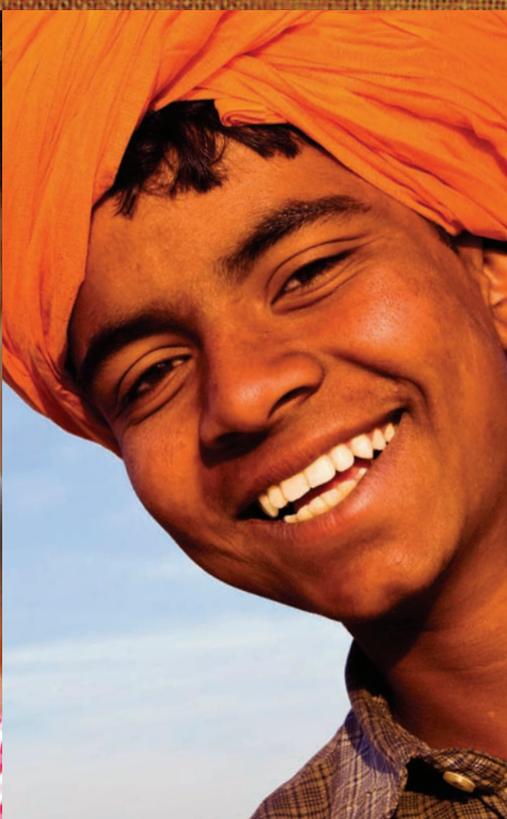


PROMOTING HEALTH!

Youth at home, at school, at work, and in the community

Sample Activities for Health Facilitators



education

economic growth

democracy and governance

global development alliance

health



USAID
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EDC
Education Development Center, Inc.



CAP-CSY

Promoting Health!

Youth at home, at school, at work, and in the community

Sample Activities for Health Facilitators

Developed by
Education Development Center, Inc. (EDC)
In collaboration with
Centre for Urban and Regional Excellence (CURE)

Prepared by Scott Pulizzi, Senior Project Director, EDC
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 Laurie Rosenblum, Research Associate, EDC

EQUIP3 (Education Quality Improvement Program) is a USAID “Leader with Associates” consortium that focuses its work on opportunities for earning and learning, especially for young people out of school and out of work. The Cross-Sectoral Youth Initiative breaks new ground in engaging resources from education, health, economic growth, and democracy and governance sectors in order to learn which strategies are most likely to have positive impacts on the development of young people in partner countries.

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Preface

Promoting Health! was created for health facilitators to use with young men and women to strengthen youth's skills and knowledge of ways to improve their own health as well as those in their families, workplaces, and communities.

Education Development Center, Inc. (EDC), in collaboration with the Center for Urban and Regional Excellence (CURE), developed this module under the Cross-Sectoral Youth (CSY) Project that took place in Agra, India, 2007–2008 (see box for project description).

The intent of this module is not to provide a comprehensive training package, but to serve as supplementary materials for already trained health practitioners. The units and lessons included in this module were identified based on the needs expressed by youth and health facilitators in the CSY Project in India. Thus, some lessons highlight a section on how the topic relates specifically to India.

The module consists of four units, on the topics of skills, hygiene, personal choice, and reproductive health, with each unit containing two lessons (or activities) that trained health facilitators can conduct with youth.

It is important to note that the field of health involves many more topics than are covered in this module. The topics included here represent the emerging needs of the stakeholders, who pilot tested these modules in India as well as with many young people worldwide, and are a good start in helping young people develop lifelong healthy behaviours.

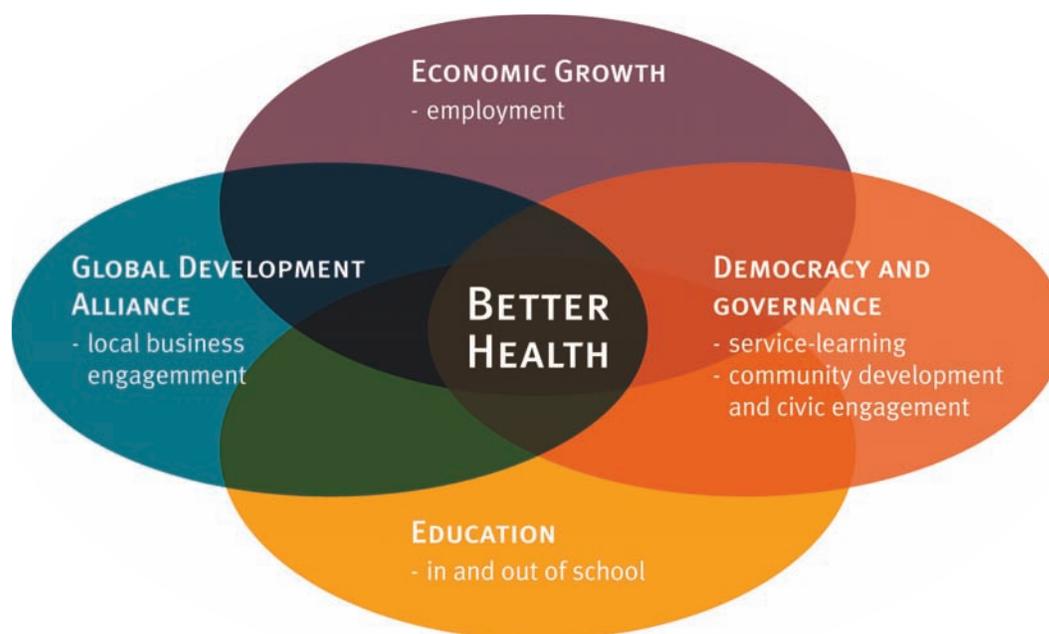


The Cross-Sectoral Youth (CSY) Project is a multi-country, USAID-funded initiative designed to increase youth's opportunities and capabilities in order to enable them to enjoy a successful livelihood, maintain a healthy lifestyle, and play a positive role in society. The project brings together a number of sectors, such as economic growth, health, democracy and governance, and the private sector, for a truly cross-sectoral approach to youth development. **The CSY India Project** (April 2007–August 2008), was designed around the Mughal Heritage Walk, a potential tourist attraction showing lesser-known monuments in five low-income communities in Agra, located behind the famous Taj Mahal. The project's aim was to engage young men and women in improving their employability and livelihood skills, increasing their participation in youth-led community development initiatives, fostering democracy, and raising their awareness of public health and reproductive health issues.

The module was designed based on experiences from the CSY Project in Agra, India. But the intent is that the lessons be used by trained health practitioners in India and also around the world. Lessons were pilot tested by health facilitators and youth experts with young men and women in Agra. The module was then refined according to feedback collected, young people's responses, and expert and project staff's judgment and reflections on content and methodology. As a result, the module strives to find a balance between the realities of youth who participated in the CSY India Project and relevance to youth in other parts of the world.

Cross-Sectoral Approach

This module is cross-sectoral in that it attempts to link major aspects of life: education, health, work, and democratic participation (e.g., leadership, decision-making, civic participation, and service-learning). It aims to include participatory processes and multi-stakeholder engagement, including the community, civil society, local government, and the private sector, to promote human development. The diagram below shows the relationships between the different sectors engaged.



Participatory Teaching and Learning Methods

The lessons are designed to first construct a knowledge base and then build on it with participatory learning techniques and skills-based (i.e., life skills) and advocacy-based objectives. They are intended to be implemented by trained health facilitators¹ using highly interactive methodologies.

Participatory learning methods are interactive rather than didactic. Participants become actively involved in the learning process through participating in activities rather than solely listening to lectures or doing rote memorization. They are engaged in “learning by doing.” This replicates the natural processes by which young people learn behaviours and skills, including observation, social interactions, modelling, and practise. Researchers argue that if young people can start by practising skills in the safety of a classroom environment, it is much more likely that they will be prepared to use them in other environments as well.

¹ It must be noted that these materials were developed for use by professionally trained health facilitators with the knowledge and experience to impart the content and follow the methodology proposed in this module. Please see section “Note to Users” for more details.



Skills are learned best when students have the opportunity to observe and actively practise them. Listening to a facilitator describe skills or lecture about them does not enable young people to master these skills. Facilitators need to employ methods that let young people observe the skills being used and then practice these themselves. Participatory teaching methods for building skills include the following:

- Group discussions (small- and large-group)
- Brainstorming
- Demonstration and guided practise
- Role-playing
- Small-group work
- Games and simulations
- Case studies
- Storytelling
- Debating
- Practising life skills specific to a particular context with others
- Audio and visual activities, e.g., arts, music, theatre, dance
- Decision mapping or problem trees

Effective youth initiatives balance these methods with more traditional ways of learning to impart information, develop attitudes, and build skills.

The lessons are not intended to be all-encompassing. Instead, they leave room for facilitators to complement the information, delve more deeply into a particular topic, or skip lessons that are not relevant to a given population. The module is intended to provide sufficient flexibility for adaptation to the local context and for continued refinement of the content and methodology as practitioners use the lessons in different settings.

Note to Users

Prior to using this module

Facilitators need to prepare before conducting these modules. Every place is different and so are their youth populations. Trained health facilitators need to be aware of (i) the local context; (ii) the expectations and knowledge level of the youth population participating in the activities; and (iii) the types, nature, accessibility of local service providers and their degree of youth friendliness. Prior to using these materials, users should consider a number of things and ask themselves questions such as, but not limited to, the following:

- Have the health facilitators been trained by an approved government institution or NGO (non-governmental organization) health and reproductive health curriculum?
- Who will supervise the activities for quality control, particularly with regards to topics of reproductive health?
- Do the facilitators have a relationship with (or are employed by) accredited clinics?
- What family planning methods are available locally?
- Do the health facilitators know which facilities have youth friendly services?
- Do facilitators understand all health definitions/concepts (e.g., diabetes, high blood pressure) accurately enough to explain it to youth participants?

It is essential to find out what health facilities exist in the local community, including the clinics, pharmacies, and other supportive services, and how local sources of health information and services can be accessed. Facilitators also need to learn about the common local health practices, for example, using ash instead of soap, so that they can tailor the training appropriately.

Recommended profile of health facilitators

This module is not intended to train health facilitators. Instead, facilitators using this module must already be trained in facilitating health issues and in content of main concepts included in these units.

Minimum requirements of trained youth facilitators include the following:

- Understanding of the key health terms and concepts used in each activity
- Understanding of the issues covered in the modules they will facilitate
- Familiarity with skills-based health education, participatory learning methods, and how health behaviour change works (this is described in the introduction)
- Recognition and awareness of their own values and biases so that they can help the participants begin to understand theirs (this should be covered in the facilitator training)

- Knowledge of communication techniques and how to facilitate group work so that they can model positive communication skills (this should be covered in the facilitator training)
- Understanding of the ways to handle difficult questions and questions to which they do not know the answer (this should be covered in the facilitator training)

The field of health is complex and changing all the time. Below is a brief list of websites where additional information and resources can be found on the health topics covered in this module. However, these resources are meant as supplementary materials only and are not meant to substitute for a proper health training program for facilitators.

There is a great deal of information regarding health available on the Internet. Below are some sites that facilitators might find useful. Each of the organizations is reputable and has done a lot of work to promote health globally. Each of the links below will lead you to reference materials and training modules available for free in .pdf format on a variety of health topics related to this module.

Pathfinder International: <http://www.pathfind.org/site/PageServer?pagename=Pubs>

PATH: <http://www.path.org/publications/index.php>

Family Health International: <http://www.fhi.org/en/Topics/index.htm>
and <http://www.fhi.org/en/Publications/index.htm>

World Health Organization: <http://www.who.int/topics/en/>

Important Concepts

Life Skills

Life skills, as used by the World Health Organization, refer to the abilities for adaptive and positive behaviours that enable individuals to deal effectively with the demands and challenges of everyday life. Individuals may use life skills in situations affecting just themselves or in their interactions with others or in the actions they take to change the surrounding environment to make it conducive to health.

The WHO definition of life skills was chosen for use with these modules because it cuts across different aspects of youths' lives and applies to work, school, community, and family settings. It allows for addressing youth concerns holistically rather than from a single sector perspective, such as only health.

Categories of Life Skills

Communication and Interpersonal Skills	Decision-Making and Critical-Thinking Skills	Coping and Self-Management Skills
<ul style="list-style-type: none"> • Interpersonal Communication Skills <ul style="list-style-type: none"> - Verbal and non-verbal communication - Active listening - Expressing feelings; giving feedback (without blaming) and receiving feedback • Negotiation/Refusal Skills <ul style="list-style-type: none"> - Negotiation and conflict management - Assertiveness skills - Refusal skills • Empathy-Building <ul style="list-style-type: none"> - Ability to listen, understand another's needs and circumstances, and express that understanding • Cooperation and Teamwork <ul style="list-style-type: none"> - Expressing respect for others' contributions and different styles - Assessing one's own abilities and contributing to the group • Advocacy Skills <ul style="list-style-type: none"> - Influencing and persuasion skills - Networking and motivation skills 	<ul style="list-style-type: none"> • Decision-Making/ Problem-Solving Skills <ul style="list-style-type: none"> - Information-gathering skills - Evaluating future consequences of present actions for self and others - Determining alternative solutions to problems - Analysis skills regarding the influence of values and of attitudes about self and others on motivation • Critical-Thinking Skills <ul style="list-style-type: none"> - Analysing peer and media influences - Analysing attitudes, values, social norms, and the beliefs and factors affecting them - Identifying relevant information and sources of information 	<ul style="list-style-type: none"> • Skills for Increasing Personal Confidence and Abilities to Assume Control, Take Responsibility, Make a Difference, or Bring About Change <ul style="list-style-type: none"> - Building self-esteem and self-confidence - Self-awareness skills, including awareness of rights, influences, values, attitudes, strengths, and weaknesses - Setting goals - Self-evaluation, self-assessment, and self-monitoring skills • Skills for Managing Feelings <ul style="list-style-type: none"> - Managing anger - Dealing with grief and anxiety - Coping with loss, abuse, and trauma • Skills for Managing Stress <ul style="list-style-type: none"> - Time management - Positive thinking - Relaxation techniques

Advocacy

A first step in putting a program into action is gathering support and resources. To gain support, it may be necessary to advocate for the initiative. Policymakers need good reasons to increase their support for any health or education effort in order to justify their decision. *Advocacy* is the art of influencing others to support an idea, principle, or program. Although we cannot force people to think or act in a certain way, our ideas and knowledge can influence their thinking.

An effective presenter needs to be trustworthy, confident, clear, and attentive to the needs of the audience. It is important to find out whether, and at what level, the audience understands the issue, and whether this audience can do something about it. Effective advocacy messages have certain common qualities:

- They are simple, emphasizing three key points and actions that the presenter wants to get across.
- They balance facts with emotion and human stories.
- They avoid jargon and complex data, and use specific examples, analogies, metaphors, one-liners, vivid language, and images that the audience can easily identify with.²

A Focus on Referrals

These materials emphasize referral as opposed to direct service provision because this module is designed for trained health facilitators and not trained health care providers. As a health facilitator your job is to introduce participants to important health topics and facilitate their skill development for healthy decision-making. For many participants, you will be a first point of contact for health issues because there may be many barriers to accessing health care. Participants may not be aware of services in their community or that they even need services, or they fear they cannot afford it.

As a facilitator you can help participants understand where they can get the services that are of concern to them and help motivate them to take actions to promote their health. Therefore, it is incumbent upon you, the facilitator, to know prior to each session what services are available and how they can be accessed by participants so that participants can be directed to trained health care providers.



² Vince Whitman, C. (2001). *Advocating for school health: Presenting an effective case to decision makers*. Workshop presented at the Mega Country Meeting: School Health Component, of the International Union of Health Promotion and Education's World Conference, Paris, France, July 15, 2001.

UNIT ONE: SKILLS FOR HEALTHY LIVING AND WORK



LESSON ONE: DECISION-MAKING AND CRITICAL-THINKING SKILLS**Learning objectives:**

- Identify negative and positive influences on decision-making
- Discuss the steps involved in decision-making
- Apply the decision-making steps to personal and professional situations

Methods: Brainstorming, discussion, role-playing, group work

Materials [optional]: Paper or note cards, pens/markers

Time: 80–90 minutes

Procedures

Part 1: 30–35 minutes

1. Define *decision-making*. Discuss participants' knowledge of why decision-making is important. Does the way a person makes decisions matter? Why? How?
2. Give, or ask participants to give, some examples of decisions that participants might face in their daily lives (for example, what type of job to pursue) so that the group has a common understanding of the concept of decision-making,.
3. Discuss the following, for each example given:
 - What information do you need to make a decision?
 - Do you talk to others to help you make a decision? If so, who?
 - Are all decisions equal in importance? What kinds of decisions do you think are more important than others? Why?
 - When you make important decisions, do you think about them for a while ahead of time? Why or why not?
 - What questions do you ask yourself when you are making an important decision?
4. Clarify any misunderstandings. Emphasise that important decisions require careful thought and clarification of one's own views.
5. Introduce the four steps (Four C's) of the decision-making process:
 - Clarify the decision to be made.
 - Consider the possible alternatives.
 - Consider the issues/factors that may be involved.
 - Choose the best alternative and take the necessary action.

6. Use an example that will be common to most participants, walk through a simulation of making a decision, and follow the steps of the decision-making process.

Part 2: 30–35 minutes

1. Have participants form groups of three or four, and have groups role play some important decisions they may make in the course of a week—decisions that they make on their own or in conjunction with family members or friends. For each role play, tell them that one person in the group should act as an observer to help in discussing the role plays.

You might offer some examples of decisions that participants could role play:

- How to meet family expenses
- How long you would like to study
- Whether to take a particular job
- How to interact with people at work
- How to make your community more healthy

You may want to give other examples (making sure that they are age- and gender-appropriate and contextually relevant).

Allow about three minutes for this role play.

2. Ask participants to discuss the role play in their small groups, including what worked, what did not work, and what could be improved.
3. Have participants consider the sources involved in helping them make this decision or whether they made it on their own. Have them consider both the positive and the negative influences on this decision.
4. Ask participants to switch roles and do another three-minute role play about a different decision, incorporating what they learned from the first role play. After doing this role play, ask them to discuss it.
5. Reconvene the groups and have representatives from each group report on how the role plays went and what they learned in doing them.

Part 3: 20 minutes

1. Ask a few participants to describe the most difficult decision they made recently, such as whether to buy something or to save the money. Ask participants to name some items they have purchased. Have them share how they went about making the decision and what influenced them to make their final choice. Ask participants to share what they think is the best process for making an important decision.
2. You may want to address what participants should do when there is a conflict between their family's advice and expectations and their own ambitions and desires, or their employer's expectations and what they understand to be their job responsibilities.

3. You could end the activity by saying:

We are involved in decision-making every day, in all aspects of our lives. Decision-making involves understanding the influences on, and possible consequences of, our decisions. Some decisions are more important than others. In addition, our own sense of what is important may change over time. Important decisions require careful thought because the potential costs may be great.

Background Information – Decision-Making and Critical-Thinking Skills

In the decision-making process, there are choices, challenges, and consequences, both negative and positive. To be good decision-makers, people need to understand the challenges, choices, and consequences inherent in any decision they make. A *decision* is a position one takes after considering many possible solutions to an issue, or actions one might take. There are simple decisions (for example, what to wear on a given day) and complex decisions (for example, whom to hire for a particular job). Developing skills in decision-making and critical thinking can help you in all aspects of your life. These skills can improve your ability to interact well with other people, do your school work, get a job, and work effectively in your job.

Input and Influences

When making decisions, it can be helpful to get input from other people who can provide new information as well as viewpoints and insights that add to your own ideas. In deciding whom to ask for input, choose people who you trust would have accurate information and viewpoints that are thought through carefully and fit with your values.

Other people and the media can influence our decisions in both positive and negative ways, sometimes without our realising it. When making decisions, clarify for yourself whether your thinking is being affected by the views of other people and/or the media. Think critically about those views and determine whether they make sense to you and fit with your values and ways of thinking. If they seem helpful for your decision-making, consider using them. If they do not, let them go and form your own views. Avoid just going with peer pressure.

The 4 C's of Effective Decision-Making

Step 1: Clarify the decision to be made.

Step 2: Consider the possible alternatives.

Step 3: Consider the issues and factors that may be involved.

Step 4: Choose the best alternative and take the necessary action.

COMMUNICATION SKILLS

LESSON TWO: COMMUNICATION SKILLS

Learning objectives:

- Define *communication*
- Discuss the importance of effective communication and teamwork in school, in the family, and in the workplace
- Interpret different types of communication and ways to communicate
- Demonstrate different ways to communicate

Methods: Brainstorming, discussion, role-playing, group work

Materials [optional]: Paper or note cards, pens/markers, flip chart/chalkboard

Time: 90 minutes

Procedures

Part 1: 25 minutes

1. Define *communication*. Discuss why communication skills are important. Does the way a person communicates with others matter? Why? How? Explain that effective communication involves listening, interpreting, and responding, and that it helps reduce stress.
2. Clarify that in this module you are considering communication in a wide variety of contexts: between family members, friends, co-workers, supervisors, and employees, and among people with whom you will advocate for change in the community.
3. Ask a participant to give you directions to a local spot, such as a community centre, and model good listening techniques as the participant speaks. Have another participant do the same thing, but this time model poor listening techniques. Ask participants what you did that showed you were a good listener in the first example and what you did that showed you were a poor listener in the second example.
4. Ask participants to brainstorm some ways that they might convey their *wants* to others. Suggest that these requests begin with the words, “I would like . . .” Ask participants how they might convey their *needs* to others. Suggest that these requests begin with the words, “I need . . .” Discuss how to convey wants and needs through one’s tone of voice and the words one chooses, using examples that are contextually relevant to India.
5. Tell participants that communication can also be non-verbal and that the body language we use is part of how we communicate. Appropriate body language involves respecting a listener’s personal space, making eye contact (in some cultures), sitting or standing up straight, and appearing engaged. Examples of

inappropriate body language are constantly shifting your focus, which suggests you are distracted; turning your body sideways; scowling; fidgeting; crossing your arms; and slouching. Role play a conversation with one of the participants and model both appropriate and inappropriate non-verbal communication. Have participants try to identify each instance of appropriate and inappropriate body language that you use.

Part 2: 25 minutes

1. Introduce the concept of *refusal skills*. Brainstorm with the group a list of situations that require refusal skills. Generate a list of “ways to say no.”
2. Review non-verbal body language that is clear while still being polite. Emphasize that being able to say and convey “no” politely helps reduce stress by avoiding the frustration of miscommunication.
3. Divide the group into pairs and ask the pairs to do a role play in which one participant demonstrates refusal skills. Have them discuss how the role play went, then switch roles and do a different refusal role play.
4. Ask pairs to report back on their role plays. Discuss the role plays as a group.
5. End the activity by asking participants to list the strategies they would use to communicate effectively.

Part 3: 25 minutes

1. Introduce the concept of *assertiveness skills*.
2. Have participants form groups of four or five. Have each group assign one person to be a “sculptor,” another to be a “sculpture,” and the remaining people to be “critics.” Have the sculptor position the sculpture to convey, in turn, aggressive, passive, and assertive behaviours. Ask critics to interpret each behaviour in relation to the sculpture’s position. Did the sculptor and sculpture effectively convey each type of behaviour? What else could they have done?
3. Once each group has critiqued all three poses, ask participants if they have any thoughts or questions about this activity.
4. Ask participants to share examples from their own lives in which assertive communication would be helpful. If participants have trouble thinking of examples, you might suggest the following:
 - How a potential employee could show that he or she is an excellent candidate for a job
 - How an employee would use assertive and polite communication with a customer who is constantly interrupting
 - How a young person would speak out to protect a friend
 - How a young person could speak out about important issues in a community government meeting
 - How a young person would address local business owners or local school principals to start a campaign to create smoke-free areas in the community.

Part 4: 15 minutes

1. Have participants brainstorm and discuss the question, “What is *teamwork* and why is it important?” (See the Background Information for this lesson.)
2. Write their responses on a flip chart (or piece of paper). Look to include aspects of vision, accomplishment, and collective strength.
3. Have participants form groups of three or four. Ask them to create a short message to inspire team-building with their peers.
4. Have each team read its message out loud. Have teams vote on the best message and discuss why.
5. You could end the activity by saying:

There are numerous ways to communicate your position, needs, and views. Understanding how to use these different ways of communicating will make us better communicators in all aspects of our lives. Good communication fosters teamwork and creates a work culture that values collaboration and cooperation. In such an environment, people understand and believe that thinking, planning, making decisions, and carrying out activities are better when done cooperatively. People who communicate well and work well in teams help reduce stress in the workplace and are more successful at getting and keeping jobs.

Linking to Community Action, Education, Work, and Private Businesses

Here are some ways to encourage critical thinking in your school and community:

- Organize a youth debate on issues that are relevant to youth. The debate may take place in a school or somewhere else in the community that is accessible to youth.
- Form a youth group to conduct a series of interviews to employers and employees of local businesses to find out how much they value collaboration among employees and what they do to encourage that in the workplace.
- Form a youth group to organize a local campaign to share ways in which businesses foster collaboration in the workplace and the benefits of doing that.

Background Information – Communication Skills

Communication is a means of giving and taking meaning in the form of ideas, feelings, and experiences. Communication has two basic components: verbal communication and non-verbal communication. *Verbal communication* consists of exchanging words in either spoken or written form and includes phrasing your words clearly and positively. *Non-verbal communication* means using such things as gestures, facial expression, body language, and eye contact to communicate. It can include features of speech, such as intonation and volume. It can also include features of one’s appearance, such as clothing and hairstyle.

Good communication results in a clear expression of one's feelings, wants, and needs. In addition, good communication reduces feelings of anger, mistrust, or frustration in relationships and therefore also stress. It can help you in job interviews, and it will improve your interactions with co-workers, friends, family, and others.

Keys to Active Listening

- Look at the person.
- Maintain a respectful and comfortable distance between you and the speaker.
- Do not turn away from the speaker.
- Make statements such as "I understand" to show the person that you truly understand what he or she is saying.
- If you do not understand, let the speaker know that.
- Repeat back phrases to clarify what the person is saying.
- Ask questions to show that you are interested in what the person is saying.
- Do not interrupt the speaker.

Refusal Skills

Sometimes we may want to communicate something that will help protect us. At these times, we need to be extra clear. We must state our wishes in unmistakable words. We also need to speak in an assertive manner, using a strong voice and maintaining eye contact.

Some ways to clearly say "No" follow:

- Say, "No, thank you."
- Give a reason.
- Walk away or ignore the request.
- Change the subject or suggest doing another activity.

Assertiveness Skills

Assertiveness is the ability to clearly express yourself and stand up for your rights without violating the rights of others. It is a very important component of good communication because it helps people say what they think and what they believe in without hurting others. Assertiveness is linked to self-esteem. Passive communicators do not defend their own personal boundaries, and thus they allow aggressive communicators to harm or unfairly influence them. Aggressive people do not respect the personal boundaries of others, and thus are likely to harm others while trying to influence them.

Teamwork

In a workplace, it is important to be able to work well in a team environment.

Fostering teamwork means creating a work culture that values collaboration and cooperation in thinking, planning, decision-making, and activities, and where people embrace the belief that none of us are as good as all of us. Not only does teamwork lead to better results, it also helps reduce stress.

Effective work teams magnify the accomplishments of individuals and enable them to better serve customers or clients. A customer or client who feels good doing business with someone (and through that person, the company or organisation) is more likely to stay with the company and recommend it to others. Customers or clients want to feel listened to, valued, and important. Good service and effective communication are more than just a set of skills. They are a mindset of respect and accountability, where people do what they say they are going to do for the customer or client.

Similar to decision-making, critical-thinking, and communication skills, being able to work effectively on teams is a marketable skill. Employers would rather hire people who already know how to work as part of a team so that they can focus on the new knowledge and skills specific to the job and be more successful from the start.

UNIT TWO: HYGIENE



LESSON ONE: HAND-WASHING

Learning objectives:

- Recognise the importance of hand-washing
- Demonstrate correct hand-washing
- Examine the importance of access to clean water and sanitation

Methods: Brainstorming, pair work, role-playing

Materials: Water, soap, or ash for hand-washing and towels to dry, [optional] paper or note cards, pens/markers, flashcards/posters with illustrative drawings of hand-washing

Time: 70–85 minutes

Procedures

Part 1: 15–20 minutes

1. Open the discussion by asking participants if they have ever heard the terms *disease* and *germs*. Ask: What is *disease*? What are *germs*? How do they travel? Can they get inside our bodies—and if so, how?
2. Explain that colds, flu, and gastrointestinal disorders, such as diarrhoea are commonly spread by germs that are on our hands.
3. Have participants brainstorm answers to the following questions:
 - How many of you think you have some germs on your hands?
 - How might they have gotten there?
 - How might we be able to get rid of some of these germs? [Have participants try to wipe away all the germs.]
 - Are all the germs gone now? How do you know?
 - Why is hand-washing important?
 - What are the proper steps of hand-washing?
 - When are the critical times to do hand-washing?
 - How can dirt get underneath your fingernails?
 - Why is it important to keep your nails short and clean?
4. Mention that washing hands with a scouring agent such as soap or ash, when done properly and at critical times (after contact with stools and before eating), is an effective way to prevent **diarrhoea and respiratory infection**. It is also important to use nail cutters on a regular basis to keep nails short and clean.

Part 2: 15–20 minutes

1. Explain the importance of the application of clean water, soap, and friction to thoroughly clean hands, and that it takes a minimum of 20 seconds. Demonstrate correct hand-washing technique.
2. Divide the group into pairs. Ask one partner to demonstrate correct hand-washing technique to the other, then ask them to switch roles.

Part 3: 40–45 minutes

1. Discuss the importance of access to clean water and sanitation and of keeping both the home, the school, and the workplace clean. Explain that basic infection control procedures include hand-washing and keeping the workplace clean. When workplaces are kept clean and encourage hand-washing, they reduce the risk of infection among employees and customers and, as a result, are more likely to be successful.
2. Ask participants to break into groups of four or five to carry out a role play in which they suggest some appropriate options to local officials to support the adoption of hand-washing and to start developing an implementation plan. For example, how might participants address the water scarcity issue? What would their implementation plan look like?

In the role play, have two people play advocates for the adoption of local options to help increase hand-washing; have one or two others play local officials who the supporters are trying to persuade; and have one person be an observer who will provide feedback on the role play. Allow about 10 minutes for the role play.

3. Reconvene the groups and have representatives from each group report back about how the role plays went and what they learned in doing them.
4. You could end this activity by saying:

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others.

Linking to Community Action, Education, Work, and Private Businesses

Here are some things to advocate for to local officials to increase hand-washing in your community and workplace:

- Increase access to clean water for everyone in schools and public places
- Provide community education about hand-washing, e.g., posters, street theatre performances
- Provide education about hand-washing in the schools

Background Information – Hand-Washing

Hand-Washing³

Hand-washing is considered the single most important means of preventing the spread of infection. In addition, fingernails should be neatly trimmed with nail cutters and kept clean. To prevent infection, a nailbrush or pick should be used to remove any dirt from underneath fingernails.

Time and technique are crucial in hand-washing for diarrhoea prevention. Hands should be washed prior to cooking or preparing food; before feeding a child or eating; and after defecation, cleaning a baby, or changing a diaper. It is also important to wash hands after handling animals and raw foods. Rinsing with water is not enough. The steps of hand-washing are to use water and soap or ash, rub one's hands together at least three times (for at least 20 seconds), and dry them with a clean towel or by air drying. It is best to use water that is from a safe source or is purified. Water containers need to be kept covered to keep the water clean.

Water Supply

In low-resource settings, an inadequate supply of water, soap, or antiseptics can play a major role in inadequate hand-washing behaviours. In particular, many communities do not have a plentiful supply of water close to home. Community members who have walked hours to obtain a bucket of water may not want to use it for hand-washing.

A tap—a closed vessel with a spigot that provides a slow, steady stream of water for washing hands—can be used to provide running water sparingly for hand-washing. A tap is better than having an open bucket of water for hand-washing, as the latter can easily become contaminated.

Clean water sources include properly constructed and maintained piped systems, tube-wells, protected dug wells, and springs. Water from unsafe sources—such as ponds, rivers, open tanks, and step-wells—can be made safer by boiling or filtering the water.

³ Source: The global public-private partnership for handwashing with soap. (n.d.). Retrieved August 22, 2007, from <http://www.globalhandwashing.org>.

SANITATION AND LATRINES/TOILETS

LESSON TWO: SANITATION AND LATRINES/TOILETS

Learning objectives:

- Recognise the importance of using latrines and/or toilets
- Explain the importance of using latrines and/or toilets
- Acknowledge our shared responsibility for maintaining latrines and toilets

Methods: Brainstorming, discussion, debating (role-playing)

Materials [optional]: Paper or note cards, pens/markers

Time: 60 minutes

Procedures

Part 1: 30 minutes

1. Share that this session is about the importance of using toilets and latrines.
2. Have participants form groups of three to five. Ask groups to discuss the following questions:
 - Why is it important to use a toilet or latrine?
 - Why is it important to keep stools from getting into the water supply?
 - What responsibilities do we, as community members, have regarding latrine and toilet maintenance?
 - Why should latrines and toilets be kept covered?
3. Reconvene the group to debrief the small-group discussions. Be sure to cover the following points:
 - Diseases are caused by germs, and commonly, germs are carried on your hands. For example, faeces are the source of diarrhoeal pathogens—microscopic “bugs.” These pathogens can enter people’s bodies via a number of routes, including water, flies, soil, and fingers. When used along with hygiene education, latrines/toilets block these routes and therefore decrease the likelihood of diseases being transmitted, both at the site of the toilet and in nearby homes.
 - Safe disposal of stools, ideally in toilets or latrines, is the best way to prevent infection. In places where this is not possible, stools should be buried. Ensuring that stools do not get into the water supply at the source is more effective than boiling, filtering, and covering the water supply.

Part 2: 30 minutes

1. Have participants form groups of two (*A*'s and *B*'s) to role play a debate regarding the importance of latrine and toilet use in the community. The *A*'s will be in favour of building a latrine in the community, and the *B*'s will argue that the resources should be spent otherwise. Allow five minutes for the debate, then ask participants to discuss the debate in their pairs.
2. Ask pairs to switch roles and do the debate again, incorporating what they have just learned. After five minutes of debating, have them discuss the second debate.
3. Ask participants other ways they can reduce exposure to disease if clean latrines are not available.
4. You could end this activity by saying:

Safe disposal of stools, ideally in toilets or latrines, is the best way to prevent infection. In places where this is not possible, stools should be buried.

Linking to Community, Education, Work, and Private Businesses

Here are some ways to work on getting better sanitation services in your community:

- Work with community leaders and local government officials to develop sanitation services where they are lacking.
- Encourage local businesses to implement better sanitation services and latrines/toilets in their facilities, which will help them be more successful as well as protect the people they serve.
- Organise local businesses to approach the government and offer to partner in funding and implementing more and better sanitation services, e.g., in the schools.
- Facilitate discussions with youth, adults in the community, and government officials to help members understand that developing more sanitation services will also generate more jobs for young people.

Background Information – Sanitation and Latrines/Toilets

In 2002, the World Summit on Sustainable Development in Johannesburg added a target to the Millennium Development Goals: By 2015, to halve the proportion of people who do not have access to basic sanitation.

Latrines and Toilets

Latrines and toilets provide a barrier to diseases carried via faecal matter. These *pathogens* (things that produce disease) can enter people's bodies via a number of routes, including water, soil, flies, and fingers. Especially when combined with hygiene education, latrines block these routes and thereby decrease the likelihood of diseases being transmitted, both at the site of the toilet and in nearby homes.

The single most important action to prevent the spread of pathogens is to safely dispose of all excreta, both human and animal. Human faeces need to be disposed of in a toilet or latrine, which needs to be kept clean. Animal excreta should be kept away from the house, paths, and places where children play.

If it is not possible to use a toilet or latrine, people should always defecate well away from homes, paths, water sources, and places where children play. The excreta needs to be buried immediately. All faeces, even those of babies, carry germs and are therefore dangerous. Ensuring that stools do not get into the water supply at the source is more effective than boiling, filtering, and covering the water supply.

Latrines and toilets should be properly maintained and cleaned. Latrines should be kept covered, and toilets should be flushed. Latrines should be built at least 15 meters away and downhill from a water source.⁴

It is essential that toilets or latrines are used hygienically so that the maximum health benefits are maintained. A new toilet or latrine will significantly decrease water and food contamination only under the following conditions:

- The whole community uses the latrines so that no faeces are left in the open, which can pollute the environment and water sources.
- Children's waste is disposed of safely.
- Toilets or latrines are properly maintained or cleaned.
- Hands are washed by everyone before eating, after using the toilet, and before preparing food.

Every sanitation method should do the following:

- Prevent disease: It should keep disease-carrying excreta and insects away from people, both at the site of the toilet or latrine and in nearby homes.
- Protect the local water supply: It should not pollute drinking water, surface water, or groundwater.
- Protect the local environment: Ecological sanitation can prevent pollution, return nutrients to the soil, and conserve water.
- Be easy and affordable: The sanitation method should fit local people's needs and abilities, and be simple to clean and maintain.
- Be culturally acceptable: It should be contextually appropriate to local customs, beliefs, and desires.
- Work for everyone: It should address the health needs of both children and adults, and both women and men.

Businesses with good sanitation and latrines/toilets are likely to be more successful because they will reduce the amount of infection among their employees and customers.

⁴ The Hesperian Foundation. (2005). *Sanitation and cleanliness for a healthy environment*. Retrieved November 1, 2007, from http://www.schoolsanitation.org/Resources/Readings/Hesperian_English.pdf.

UNIT THREE: HEALTHY CHOICES



LESSON ONE: HEALTHY DIET AND PHYSICAL ACTIVITY

Learning objectives:

- Identify healthy and unhealthy eating practices
- Itemise the foods and physical activities that comprise one's daily routine, and note which are healthy and which are unhealthy
- Demonstrate a plan to support healthy eating and physical activity

Methods: Brainstorming, group work, role-playing

Materials: Flip chart, marker, [optional] paper or note cards, pens/markers

Time: 90 minutes

Procedures

Part 1: 45 minutes

1. In the large group, have participants brainstorm responses to the question, "Why is healthy nutrition important?" Write their responses on a flip chart.
2. Make sure that the following responses are included:
 - Good nutrition has a positive effect on participants' most immediate concerns, such as their growth, appearance, sense of well-being, and capacity for physical activity.
 - Healthy nutrition helps to decrease the risks of leading health problems, such as high blood pressure, high cholesterol, heart disease, stroke, diabetes, and cancer.
 - Good nutrition early in life increases the likelihood of being healthy in adulthood.
 - Good nutrition strengthens children's learning potential and well-being, while malnutrition weakens both.
 - Good health and nutrition lead to decreased absenteeism, which therefore increases school enrolment and attendance at the workplace.
 - Malnutrition causes death and impairs the growth and development of millions of children.
 - Girls especially benefit from nutrition interventions because problems with childbirth can be reduced by adequate nutrition earlier in life.
3. Discuss some typical healthy meals eaten in your region. Explain how healthy meals can be made with only a small budget.

4. Have participants form groups of four or five. Ask each group to do the following:
 - List all the foods in the daily local diet. Then further classify these if they are:
 - Fresh and grown regionally
 - Processed (canned, packages, etc.)
5. Ask the small groups to discuss the following:
 - How much of your diet is processed foods?
 - Where do you get processed foods?
 - Why are you eating processed foods?
 - If you want to make changes in your diet, how could you do that?
 - What are the trends that might influence your decisions—for example, prices of foods, availability of foods, and marketing by food companies?
6. Reconvene the large group and spend 10 minutes sharing highlights from the small-group discussions.

In response to why participants eat processed foods, be sure to elicit the following:

- These foods are cheaper and easier to get.
- They keep longer so are they easier to transport and store.
- They taste better and sweeter.
- They look more attractive. (Targeted marketing encourages people to buy processed foods in a way similar to tobacco advertising.)

In response to how to make changes in one's diet, be sure to elicit the following:

- Eat less of unhealthy foods, such as fat, sugar, and salt.
- Eat more of healthy foods, such as vegetables, fruits, and whole grains.
- Steam or bake food rather than fry it.
- Eat more small meals rather than fewer large meals— for example, it's better to eat four small meals each day than two large meals.

Linking to Community Action, Education, Work, and Private Businesses

Here are some ways to work on getting healthier food options in your community:

- Advocate to school officials to provide healthier food options and fewer unhealthy food options in the schools.
- Organise community members to educate food store and restaurant owners about healthy food options, and advocate for them to provide more healthy options. Point out that providing healthier options is likely to make their stores more appealing to customers.
- Form a youth committee to educate schoolchildren about healthy food choices they can make every day.

Part 2: 45 minutes

1. Ask participants to brainstorm responses to the question, “Why is physical activity important?”
2. Write their responses on a flip chart.
3. Make sure that the following responses are included:
 - Scientific evidence indicates that physical activity may reduce the risk of certain cancers as well as provide other important health benefits.
 - Regular physical activity contributes to maintaining a healthy body weight by balancing caloric intake with energy expenditure.
 - Children and adolescents should engage in at least 60 minutes per day of moderate-to-vigorous physical activity at least five days per week.
 - The benefits of physical activity go far beyond reducing the risk of cancer. They include prevention of heart disease, high blood pressure, diabetes, falls, osteoporosis, stress, and depression.
 - Schools and businesses that provide physical activity options will increase the chance of having healthy students and employees.
4. Ask participants to reflect on their own physical activity habits and how they compare with the recommended weekly amounts of physical activity. Ask participants to think about one or two actions they could take to add more physical activity to their lives. Ask one or two participants to share their thinking with the rest of the group.
5. Ask participants to break into groups of four to do a role play about implementing healthy nutrition and physical activity practices. Two people will try to persuade a third person to exercise with them, while the person resists their efforts. The fourth person is an observer who will give an additional viewpoint when discussing the role play. Allow about three minutes for the role play.
6. After the role play, have the person who resisted tell the others how he or she felt during the scene. Then have the group discuss what happened, what went well, what did not work, and what could be improved.
7. Have each group do the role play again, switching roles to allow different people to play different roles. Have them experiment with responding in different ways. Allow some time for groups to briefly discuss the second role play.
8. Reconvene the large group for a 10-minute discussion about issues that came up in the two role plays, what went well, what did not work, and what could be improved.
9. You could end this activity by saying:

Practicing good nutrition and eating habits and living an active lifestyle are good ways for individuals to maintain a healthy body weight and reduce their risk for cancer and other diseases.

Linking to Community Action, Education, Work, and Private Businesses

Here are some ways to work on increasing physical activity among people in your community:

- Advocate with local government officials to provide additional safe and well-maintained public areas for walking.
- Partner with local businesses to do a publicity campaign about the importance of getting physical activity and ways to do it that are realistic in your local community.

Background Information – Healthy Diet and Physical Activity

Healthy Diet

There is strong scientific evidence that healthy dietary patterns, in combination with regular physical activity, are needed to maintain a healthy body weight and reduce the risk of cancer and other diseases.

Healthy nutrition is the consumption of an adequate quantity and variety of safe, good-quality foods to maintain body needs. An adequate quantity of foods to maintain body needs depends on the following:

- Age (relatively more is needed during childhood growth periods)
- Level of physical activity/energy expenditure (more is needed for more active people)
- Health status (e.g., parasitic worm infections can result in increased loss of nutrients and poor digestion and absorption of nutrients)

A balanced diet provides the correct amounts of food energy and nutrients needed during the day to cover an individual's dietary requirements.

Different foods contain different combinations of nutrients. There are five main categories:

- Staple foods (those most basic to survival), often cereals, such as rice, wheat, and maize, but also starchy roots and tubers (e.g., cassava, sweet potatoes), plantains, and bananas
- Protective foods (those rich in vitamins and minerals), such as dark-green leafy vegetables, deep-yellow vegetables, tomatoes, and fruits
- Body-building foods (those rich in proteins), such as legumes, dairy, fish, poultry, and meat
- Energy-providing foods (most staple foods but also fats and oils)
- Water

Many foods belong to more than one of the above categories.

WHO's dietary recommendations⁵ for populations and individuals include the following:

- Achieve energy balance and a healthy weight.
- Limit energy intake from total fats. Shift fat consumption away from saturated fats to unsaturated fats and toward the elimination of trans-fatty acids.
- Increase consumption of fruits, vegetables, legumes, whole grains, and nuts.
- Limit intake of sugars.
- Limit salt (sodium) consumption from all sources and ensure that salt is iodised.

Malnutrition is the relative or absolute deficiency or excess of one or several essential or energy-yielding nutrients, which includes over-nutrition, under-nutrition, and nutritional deficiencies. *Processed foods* are foods that have been changed in some way from their natural state. Although processed foods have some benefits, they can be harmful because they may have lower nutritional value; large quantities of unhealthy substances, such as saturated fat, trans-fats, sugar, and salt; preservatives, such as nitrites and sulphites; flavour-enhancing additives, such as monosodium glutamate (MSG); artificial colourings; and/or genetically modified organisms (GMOs).

Note: In preparation to conducting this activity, trained health facilitators may need to collect clear definitions of these terms in order to be better prepared to address any doubts from young participants. It may also be important to assess the relevance and prevalence of some substances (such as saturated fat, trans-fats, etc.) to the local context and determine which examples would be most appropriate.

Eating more processed foods and less fresh, local foods, along with reduced physical activity, is leading to an increase in diet-related chronic conditions, such as high blood pressure, high cholesterol, obesity, heart disease, stroke, diabetes, and cancer.

Food grown in the local area is usually eaten within a few days, which is when it is freshest and most nutritious and has the best flavour and texture. It is also healthier because it is the food that is in season, and it is not treated with as much chemical fertilisers and pesticides or with preservatives, antibiotics, and growth hormones.

Physical Activity

Scientific evidence indicates that physical activity may reduce the risk of certain cancers and help to prevent heart disease, high blood pressure, diabetes, falls, osteoporosis, stress, and depression. Regular physical activity contributes to the maintenance of a healthy body weight by balancing caloric intake with energy expenditure. Physical exercise, recreation, and sports help individuals acquire and maintain physical fitness, and serve as a healthy means of self-expression and social development.

⁵ World Health Organization. (2009). Global strategy on diet, physical activity and health: Diet. Retrieved February 23, 2009, from <http://www.who.int/dietphysicalactivity/diet/en/>.

At the very least, adults should engage in moderate physical activity for 30 minutes or more, five or more days of the week. Forty-five minutes or more of moderate to vigorous activity on five or more days per week may further enhance reductions in the risk of breast and colon cancer. Children and adolescents should engage in at least 60 minutes per day of moderate-to-vigorous physical activity for at least five days per week.

When employers promote exercise and make physical activity options more accessible to their employees, the employees are at lower risk for these diseases and so stay healthier—and businesses are more successful because their employees are more productive.

Ways to Be More Active

- If you can, walk to your destination.
- Exercise with family or friends.
- Join a sports team.
- Plan your exercise routine to gradually increase the number of days per week and minutes per session.

LESSON TWO: TOBACCO CONTROL AND ALCOHOL PREVENTION**Learning objectives:**

- **Assess one's own knowledge about tobacco and alcohol and their harmful effects on health**
- **Explain basic information on tobacco and alcohol and their harmful effects on health**
- **Practise communication skills to resist peer pressure and feel more confident in using these skills**

Methods: True/false quiz, role-playing

Materials [optional]: Paper or note cards, pens/markers

Time: 70–80 minutes

Procedures

Part 1: 40–45 minutes

1. Tell participants that today they are going to address their own knowledge about tobacco and alcohol and their effects on health.

Note to facilitator: Knowledge may not lead to a change in individual attitudes or behaviours, and young people who smoke, chew tobacco, or drink, or who have parents who do, might have a strong, negative reaction to this lesson. Therefore, make the activity as non-confrontational as possible by simply stating facts and avoiding individual value judgments.

2. Start by giving participants a true or false quiz. Read each statement below, and ask participants to say whether it's true or false. Then give the correct answer. Discuss each statement, and answer any questions that participants have, using the Background Information for this lesson. Be sure to correct any misinformation that you hear.

Tobacco and Alcohol Quiz: True or False?

- a. Smokers of all ages have death rates that are two to three times higher than non-smokers.
- b. Smoking is the only harmful way of using tobacco.
- c. Most smokers start smoking before age 18.
- d. People do not become addicted to nicotine. Once people start smoking, they can stop easily.
- e. Smoking is the number one cause of lung cancer.

- f. If you breathe second-hand smoke, it will not hurt you.
- g. You absorb nicotine through your skin, through the lining of your mouth and nose, and by inhaling it.
- h. Tobacco companies target children, adolescents, and women to replace smokers who quit or die from smoking.
- i. Tobacco companies use colourful billboards and flyers to associate smoking with exciting activities and events.
- j. In some countries, tobacco companies hand out free cigarettes at concerts and other events, which can lead people to addiction.
- k. Teenage youth and adult women are usually more physically affected than adult men by the same amount of alcohol.
- l. Alcohol used during pregnancy cannot negatively affect the developing fetus.
- m. Alcohol used during breastfeeding can improve the health of the baby.
- n. When people are under the influence of alcohol, they may be more likely to engage in risky sexual practices.
- o. Using alcohol can improve the health of a person who is HIV-positive.
- p. In most countries, people start using alcohol and other drugs during late childhood or adolescence.
- q. Marketing of alcohol to young people is a problem in developing countries.

Part 2: 30–35 minutes

1. Tell participants, “It takes good communication skills and self-confidence to resist peer pressure to use tobacco and alcohol. This activity can help you practise good communication skills and feel more confident in using these skills.” Have participants form groups of four to do a role play.
2. In the role play, have two people try to persuade someone to join them in drinking or smoking, while the third person resists their efforts. The fourth person is an observer who will give an additional viewpoint when discussing the role play. Allow about three minutes for the role play.
3. After the role play, have the person who resisted tell the others how he or she felt during the scene.
4. Have the group discuss what happened, what went well, what did not work, and what could be improved.
5. Have each group do the role play again, switching roles to allow different people to play different roles. Have them experiment with responding in different ways.
6. Give each group time to briefly discuss the second role play.
7. Reconvene the large group for a 10-minute discussion of the issues that came up, what went well, what did not work, and what could be improved.

8. You could end this activity by saying:

This lesson provides a foundation for understanding the risks and consequences of using tobacco and alcohol.

Linking to Community Action, Education, Work, and Private Businesses

Here are some ways to work with the community to reduce tobacco and alcohol use:

- Educate community members (for example, through a forum) about the importance of reducing tobacco and alcohol use and how to advocate for measures that will help reduce use, such as eliminating advertising and reducing access to tobacco and alcohol, especially among young people.
- Educate local merchants about preventing sales of alcohol and tobacco to young people.
- Engage local businesses in helping to organise and fund these efforts.
- Advocate for smoke-free businesses, including restaurants and bars, presenting data showing that businesses that have gone smoke-free in other places or other countries have done better over time.

Background Information – Tobacco Control and Alcohol Prevention

Tobacco: Understanding the Problem

According to WHO, the number of tobacco users in the world is estimated at 1.2 billion. The global death toll related to tobacco is expected to rise to 10 million per year by 2030, with 7 million of these deaths occurring in developing countries.⁶ According to WHO and the World Bank, it is estimated that in India and Russia, about 30 percent of male deaths in middle age are attributable to smoking. In India, the prevalence of tobacco use among youth ages 13–15 is 17.5 percent for all forms of tobacco, 14.6 percent for smokeless tobacco, and 8.3 percent for smoking tobacco. Two of every 10 boys and 1 of every 10 girls use tobacco. However, there is wide variation among the states in youth tobacco use.⁷

Cigarettes, cigars, and smokeless (chew or spit tobacco) and pipe tobacco consist of dried tobacco leaves, as well as ingredients added for flavour and other properties. More than 4,000 individual compounds have been identified in tobacco and tobacco smoke, including more than 60 carcinogens. Tobacco products damage nearly every organ in the human body, are linked to at least 10 different cancers, and account for

⁶ World Health Organization. (1999). *World health report: Making a difference*. Geneva: Author. Available at <http://www.who.int/whr/1999/en/index.html>.

⁷ World Health Organization & U.S. Centers for Disease Control and Prevention. (2005). *Global youth tobacco survey, 2000–2004*. Available at <http://www.cdc.gov/tobacco/global/gyts/index.htm>.

some 30 percent of all cancer deaths. Because tobacco use is an acquired behaviour—one that the individual chooses to do—tobacco use is a preventable cause of premature death.

Every year, tobacco companies spend billions of dollars around the world on advertising, marketing, and promotion. Recent trends indicate rising smoking prevalence rates among children and adolescents, and tobacco companies have identified young women as one of the greatest potential consumer markets.

Tobacco Control

In the past, most tobacco control efforts focused on persuading individuals to stop smoking or to not start using tobacco. Research shows that tobacco control efforts are more effective when they disclose the tobacco industry's deceitful marketing strategies (such as marketing to young people and attracting young smokers) and employ comprehensive strategies that engage entire neighbourhoods, communities, or nations to change the social environments in which the choice to use tobacco is tolerated. Research also shows that one of the most effective strategies to prevent tobacco use is to create expectations and norms that tobacco use is unacceptable. An example of this strategy is the creation of policies that restrict access to tobacco and require tobacco-free environments. It is also useful to provide data showing that businesses that go smoke-free do better rather than worse over time.⁸

Alcohol Use

Globally, alcohol use is becoming a growing reality, at younger ages and increasingly among girls. Worldwide, 1.8 million deaths in 2000 were attributable to alcohol use.

Alcohol use has a negative impact on both school performance and attendance. It also affects one's productivity at work and relationships within the family.

Alcohol use means any consumption of alcoholic beverages. Harmful use may occur in bouts of excessive drinking over a short period of time, which may lead to binge drinking. Consuming multiple drinks regularly over an extended period of time may lead to alcohol dependence. Alcohol and other drugs impair one's thinking, perception, judgment, ability to make decisions, and behaviour.

The effects of alcohol vary from person to person and depend on the type of beverage, how much is drunk, and how quickly, as well as the body mass, age, and drinking experience of the individual. Children, young people, and women have lower body weights, smaller livers, and a higher proportion of fat to muscle compared to men, which leads to faster absorption of alcohol in the body.⁹

⁸ See, for example, WHO's "Business as usual for smoke-free places," <http://www.who.int/bulletin/volumes/84/12/06-021206/en/index.html>. (WHO. [December 2006]. Business as usual for smoke-free places. *Bulletin of the World Health Organization*, 84(12), 921–1000.)

⁹ Aldinger, C. (n.d.). *Alcohol use prevention: An important element of a health-promoting school* [Unpublished manuscript]. WHO Information Series on School Health. Geneva: World Health Organization.

Contrary to common myths, using alcohol cannot improve the health of a person who is HIV-positive, and it may worsen the person's health. Alcohol may increase the progression of the infection, reduce the effectiveness of medication to fight the infection, and/or cause serious side effects in combination with the medication. In addition, using alcohol or other drugs may make a person delay seeking treatment and have difficulty taking his or her medication.

The Case of India: Tobacco Use

Smoking is not the only form of tobacco use. Smokeless tobacco is used throughout the world, and most commonly in India. The three main types of smokeless tobacco are chewing tobacco, moist snuff, and dry snuff. Chewing tobacco comes in the form of leaves, whereas snuff is powdered tobacco. Chewing tobacco is chewed, moist snuff is sucked while being held in the mouth between the cheek and gum, and dry snuff is inhaled through the nose or taken by mouth.

A variety of types of tobacco are used in India:

- Smoked forms of tobacco, including *bidis*, cigarettes, cigars, cheroots (cigars with square-cut ends), *chuttas*, *dhumti*, pipes, *hooklis*, *chillum*, and hookah
- Smokeless forms of tobacco:
 - *Paan* (betel quid) with tobacco and *paan masala* with tobacco
 - Tobacco, areca nut, and slaked lime preparations; Mainpuri tobacco; *mawa*; *khaini*; chewing tobacco; *snus*; and *gutka*
 - Tobacco products for application: *mishri*, *gul*, *bajjar*, *lal dantmanjan*, and *gudhaku*
 - Creamy snuff, tobacco water, and nicotine chewing gum

A *bidi* is the most common type of tobacco to smoke in India, and cigarettes are second. *Paan* with tobacco is the most common type of chewing tobacco. Dry tobacco-areca nut preparations, such as *paan masala*, *gutka*, and *mawa*, are also very popular. Several smokeless tobacco products are used mainly for cleaning teeth, but they are also addictive.¹⁰

Examples of Current Positive Initiatives: The Public Health Foundation of India is responding to the problem of tobacco use by launching an aggressive national campaign. Through websites, videos, and expert resource persons they work to provide information to the general public on the effect of tobacco use, provide resources to help users quit, and create platforms to advocate for a tobacco-free India.

¹⁰ Reddy, K. S., & Gupta, P. C. (Eds.). (2004). *Report on tobacco control in India*. New Delhi: Ministry of Health and Family Welfare, Government of India.

Answer Key: Tobacco and Alcohol Quiz

- a. Smokers of all ages have death rates that are two to three times higher than non-smokers.
True. Smoking causes or exacerbates many different health problems that can lead to death.
- b. Smoking is the only harmful way of using tobacco.
False. Smokeless tobacco, which comes in the forms of chewing tobacco, moist snuff, and dry snuff, also has harmful health effects. It can also lead to nicotine addiction and cause various cancers and non-cancerous oral conditions, such as:
- *Cancer of the mouth and pharynx*
 - *Leukoplakia (white sores in the mouth that can lead to cancer)*
 - *Gum recession or peeling back of gums*
 - *Bone loss around the teeth*
 - *Abrasion and staining of teeth*
- c. Most smokers start smoking before age 18.
True. The majority of tobacco users in the world start smoking while in their teenage years or earlier. Eighty percent of current smokers start before they turn 18.
- d. People do not become addicted to nicotine. Once people start smoking, they can stop easily.
False. Nicotine, which is contained in all forms of tobacco, is an addictive drug. It is important to discourage initiation, especially among young people, because it is very difficult to stop using:
- *It is extremely difficult to stop using it just when you decide to.*
 - *You use it despite clear evidence that it is harming you.*
 - *When you try to stop using it, there are clear withdrawal symptoms, including depressed mood, sleeping problems, irritability, and difficulty concentrating.*
- e. Smoking is the number one cause of lung cancer.
True. And lung cancer is only one of the direct health problems associated with tobacco. Smoking is a known or probable cause of about 25 diseases.
- f. If you breathe second-hand smoke, it will not hurt you.
False. Second-hand smoke is a complex mix of more than 4,000 chemical compounds, including 60 that are known to cause cancer.

- g. You absorb nicotine through your skin, through the lining of your mouth and nose, and by inhaling it.
True. Nicotine is a small molecule that is fat- and water-soluble, so it can be absorbed rapidly through the skin or lining of the mouth. It takes 10–19 seconds for nicotine to pass from the cigarette to the brain.
- h. Tobacco companies target children, adolescents, and women to replace smokers who quit or die from smoking.
True. The tobacco industry must replace quitters and smokers who have died with new smokers so that it can continue to reap profits.
- i. Tobacco companies use colourful billboards and flyers to associate smoking with exciting activities and events.
True. These forms of advertising link smoking to exciting and glamorous activities and events. When these events are televised, the brand name is seen by millions of people.
- j. In some countries, tobacco companies hand out free cigarettes at concerts and other events, which can lead people to addiction.
True. Tobacco manufacturers use various strategies to direct advertisements toward young people and women. They use “giveaways” and “image” advertising because they know that cigarettes are addictive, and that once people start, the manufacturers will have customers for life.
- k. Teenage youth and adult women are usually more physically affected than adult men by the same amount of alcohol.
True. Children, young people, and women have lower body weights, smaller livers, and a higher proportion of fat to muscle compared to men, which leads to faster absorption of alcohol in the body.
- l. Alcohol used during pregnancy cannot negatively affect the developing fetus.
False. If a woman drinks alcohol while she is pregnant, harm may occur to her fetus, such as mental and motor retardation, including Fetal Alcohol Syndrome.
- m. The effects of different drugs only differ by the type of drug and the amount and frequency of use.
False. The effects of drugs also depend on the method of use, such as by mouth, inhaling, or injection.
- n. When people are under the influence of alcohol or other drugs, they may be more likely to engage in risky sexual practices.
True. Alcohol and other drugs impair one’s thinking, perceptions, judgment, ability to make decisions, and behaviours.

- o. Using alcohol can improve the health of a person who is HIV-positive.
False. Using alcohol cannot improve the health of a person who is HIV-positive, and it may worsen the person's health. Alcohol may increase the progression of the infection, reduce the effectiveness of medication to fight the infection, and/or cause serious side effects in combination with the medication. In addition, using alcohol or other drugs may make a person delay seeking treatment and have difficulty taking his or her medication.
- p. In most countries, people start using alcohol during late childhood or adolescence.
True. There are many reasons that people start drinking at a young age, including peer pressure, parents' use of alcohol, and the risk-taking behaviours that are part of adolescents' normal development.
- q. Marketing of alcohol to young people is a problem in developing countries.
True. Marketing techniques that have been a problem in developed countries are also evident in developing countries. This includes ads specifically designed for young people, ads displayed at events young people attend, and promotional pricing schemes.

UNIT FOUR: REPRODUCTIVE HEALTH



LESSON ONE: FAMILY PLANNING AND STI/HIV PREVENTION

Learning objectives:

- Identify the benefits of seeking information and support from family planning and related health services
- Identify youth friendly health services that are available locally or nearby
- Assess personal knowledge of Human Immunodeficiency Virus (HIV), other Sexually Transmitted Infections (STIs), and Acquired Immunodeficiency Syndrome (AIDS)
- Summarise basic information on modes of transmission and what can be done to prevent infection

Methods: Lecture, brainstorming, small-group work, large-group discussion, true/false quiz

Materials [optional]: Paper or note cards, pens/markers, flip chart or chalkboard, True/False STI Quiz handout (one for each group)

Time: 70–85 minutes

Note to facilitators: Teaching youth how to avoid risky behavior is key to avoiding sexually transmitted diseases, unintended pregnancies and HIV/AIDS. The material presented in this module is intended to present basic information to educate youth on protecting their reproductive health. The Facilitator should counsel participants to seek specific contraception information and HIV testing at their local health clinic.

Procedures

Part 1: 30–40 minutes

1. Begin the lesson by saying that cultural norms, religion, and social structures all affect whether and how a community addresses reproductive health and population issues. The goal of this lesson is to promote positive sexual health.

Note to facilitators: An important aspect of a Health Facilitator's role is to provide accurate information to youth on protecting their reproductive health and contraception. The reproductive health training module is intended as an introduction to these topics. Youth who participate in the trainings should be referred to health facilities for reproductive health exams and individualized counseling on the contraceptive methods appropriate to their needs and specific instructions in their proper use.

2. Share the following information with participants:
 - Physical changes, such as growth of facial hair for boys and onset of menstruation for girls, take place during puberty, which occurs mostly from ages 9 to 14 for boys and ages 8 to 13 for girls. During this time, emotionally, adolescents move toward independence from their parents or elders and establish new interests and relationships.
 - As young people become adults, they consider sexual relations, marriage, and parenthood as signs of maturity. They seek information and clues about sexual life from many sources: parents, peers, religious leaders, health providers, teachers, magazines, books, and mass media. While young people receive a wealth of information from diverse sources, a good deal of that information is incorrect, incomplete, or misleading.
 - Young people obtain information and make decisions within the context of the culture in which they live. Their decisions and actions may be affected by violence in their day-to-day lives, drug and alcohol use, school attendance, work, economic opportunities, self-image, and freedom in decision-making.¹¹
3. Have participants form groups of three to five to discuss two questions:
 - Why would young people need reproductive health information?
 - How could family planning and STI/HIV prevention services help young people?
4. Reconvene the large group and debrief the small-group discussions. Be sure to elicit the following points:
 - Young people's reproductive health needs vary. Depending on their individual situations, they may need some or all of the following:¹²
 - Skills and motivation to help them delay sexual activity
 - Counselling to encourage them to change risky behaviours
 - Information that helps them understand that delaying getting pregnant will give them more opportunities to get started in a job and career
 - Protection from violence, forced sex, and sexual coercion
 - If they do engage in sexual activity:
 - Information, skills, and contraceptives to protect themselves from sexually transmitted infections (STIs) and unplanned pregnancies
 - Information to help them delay or space pregnancies
 - If they do get pregnant:
 - Information about and support for prenatal care, child nutrition, and breastfeeding
 - Information and support during labour and delivery

¹¹ Family Health International. (2000). Chapter 1: Adolescents: An underserved population. Meeting the needs of young clients: A guide to providing reproductive health services to adolescents. Research Triangle Park, NC: Author. Retrieved November 13, 2007, from <http://www.fhi.org/en/RH/Pubs/servdelivery/adolguide/Chapter1.htm>.

¹² Ibid.

- Health services can help adolescents do the following:
 - Protect and improve their current health
 - Understand their sexuality and reproductive health needs
 - Learn to take active responsibility for and make informed choices about their reproductive health
 - Prevent unplanned pregnancies
 - Avoid STIs
 - Prevent serious health problems and premature deaths due to complications from a too-early pregnancy or an unsafe abortion
 - Ensure a healthy future¹³
5. In the large group, ask participants to brainstorm where in their local area they can get reproductive health services to meet the needs they just listed and how they can access those services. Be prepared with a list of the key local services to fill in any that they do not mention.
 6. Based on what they heard (or what they experienced), have participants explain how these services work and how young people can access them: where they are, schedules, tips when going there, costs of services (or if they are free), etc. Have youth discuss ways to help one feel less intimidated when going to these services for the first time.

Part 2: 40–45 minutes

1. Tell participants that it is important to have accurate information about STIs and how they are spread. Pose the following questions to each participant:
 - What have you heard about STIs, including HIV?
 - Where or how did you hear this?
 - Note all points on a flip chart or chalkboard.
2. Read each point out loud and ask participants to confirm whether each point is accurate or inaccurate. As you go through the points, correct any misinformation. (Foster a comfortable environment and respect among participants to avoid embarrassing individuals who mention a false statement.)
3. Ask participants to clarify why it is important to know about HIV and other STIs.
4. Distribute the **True/False STI Quiz**. Have participants break into groups of three to five to discuss the statements on the handout and identify whether they are true or false.

¹³ Ibid.

STI Quiz: True or False?

- a. With advances in medicine, there is no need to worry about STIs.
True___ False___
- b. Anyone can get HIV, which is the virus that causes AIDS.
True___ False___
- c. People can always tell when they have HIV.
True___ False___
- d. Only same-sex couples (e.g., two men or two women) are at risk for becoming infected with HIV.
True___ False___
- e. Mosquitoes and bed bugs cannot transmit HIV.
True___ False___
- f. Girls and women in many countries are more affected by the HIV and AIDS epidemic than boys and men are.
True___ False___
- g. Condoms prevent all STIs.
True___ False___

5. In the large group, go over the answers to the quiz with the participants. Answer any questions they have, and explain anything they do not understand.

6. You could end this activity by saying:

It is important to understand our sexuality and acquire skills in managing responsible decisions and actions regarding sexual and reproductive health behaviours. It is also important to have information about HIV and other STIs in order to prevent infections.

Linking to Community, Education, Work, and Private Businesses

Here are some ways to work with the community to improve access to family planning and STI/HIV information and services:

- Advocate to establish a local centre (or improve an existing centre) for youth friendly health services or for a system that allows easy access to nearby health services.
- Work with local health clinics to provide education sessions for community members, particularly youth, on family planning and STI/HIV prevention and to expand their family planning and STI/HIV services.

Background Information – Family Planning^{14,15} and STI/HIV Prevention

Contraception

Although this lesson does not go over the types of contraception in detail, young participants may bring up the topic during the above activities, and the facilitator must be prepared to provide accurate information. Following is some background information on this topic in case it is needed.

Birth control (which includes contraception) is a regimen of one or more actions, devices, or medications used to deliberately prevent or reduce the likelihood of pregnancy or childbirth. *Contraception* refers specifically to mechanisms that are intended to reduce the likelihood of the fertilisation of an egg by a sperm.

Contraception is most effective for those who have accurate knowledge about the different forms of contraceptives and how to use them. Lack of accurate knowledge can lead to unwanted pregnancies and, in some cases, unsafe abortions.

There are many types of contraceptives used for birth control. However, they vary in effectiveness. While effectiveness or failure rate should be the main reason for choosing a contraceptive, couples must weigh a number of factors (including convenience and accessibility) to decide on the best type of contraception for them.

The most common forms of contraception are:

- Natural methods of contraception, such as the mucus method and the rhythm method
- Barrier methods, such as condoms, diaphragms, and female condoms
- Oral contraceptive pills, often called “birth control pills”
- Implants, small plastic tubes containing hormones that are slowly released into the woman’s bloodstream after being inserted under the skin of the upper arm
- Intrauterine device (IUD), a device made of a piece of bent plastic or metal that is inserted through the vagina into the uterus to prevent pregnancy
- Emergency contraception, such as the “morning after pill” and copper IUDs
- Sterilisation, a surgical procedure in women (tubal ligation) to prevent sperm from joining the egg and in men (vasectomy) to prevent sperm from entering the semen and therefore the woman

¹⁴ World Health Organization. (n.d.). *India and family planning: An overview*. Retrieved February 23, 2009, from http://www.searo.who.int/LinkFiles/Family_Planning_Fact_Sheets_india.pdf.

¹⁵ Shah, D. (June 25, 2005). *Understanding contraception better*. Retrieved November 14, 2007, from <http://www.dancewithshadows.com/society/understanding-contraception.asp>.

Clarifying Myths Related to Contraception

One of the main reasons for the low use of contraceptives in many countries is the myths surrounding the various methods, which are mostly due to a lack of correct information. For example, one of the myths that keeps women from using oral contraceptives is that these pills cause cancer. However, the opposite is true. Women taking contraceptive pills have a lower risk of cancer of the ovaries and uterus, and possibly of cancer of the bowel.

Another myth is that contraceptive pills cause infertility when a woman stops taking them. However, this has not been shown to be true in any scientific studies conducted thus far.

A myth surrounding intrauterine devices (IUDs) is that they are dangerous. However, this is not true. IUDs do require a specialist to place them properly inside the uterus. However, there are very few risks associated with using an IUD inserted by a specialist. One small risk is that the IUD may not be placed correctly, and as a result, it may have to be removed surgically. However, the chance of this occurring is very low.

STI/HIV Prevention

Worldwide, nearly 1 million curable STIs occur each day, half of them in Asia. Youth, the members of the population most likely to engage in risk-taking behaviour, are particularly vulnerable to STIs.

STIs are spread through sexual contact. HIV is one STI. Other examples include gonorrhoea, syphilis, herpes, genital warts, chlamydia, and hepatitis B. Anyone who has unprotected sex can get an STI.

HIV stands for *human immunodeficiency virus*. It is a virus that weakens the immune system and reduces the body's resistance to many different illnesses. HIV can be managed so that it progresses more slowly, but it cannot be cured. Anyone can get HIV through sharing bodily fluids, such as blood, semen, breast milk, and (more rarely) vaginal fluid. HIV can be transmitted when a person has unprotected sex, shares a contaminated needle, or takes care of a bleeding injury without gloves. HIV can also be transmitted from mother to child during pregnancy, birth, and breastfeeding.

The best ways to keep from getting or spreading HIV and other STIs are abstinence (not having sex) or being faithful to one partner who is not infected. However, being faithful only prevents the spread of HIV and other STIs if both partners are faithful to each other over the long term (many years, not just months). Safer sex practices, such as using condoms, are another alternative. People with HIV and other STIs may not have symptoms for many years, so you may not know that they have these diseases. People can pass STIs and HIV on to other people even if they do not have symptoms.

Certain risk factors increase the likelihood of contracting HIV:

- Women are biologically more susceptible because the lining of the vagina often tears during intercourse, giving the virus an easy pathway into the body.
- The presence of other STIs can make further infection more likely.
- The malnutrition often accompanying poverty can make the body more susceptible to infection.
- Youth are particularly vulnerable to HIV and AIDS because adolescents tend to take risks in many areas, including sexuality.

Remember: It is not possible to “catch” HIV like a cold or the flu. Regular, everyday contact with infected people at school, work, or in your community will not expose you to the disease.

AIDS stands for Acquired Immunodeficiency Syndrome. It is the condition that occurs when the immune system of a person with HIV is weakened to the point that he or she has difficulty fighting infections, such as STIs, tuberculosis (TB), flu, pneumonia, and certain cancers. When someone has one or more of these infections and very low immunity (determined by the number of T-cells in the blood), he or she has AIDS. AIDS cannot be cured. However, people with HIV can slow the progression to AIDS by taking certain medications and taking good care of their health overall, including by eating well and getting enough exercise and rest.

The Case of India: STI/HIV Prevalence

STIs are a major health problem among youth in much of Asia. As many as 25 percent of patients who attend government STI clinics in India are younger than age 18. Although the overall prevalence of HIV is below 1 percent, the actual number of people living with HIV and AIDS in India is the third largest in the world at 2.5 million,¹⁶ due to India’s large population size.¹⁷ In India, although traditional norms oppose premarital sex, some studies indicate a growing trend toward premarital sexual activities among adolescents.¹⁸

Examples of Current Positive Initiatives: The Indian government has responded to the growing concern of HIV by establishing the National AIDS Control Organisation (NACO). NACO steers HIV and STI prevention, treatment, education, sensitization and control programmes in India. The organisation provides guidelines and training modules for health care workers, NGOs and educators. It creates awareness among

¹⁶ UNAIDS. (2008). *India country situation analysis*. Retrieved September 9, 2009, from http://data.unaids.org/pub/FactSheet/2008/sao8_ind_en.pdf

¹⁷ AVERT. (Updated 2009, September). *Overview of HIV and AIDS in India*. Retrieved September 9, 2009, from <http://www.avert.org/aidsindia.htm>

¹⁸ Uddin, N. (1999). *Case study, Bangladesh: Communication and advocacy strategies, adolescent reproductive and sexual health*. Bangkok: UNESCO PROAP. Available at <http://www.poplinae.org/docs/1367/153683.html>.

various populations, including adolescents and out-of-school-children, through its policies and programmes. Additionally, NACO conducts monitoring and evaluation of HIV/AIDS programmes, documents highly successful programmes for their replication in different cultural settings, and publishes these findings. Since 1998, the work of NACO has contributed to the success in India of concentrating epidemic, though more needs to be done to protect high-risk groups.

Answer Key: STI Quiz

- a. With advances in medicine, there is no need to worry about STIs.

False. First, HIV cannot be cured. Although its progression can be slowed, it eventually leads to AIDS and death.

Most other STIs can be completely cured if they are caught at an early stage, and the treatment may be as simple as a course of antibiotics. Although, if left untreated, these STIs can pose a long-term risk to health and fertility. This is one of the reasons that you should be tested regularly, and that you should see a health care professional immediately if you have any concerns about an STI. For example, the infections chlamydia and gonorrhoea can lead to pelvic inflammatory disease if they are not treated. This can cause long-term pelvic pain, blocked fallopian tubes, infertility, and ectopic pregnancy in women, and pain and inflammation of the testicles and the prostate gland in men.

- b. Anyone can get HIV, which is the virus that causes AIDS.

True. Anyone can get HIV. Unprotected sex is the most common way to get HIV, but you can also get it from contact with the blood of someone who has the disease, for example, by helping them treat a cut or sharing contaminated needles. Babies can also get HIV from their mothers during pregnancy, birth, and breastfeeding.

- c. People can always tell when they have HIV.

False. People often cannot tell for years that they have HIV. But even if they don't know they have it, they can still pass it to other people.

- d. Only same-sex couples (e.g., two men or two women) are at risk for becoming infected with HIV.

False. Anyone who engages in unsafe behaviours can get HIV.

- e. Mosquitoes and bed bugs cannot transmit HIV.

True. Studies conducted by the U.S. Centers for Disease Control and Prevention in the United States and elsewhere have shown no evidence of HIV transmission through mosquitoes or any other insects, such as bed bugs, even in areas where there are many cases of HIV and AIDS and large populations of mosquitoes.

- f. Girls and women in many countries are more affected by the HIV and AIDS epidemic than boys and men are.

True. There are gender inequalities and differences brought out by the epidemic. This problem creates a difficult challenge in HIV prevention and care. Rates of new cases among girls and women are higher than those for boys and men. Biological and social factors especially make girls and women more vulnerable.

- g. Condoms prevent all STIs.

False. Using a condom correctly for oral, anal, and vaginal sex is good protection against such infections as chlamydia and gonorrhoea. Condoms are also important in preventing the transmission of HIV. However, there is little evidence to suggest that condoms protect against the transmission of genital warts or herpes sores that are not covered by the condom.

Using a condom is always important because it helps to prevent the transmission of many STIs. But because condoms cannot protect against every form of STI, it is also important to limit the number of sexual partners you have and to be tested for STIs regularly.

LESSON TWO: HIV AND STIGMA

Learning objectives:

- Understand aspects of stigma and discrimination
- Analyse stigma and discrimination as they relate to many kinds of differences between people, and understand how they cause harm

Methods: Lecture, brainstorming, discussion, activity, group work

Materials: Masking tape or string, [optional] paper or note cards, pens/markers

Time: 65–75 minutes

Procedures

Part 1: 20–25 minutes

1. Begin the lesson by explaining that sometimes individuals do not get the services they need or the support from others because they are different in some way, and this difference stirs up fear, misunderstanding, and hate, which are frequently caused by myths and misconceptions. These differences could be physical, intellectual, or economic, or they could be differences in gender, race, ethnic background, religion, sexuality, or HIV status.
2. Share the following information with participants:
 - *Stigma* is the process of devaluing people and viewing them negatively. Stigma creates or reinforces inequalities among individuals and usually leads to discrimination.
 - *Discrimination* is any form of exclusion, restriction, or other treatment of a person or group that is based on stigma.
 - People who are perceived to be different in some way may experience stigma and discrimination from others because of their differences. Both stigma and discrimination violate a person's rights.
 - The advent of HIV and AIDS has brought with it a large number of myths and misconceptions, which has led to widespread stigma and discrimination. As a result, many persons who have HIV or have parents or other loved ones with HIV do not receive the services and support they need and deserve. These individuals may feel rejected by others around them. They also may be denied their rights to such things as education, employment, and involvement in the community.

3. Ask participants if they have any questions. Answer any questions they have, and correct any misinformation you hear.
4. Have participants give examples of stigma and discrimination that they are aware of. Discuss the examples as a group.

Part 2: 45–50 minutes

1. Tell participants that they will now engage in an activity called “Crossing the Line.” The purpose of this exercise is to help people understand stigma and discrimination by breaking down barriers between them that are based on differences, such as physical, intellectual, or economic differences, or differences in gender, race, ethnic background, religion, sexuality, or HIV status. When such barriers are broken down, people feel more connected to one another.

Note to facilitator: Please be aware that some participants may be HIV positive or have family members who are. Therefore, it is important to remain sensitive to your own and others’ language and actions in this activity so that no one feels unduly attacked, embarrassed, or hurt.

2. Start by placing a piece of masking tape or string on the floor to divide the room (or the meeting area) in half. Ask all participants to stand on one side of the line.
3. Ask the group some or all of the questions listed below, one at a time. You can also make up other questions that are appropriate for your group of learners. However, **do not use questions that involve revealing something very personal that participants might not want to reveal, such as HIV status or sexual orientation.**
4. After you ask a question, learners who would answer “yes” should walk across the line to the other side. **Be sure to emphasise that this exercise is completely voluntary and that participants can opt out at any time. No one should feel that they have to reveal something they do not want to reveal.**
5. Tell participants who cross the line that if they want to, they can put their arms around one another to feel more connection with the others who have gone through the same experience.
6. Once you’ve finished asking questions, ask the participants who crossed the line how this experience made them feel.
7. Tell participants that this exercise helps those who crossed the line see that they are not alone in their experiences and that they will be accepted by the others, despite what they have experienced. It also helps those who did not cross the line get a better understanding of what it feels like to have that experience, and to convey compassion and support to those who have gone through it. This exercise also helps dispel myths that some people are “bad” or unacceptable because of what they have gone through. It may even bring some people to ask directly for acceptance for who they are, and bring others to apologise for things they have said or done.

Suggested Questions to Ask

- Have you ever been teased or bullied for physical differences, for example:
Being short
Being fat
Being weak
- Have you ever been teased or bullied for intellectual differences, for example:
Getting poor grades
Working hard in school and getting good grades
- Have you ever been teased or bullied for economic differences, for example:
Having less money than others
Having more money than others
- Have you ever been teased or bullied for being different because of your race, ethnic background, or religion?
(To the girls) Have you ever been teased or bullied for acting different from most girls?
(To the boys) Have you ever been teased or bullied for acting different from most boys?

8. After you have finished the Crossing the Line exercise, explain how individuals who are HIV-positive or have family members who are HIV-positive and those who have different sexual orientations (e.g., gay, lesbian) frequently share the feelings of rejection that those who crossed the line in this exercise experienced. These individuals also need the acceptance and compassion that was shown for those who were different in this exercise.

Note: In preparation to conducting this activity, trained health facilitators will need to be prepared to explain and clarify concepts such as gay and lesbian.

9. Explain that in addition to the hurt that individuals feel, stigma and discrimination have negative effects on a larger social level. They contribute to the spread of myths, create a culture of fear, and keep people from getting the help they need. When open discussion and healthy actions are not promoted, more people are at risk because they are denied information and services that could save and improve their lives.

10. You could end this activity by saying:

Due to fear, ignorance, stigma, and discrimination, some people reject individuals who are different from them in some way, such as physical, intellectual, or economic differences, or differences in gender, race, ethnic background, religion, sexuality, or HIV status. People who are infected with HIV or who have lost a parent to AIDS often experience stigma and discrimination because of the myths that surround the virus. In this activity, you have learned more about what it feels like to experience stigma and discrimination and to have compassion for others.

Linking to Community, Education, Work, and Private Businesses

Here are some ways to work with the community to decrease stigma and discrimination:

- Advocate with the local schools, health clinics, government officials, and businesses to establish policies that prohibit stigma and discrimination, including discrimination against anyone who is living with HIV or AIDS.
- Conduct an informational campaign in local events or through local media (e.g., radio) to inform community members about the benefits to their schools, health clinics, and businesses of combating stigma and discrimination, and forming a community where more people are accepted and who therefore thrive and are more productive.
- Work with the schools, health clinics, and community organisations to develop and conduct education programs for both young people and adults on the prevention of stigma and discrimination.

Background Information – HIV and Stigma

While progress has been made in understanding HIV and the manifestation of the virus (AIDS), there is a long way to go in overcoming the negative stigma associated with the disease. A variety of factors contribute to HIV and AIDS-related stigma:

- HIV is life-threatening.
- HIV is associated with behaviours (such as sex between men and injecting-drug use) that are already stigmatised in many societies.
- Religious or moral beliefs lead some people to believe that having HIV and AIDS is the result of moral fault (such as promiscuity or “deviant sex”) that deserves to be punished.

So, how can progress be made in overcoming this stigma and discrimination? Some progress can be achieved through the legal process. Institutional and other monitoring mechanisms can enforce the rights of people living with HIV and AIDS and can be a powerful means of mitigating the worst effects of discrimination and stigma.

The Case of India: HIV and Stigma

*The challenges India faces to overcome this epidemic are enormous. Yet India possesses in ample quantities all the resources needed to achieve universal access to HIV prevention and treatment . . . defeating AIDS will require a significant intensification of our efforts, in India, just as in the rest of the world.*¹⁹

—Peter Piot, Director of UNAIDS

In India, as elsewhere, AIDS is often seen as “someone else’s problem”—something that affects people living on the margins of society, whose lifestyles are considered immoral. Even as it moves into the general population, the HIV epidemic is misunderstood and stigmatised among the Indian public. People living with HIV have faced violent attacks; been rejected by families, spouses, and communities; been refused medical treatment; and even, in some reported cases, denied the last rites before they die.²⁰

In India in particular, educating people about HIV and AIDS and how it can be prevented is complicated, as a number of major languages and hundreds of different dialects are spoken within its population. This means that although some HIV and AIDS prevention and education can be done at the national level, many of the efforts are best carried out at the state and local levels. A more enabling environment needs to be created to increase the visibility of people with HIV or AIDS as a normal part of any society.²¹

Examples of Current Positive Initiatives: In India, NACO has taken measures to address HIV/AIDS-related stigma and discrimination. According to their annual report, NACO has “outlined steps in establishing systems, structures and various activities to meaningfully involve people living with HIV (PLHIV) in programme design and implementation to reduce stigma and discrimination associated with the infected and affected persons. This will also enhance their access to prevention and quality treatment, care, insurance and legal services. Support from NACO has enabled the Indian Network of Positive People to establish and strengthen up to 22 state level networks and 221 district level networks of people living with HIV. These networks aim to mobilize the communities to ensure community access to various services, like ART Centres, Community Care Centres, and Drop-in centres.”²²

¹⁹ Avert. (n.d.). *Overview of HIV and AIDS in India*. Retrieved November 15, 2007, from <http://www.avert.org/aidsindia.htm>.

²⁰ Pradhan, B. K., Sundar, R., & Singh, S. K. (2006). *Socio-economic impact of HIV and AIDS in India*. New York: UNDP. Available at http://www.undp.org.in/index.php?option=com_content&view=category&layout=blog&id=86&Itemid=650.

²¹ Avert. (n.d.). *Overview of HIV and AIDS in India*. Retrieved November 15, 2007, from <http://www.avert.org/aidsindia.htm>.

²² Department of AIDS Control. (2009). *Annual report 2008–2009*. New Delhi: Ministry of Health and Family Welfare Government of India. Available at: http://www.nacoonline.org/upload/Publication/Annual_Report_NACO_2008-09.pdf

List of Acronyms

AIDS Acquired Immunodeficiency Syndrome

GMOs Genetically Modified Organisms

HIV Human Immunodeficiency Virus

IUD Intrauterine Devices

MSG Monosodium Glutamate

STIs Sexually Transmitted Infections

TB Tuberculosis

WHO World Health Organization

education

economic growth

democracy and governance

global development alliance

health

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