✓	✓	✓	✓
	Sanitary napkin	✓	✓	✓	✓
	Contraceptives (condoms, OCP, ECP)	✓	✓	✓	✓
	Other medicines (e.g. Paracetamol, anti-spasmodic and first aid)	✓	✓	✓	✓
	Pregnancy testing kits	✓	✓	✓	✓
Services	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 how they will monitor the services provided to adolescents? Discuss that to show improvement in adolescent services, the following indicators could be used:
  - Increased attendance of boys and girls at the AFHC/OPD
  - Number of adolescents attending counseling sessions
  - Number of adolescents screened for diabetes and hypertension.
  - Reduced prevalence of RTIs/STIs
  - Reduction in adolescent pregnancy
  - Increase in ANC coverage among 15-19 year old
  - Reduction in the incidence of post-abortion complications due to unsafe abortions in adolescents.
  - More indicators are given in Operational Framework of RKSK.

## Session 3

## Making an Action Plan

**Materials:**

- Blank flipcharts
- Markers

**Objectives:**

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

- List out the changes they propose to make when they work for and with adolescents in future.

Activity	Topic	Traning Methodology	Time
Activity I	Future Planning	Individual work	25 mins.

**Activity I**

- Ask the participants to pull out the “Plan of Action” (POA) sheet in Handout XII and 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. 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.

**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.

**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 there 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 everyday 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?	Why?	How to measure?	When to measure?	Assistance required	Source

## Module XII

### Session 3: Making an Action Plan

SAMPLE PLAN OF ACTION - EXAMPLE						
Column 1	Column 2		Column 3		Column 4	Column 5
The changes I plan to make in my everyday work with or for adolescents.	Why is this change important?	Why?	Measuring the extent of success of this change.		Challenges anticipated in and/or problems working with adolescents.	Assistance
	Who/what will benefit?	Why?	How to measure?	When to measure?		Assistance required
1. Contact the local schools to provide information on the new adolescents-friendly health services being provided by our clinic.	Students in local schools. Friends of students, and family members of school staff who are not in local schools.	They will find it easier to obtain the services they need.	A steady increase in the number of students who come to the clinic to obtain services.	Six months after making contact with the schools.	Lack of interest from the school administration.  Resistance from the teachers.	Support from the district education authority.  A seminar to convince them of the value of this work.  The director of the local hospital could request this.  Leaders of the parent-teachers association.
2. Attitude of staff to be improved towards adolescents and their services	Adolescents	Adolescent will feel comfortable	Increase in number of clients	Six months after initiating the programme	They may not change	Repeated meetings or workshops  Request your superior to also meet with them and encourage
3. Privacy	Adolescents	Adolescent will feel comfortable	Increase in number of clients	Six months after initiating the programme	Lack of separate time/separate space	Change in time, curtain donation  From HQ, from community donation
4. Confidentiality	Adolescents	Adolescent will feel comfortable	Increase in number of clients	Six months after initiating the programme	Unaware client	Awareness generation posters for information  From Headquarters for posters

## Session 4

# Close of the Orientation Programme

**Objectives:**

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

- Conclude the Orientation Programme

Activity	Topic	Traning Methodology	Time
Activity I	Future Planning	Individual work	15 mins.

**Activity**

- Congratulate the participants for having completed the Orientation Programme. Ask participants for any final questions or comments, and address them
- Ask for any comments on strengths and shortcomings 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.

*Module XII:*  
*Concluding*  
*Module*