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PHILIPPINES

Introduction to *Usapang Barkadahan* Facilitator's Guide

AVOIDING TEEN PREGNANCY

□ **KEEPING ABSTINENT** is the surest way to avoid pregnancy and other problems, such as sexually transmitted infections.

— Abstinence requires self-discipline.

□ **MODERN CONTRACEPTIVES** as other options for avoiding teen pregnancy.

— you can still develop your full potentials, and pursue your goals in life



Introduction to *Usapang Barkadahan* Facilitator's Guide

November 2014

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Introduction

Young people, ages 10-24 years old, comprise close to a third (30.6 percent) of the Philippines total population of 92 million (*2010 Census of Population and Housing*). Their positive contribution to the development of the nation is crucial, thus, their health and welfare are a paramount public concern.

In the past two decades, the country has been gripped with changing trends in sexual and reproductive health of adolescents and youth. Based on the 2013 Fourth Young Adult Fertility and Sexuality Study (YAFS4), one in three Filipino youth, ages 15-24 years old, engage in early sex. The survey showed that premarital sex prevalence among the 15-24 years old rose from 18 percent in 1994 to 23 percent in 2002, and then to 32 percent in 2013 (which is around 6 million in absolute terms). Majority (78 percent) of these sexual experiences are spontaneous in nature and unprotected. The survey also showed that there is a narrowing gap in levels of premarital sex in males (36.5 percent) and females (28.7 percent).

These risky sexual behaviors put young women particularly vulnerable to complications associated with early and unplanned pregnancies. According to the 2010 National Demographic Health Survey (NDHS), 10 percent of women aged 15-19 were already pregnant or already mothers with their first child. In the 2005 study, *The Incidence of Abortion in the Philippines: Current Levels and Recent Trends*, young people accounted for 36 percent of the reported 473,000 abortions per year. The Department of Health also reported that 25 percent of maternal deaths were among women younger than 24 years old.

With a large cohort of the young population entering the childbearing age in 10 years, the present unmet demand for sexuality and reproductive health information and services for young people is anticipated to increase further.

Why do we care about teenage pregnancy as a public health concern? Early pregnancy contributes to maternal, perinatal and infant mortality, and to a vicious cycle of poverty and ill-health. It is often accompanied by elevated risks of pregnancy complications and mortality for both the mother and the child. Maternal death in teenage pregnancy is two to five times higher than adult mothers, and children of young mothers have higher levels of morbidity and mortality. Overall, early motherhood can severely impede young women's education and employment opportunities which could hinder them from improving their status in society.

In our efforts to meet the reproductive health information needs of young people coming from various social circumstances, the USAID Private Sector Mobilization for Family Health-Phase 2 (PRISM2) project developed *Usapang Barkadahan* (youth peer education) both as a strategy and approach to reach a significant number of young people with correct reproductive health information, and link them to access youth-friendly health and health-related services when needed.

Adolescents and youth confide and get a great deal of information from their peers on the issues that are sensitive, like sexuality and reproductive health concerns. Moreover, Filipino adolescents and parents alike are not open to talking about these issues. This set of training modules on peer education and helping seeks the involvement of selected adolescents and youths to be peer educators to leverage peer influence in a positive way.

The facilitator's guide is envisioned for use by local stakeholders and agencies which make adolescent sexuality and reproductive health peer education an integral part of their respective programs for adolescents and youth. It contains specific modules on adolescent sexuality and reproductive health designed to enhance the knowledge and skills of selected adolescents and youths to be youth peer educators in schools and communities. It hopes to build the capacities of youth peer educators in providing correct reproductive health information to their peers, and be able to facilitate access to needed services and products. The training employs various learning methodologies which include lectures, plenary and group discussions, group exercises, role plays and practicum.

Specifically, this training aims that at the end of the three-day training, participants will be able to:

- Understand peer education as a strategy and approach to influence peers in adopting a positive change in behavior for responsible practice of sexuality and reproductive health.
- Provide correct reproductive health information, help / support peers towards positive behavior change, and link them to youth-friendly health facilities for reproductive health and other health services.
- Apply gained skills in Adolescent-Youth Reproductive Health (AYRH) peer education.

It is hoped that this guide will facilitate in developing a pool of youth peer educators, both in school and community settings, and ultimately, reach-out to young people with correct sexuality and reproductive health information.

Who Facilitates the Training?

The training is facilitated by adults who have the expertise or are knowledgeable of specific topics on adolescent sexuality and reproductive health. Public and private providers are tapped to serve as resource persons. Regional and local public health and population offices for public and non-governmental organizations, private providers in hospitals and clinics are good sources of experts that can help in facilitating specific topics.

How to Use the Facilitator's Guide

The Facilitator's Guide provides the program flow and schedule of the AYRH Peer Education Training. It also provides the powerpoint materials, as well as the instructions for conducting each session. It was developed to facilitate the learning of trainees to be effective youth peer educators. The guide also serves as a ready reference material that facilitators can use in the course of their work.

Facilitators will benefit in using the session plans in implementing the training program. Each session plan contains the following:

- **Session Title:** Specifies the title of the session under the specific module.
- **Session Objectives:** Describes the trainee's learning outcome after each session.
- **Materials Needed:** Enumerates the required materials to be used in running the session.
- **Contents / Key Messages:** Provides the core messages that the facilitator should emphasize during the session.
- **Teaching–Learning Process:** Contains learning activities or exercises for communicating core messages.
- **Notes for Trainers:** Provides reminders and useful tips for trainers and facilitators in conducting the session.

Training Flow

Time	Activity /Topic	Key Learning Points	Focal person
DAY I			
8:00-8:30	Registration of participants		
8:30-9:45	Opening ceremonies	<ul style="list-style-type: none"> - Singing of <i>Lupang Hinirang</i> - Prayer - Welcome address - Introduction of participants, staff and facilitators - Training objectives, topics and methodologies - Clarifying Participants' Expectations - Setting training ground / house rules 	
9:45-10:00	Break		
10:00-12:00	Module 1: Orientation on Youth Peer Education	<p><i>Session 1.1 Understanding Peer Education</i></p> <ul style="list-style-type: none"> - Definition of peer education - Why youth peer education - Benefits of peer education - Qualities of a peer educator <p><i>Session 1.2 Translating Theories of Behaviour Change in Peer Education</i></p> <ul style="list-style-type: none"> - Theories on behaviour change relevant to peer education - Experiential Learning methods used to translate theories into practice in peer education 	
12:00-12:45	LUNCH		
12:45 -3:00	Module2 : Changing Bodies, Changing Selves	<p><i>Session 2.1 Physical Changes during adolescence</i></p> <ul style="list-style-type: none"> - Definition of adolescence; Definition of puberty - Physical changes during adolescence <p><i>Session 2.2 Psychological Changes during adolescence</i></p> <ul style="list-style-type: none"> - Developmental tasks during adolescence - Psychological and social changes during adolescence 	
3:00 -3:30	Break		
3:30- 5:30	Module 3: Sex, Gender and Human Sexuality	<p><i>Session 3.1 Sex and Gender and Sexuality</i></p> <ul style="list-style-type: none"> - Differentiation of Sex and Gender - Gender Issues (gender role stereotyping, multiple burden, subordination, economic marginalization, violence against women or gender-based violence) - Institutions that promote gender role stereotyping 	

Time	Activity /Topic	Key Learning Points	Focal person
		<i>Session 3.2 Understanding Human Sexuality</i> - Concepts of Sexuality and its components	
DAY 2			
7:30- 8:00	Warm Up Exercise Recap		
8:00- 8:45	Module 4: Teen's Sexuality & Reproductive Health Concerns	<i>Session 4.1 Reproductive Health</i> - Definition of Reproductive Health and what it implies - Goals of reproductive health - The ten elements of RH	
8:45– 10:15		<i>Session 4.2 Love and Romantic Relationship</i> - Definition of Love - Heresies of Love - Responsible Romantic Relationship	
10:15 – 10:30 Break			
10:30– 12:00		<i>Session 4.3 Early Sexual Initiation</i> - Reasons Why adolescents and youth say YES to sex - Deciding whether to have sex - Skills on saying NO to sex	
12:00 – 1:00 LUNCH			
1:00 -3:00		<i>Session 4.4 Teenage Pregnancy</i> - Consequences of Teenage pregnancy - Risks to the pregnant adolescent and risks to the infant and child - Preventing Teenage Pregnancy <ul style="list-style-type: none"> - How to stay abstinent - Contraceptive options for adolescents and youth 	
3:00-3:15 Break			
3:15 – 4:30		<i>Session 4.4 Sexually Transmitted Infections</i> - Different kinds of sexually transmitted infections - Skills in Condom use - Referring a peer needing health services	
4:30 -5:30	Module 5: Peer Helping	<i>Session 5.1 Nature of Peer Helping</i> - Definition of Peer Helping - Roles of a Peer Helper - Don'ts in Peer Helping	
DAY 3			
7:00-7:30	Warm up exercise		
7:30 – 12:00	Module 6: Organizing & Designing a Youth Peer Education Session	- Key processes in organizing a youth peer education session - Format in designing a peer education	

Time	Activity /Topic	Key Learning Points	Focal person
		session guide - Group workshop in developing a youth peer education session guide - Group skills practice / demonstration (simultaneous guided by facilitators / resource persons)	
12:00 – 1:00 LUNCH			
1:30 – 4:00		- Practicum : youth peer education session:	
4:00 – 5:00		- Re-entry Planning	
5:00 -5:30	Closing Ceremony		

Module I: Orientation On Youth Peer Education

Session I.1 Understanding Peer Education

Duration: 1 hour

Session Objectives:

At the end of this module, the participants will:

1. Be able to understand the meaning of peer education
2. Be able to discuss the benefits of peer education
3. Be able to identify the essential qualities of a youth peer educator
4. Have strengthened their critical thinking skills

Materials

- Visual aids (PowerPoint, flip charts, transparencies)
- Colored meta cards, felt-point pens

Guide

TOPIC / CONTENTS	TEACHING – LEARNING PROCESS
SLIDE 1	
 <p style="text-align: center;">Training on Adolescent-Youth Reproductive Health Peer Education (Usapang Barkadahan)</p>  <p style="text-align: center; font-size: small;">Private Sector Mobilization for Family Health - Phase 2 (PRISM2)</p>	<p>GREET and WELCOME participants to the training program.</p>

SLIDE 2



Orientation on Youth Peer Education

MODULE I



Introduce the module and the session objectives.

This session will serve as the foundation, helping participants understand the basics of Peer Education as a strategy to reach adolescents and youth to:

- Access correct health information
- Promote positive attitudes and health-seeking behaviours
- Link peers to available youth-friendly health and health-related services

SLIDE 3

Session 1.1 Understanding Peer Education

Give the session objectives.

Session Objectives:

At the end of the module, the participants will:

- Understand the basics of peer education
- Be able to discuss the benefits of peer education
- Be able to identify the essential qualities of a youth peer educator
- Have strengthened critical thinking skills

SLIDE 4

Session 1.1 Understanding Peer Education

First topic of discussion:

“Concepts of Peer and Education”

- What comes to your mind when you hear:
 1. “Peer/Kapwa”
 2. “Education”?
- Write your answers on metacards and post them on the wall



- Ask participants: “What comes to your mind when you hear the word “PEER” and “EDUCATION””.
- Give each participant two colored metacards (a yellow card for *peer* concepts and a green card for *education* concepts).
- Ask them to write their concepts of PEER and EDUCATION on the correct card, and post them on the board.
- Give them 10 minutes to complete the exercise.

- Synthesize the exercise by clustering similar concepts together. Ask for clarification on any vague responses.

SLIDE 5

Definition of Peer and Education

- A **PEER** is a person who belongs to the same social group as another person or group

The social group may be based on:

1. **Age** (*ka-edad*)
2. **Sex** (*kapwa babae o lalaki*)
3. **Sexual orientation** (*kapwa gay, lesbian, bisexual o transgender*)
4. **Occupation** (*iisa ng uri ng trabaho, ka trabaho*)
5. **Socio-economic** (*ka-church, kasama sa sports, ka-lugar, kapwa IP, kapwa batang magulang, kapareho ng status sa buhay*)
6. **Health status** (*kapwa PWD, kapwa living with HIV*)
7. **Other factors**

Plenary discussion

- Summarize participants' responses on the meaning of Peer. As you discuss the definition, relate the information on the slide to the concepts contributed by the participants.
- Read and synthesize the information on the slide.

SLIDE 6

Definition of Peer and Education

- **EDUCATION** refers to the development of a person's:

1. Knowledge
2. Attitudes
3. Beliefs
4. Behaviour

as a result of the learning process



- Provide the definition of **Education**.
- Read and synthesize the information on the slide.

SLIDE 7

Definition of Peer Education

- **Peer Education** is the process whereby well-trained and motivated adolescents and youth undertake informal or organized educational activities with their peers.
- Aimed at developing young people's knowledge, attitudes, beliefs and skills at enabling them to be responsible for and to protect their own health, and ability to take responsibility for the maintenance of their health

- Present the definition of **Peer Education**.
- Read and synthesize the information on the slide.
- Ask participants if they have any questions.

SLIDE 8

Definition of Peer Education

- Peer education can consist of small groups or can happen one-on-one, and can take place in a variety of settings
- Peer education enables young people to contribute to the development and well-being of their families, communities, and society in general

- Read and synthesize the information on the slide.

SLIDE 9

Definition of Peer Education

Examples of youth peer education activities include:

- Organize interactive sessions using videos, learning exercises, etc., followed by group discussions in which young people discuss different types of behaviors that could put their health at risk. These conversations provide opportunities for the peer educators to provide correct health information and offer practical advice

- Read and synthesize the information on the slide.
- **Ask** participants if they have any question or require any clarifications.

SLIDE 10

Definition of Peer Education

Examples of youth peer education activities include:

- Various types of media and communication popular with young people, like facebook, twitter, youtube



- **Proceed** with the discussions on 'why youth peer education'.

SLIDE 11

Why Youth Peer Education

- **Peer education makes use of peer influence in a positive way**

A young person's peer group has a strong influence on the way he or she behaves.

- **Young people are traditional source of information for their peers**

Young people tend to talk with their peers about most subjects, including sensitive issues such as reproductive health concerns

- Read and synthesize the information on the slide.

SLIDE 12

Why Youth Peer Education

- **Peer education is flexible**

Peer education programmes can be used in a variety of settings and in combination with other activities and programmes.

- **Peer education provide strong benefits to peer educators themselves**

It allows young people to directly participate in programs designed for their benefit

- **Peer education is part of an established program structure**

Peer education activities is commonly implemented as part of a larger program

- **Proceed** with the discussions on 'why youth peer education'.
- Read and synthesize the information on the slide.

SLIDE 13

Benefits of Youth Peer Education

- **Peer education is effective**

Peer educators can easily follow-up with their peers in their community and school, and can observe the impact they are having on their peers

- **Peer education is personal**

Peer education provides youth with a safe space to ask questions and express concerns regarding private matters

Advice given and actions taken by peer educators are confidential, creating an atmosphere of trust and openness



- Read and synthesize the information on the slide.

SLIDE 14

Benefits of Youth Peer Education



- **Peer education creates a safe space**

Adolescents tend to relate private information to those they most trust and respect; knowing that their identity as well as the information shared will be kept in confidence creates a safe space where they are more likely to share and seek help and advice.

- **Youth peer educators are less likely to be seen as authority figures**

While adults can be seen as 'preaching' and judging others on their behavior, youth educators are seen as friends who they can relate to.

- Read and synthesize the information on the slide.
- Ask participants if they have any question or require any clarifications.

SLIDE 15

Benefits of Youth Peer Education

- **Accessibility**

Adolescents and youths can readily approach and consult with a Peer Educator since they belong in the same social group.



- Read and synthesize the information on the slide.
- **Proceed** with the discussion on 'qualities of a peer educator'.

SLIDE 16

What are the Qualities of a Peer Educator?

Group exercise

“ My Ideal Hero- Friend”



Continue with the discussion regarding ‘qualities of a peer educator’.

Group exercise

“ My Ideal Hero- Friend”

- Divide participants into 4 subgroups; 2 all male groups and 2 all female groups.
- Ask each group to identify and draw an icon or a character which embodies the qualities of an ideal friend.
- In the drawing, attach the qualities or traits that you think should have the friend has.
- Give each group a set of manila papers and colored felt-pens.
- Give the groups 15 minutes to complete the activity. Ask them to choose a documentor and a presenter.

Ask the groups to come back together for the presentations.

SLIDE 17

Qualities of a Peer Educator

- A good listener and communicator
- Trustworthy
- Respects others and treats everyone with dignity
- Trained in peer education and able to effectively help their peers
- Skillful in drawing out information



Synthesize the exercise; note similarities and differences in the ideal qualities identified by female groups and male groups.

- **Using the slide, present and discuss** the list of essential qualities of both a male and female peer educator. Prepare to elaborate on the qualities and relate them to those essential qualities identified by participants.
- **Ask** participants if they have any questions or need any clarification.

SLIDE 18

Qualities of a Peer Educator

- Able to disengage self from being emotionally and personally involved with peer client
- Dedicated, sincere, committed to being a peer educator
- Spiritually guided



- **Close** the activity by telling the participants that there are many qualities a peer educator can possess, but the most essential ones are listed in the slide.
- Remind the participants that they will be peer educators.
- **Thank** the participants for participating in the activity.

Session 1.2 Translating Theoretical Base for Peer Education into Practice

Duration: 1 hour

Objectives: At the end of this module, the participants will:

1. Be able to understand and be able to discuss the different theories/models of behavior change that are relevant in peer education
2. Be able to apply the theories of behaviour change into peer education activities
3. Have strengthened their critical and creative thinking skills

Materials

- Visual aids (prepared in powerpoint, in flip chart, etc)
- Hand-outs of the different theories/models of behaviour change
- Manila papers, felt-point pens, masking tape

SLIDE 19

Session 1.2 Translating the Theories of Peer Education into Practice

Introduce participants to this session:

This session explores the various theories on why and how people adopt new behaviors. It is important to understand these theories because they provide the theoretical basis of why peer education is beneficial. Moreover, these theories can help guide the planning and designing of peer education interventions.

SLIDE 20**Session 1.2 Translating Theoretical Base for Peer Education into Practice****Present** the session objectives.**Session Objectives:**

At the end of this module, the participants will:

- Be able to understand and be able to discuss the different theories/models of behavior change that are relevant in peer education
- Be able to apply the theories of behaviour change into peer education activities
- Have strengthened their critical and creative thinking skills

SLIDE 21**Translating Theories into Practice in Peer Education****Topic lead-in****“Translating Theories into Practice in Peer Education”**

Topic Lead-in:

“Translating Theories into Practice in Peer Education”

- Divide participants into three groups
- Each group will be tasked to:
 - *Read a theory and choose key words that help explain their understanding of that theory, and*
 - *Propose how this theory can be applied in peer education activities / interventions*

- Divide participants into three groups.
- Instruct the groups that in this exercise, each group will be tasked to:
 - *Choose key words in the theory to explain their understanding of that particular theory*
 - *Propose how this theory can be applied in peer education activities/interventions.*
- Ask a representative from each group to pick one folded piece of paper containing a theory on behavior change. Ask them to choose a documentor and a presenter.
- Give them 30 minutes to complete the exercise
- Ask the group in plenary for the report-outs
- Synthesize the activity by saying that peer education stems from well studied theories and that there are other theories that support peer education.

SLIDE 22

Theories on Behaviour Change

- **Social Learning Theory.** This theory is largely based upon the work of psychologist Albert Bandura. He states that people learn:
 - Through **direct experience**
 - **Indirectly**, by observing and modelling the behaviour of others with whom the person identify with (for example, how young people see their peers behaving)
 - Through **training** that leads to confidence in being able to carry out behavior.

Plenary discussion

- Summarize responses by discussing the *different theories on behaviour change*. Be sure to relate the discussion to the participants' group outputs, reinforce and validate those that are aligned with the theory assigned.

Theories on Behaviour Change

- a) **Social Learning Theory.** This theory is largely based upon the work of psychologist Albert Bandura. He states that people learn:
 - Through *direct* experience.
 - *Indirectly*, by observing and modelling the behaviour of others with whom the person identify with (for example, how young people see their peers behaving).
 - Through *training* that leads to confidence in being able to carry out behaviour.
 - This specific condition is called self-efficacy, which includes the ability to overcome any barriers to performing the behaviour. For example, using role plays /demonstration-return-demonstration to practice how and when to use a condom and other methods can be important in developing the self-confidence to talk about safer sex and to avoid unplanned pregnancy with a partner.

In the context of peer education, this means that the inclusion of interactive experiential learning activities are extremely important, and peer educators can be influential mentors and role models.

Theories on Behaviour Change: Social Learning Theory

Read and synthesize the information on the slide.

- This specific condition is called **self-efficacy**, it is a person's belief about his or her ability and capacity to accomplish a task or to deal with the challenges of life

For example, using role plays /demonstration-return-demonstration to practice how and when to use a condom. Other methods can be important in developing the self-confidence to talk about safer sex and to avoid an unplanned pregnancy with a partner.

SLIDE 24

Theories on Behaviour Change: Social Learning Theory

Read and synthesize the information on the slide.

- *In the context of peer education*, this means that the inclusion of interactive experiential learning activities are extremely important, and peer educators can be influential mentors and role models.

SLIDE 25

Theories on Behaviour Change: **IMBR Model** (Information, Motivation, Behavioural Skills & Resources)

Read and synthesize the information on the slide.

The IMBR model focuses largely on the following:

- Information (the 'what')
- Motivation (the 'why')
- Behavioural skills (the 'how')
- Resources (the 'where')

That can be used by the targeted audience with at-risk behaviours.

b) **IMBR model: Information, Motivation, Behavioral Skills, and Resources**

- The IMBR model focuses largely on the information (the 'what'), the motivation (the 'why'), the behavioural skills (the 'how'), and the resources (the 'where') that can be used by the targeted audience with at-risk behaviours.
 - For example, if a young man knows that using condoms properly may prevent the spread of STI/HIV, he may be motivated to use them and

learn how to use them correctly, but he may not be able to purchase or find them. Thus, the concept of *resources* (where) is important in this model.

In the context of peer education, this means that a programme that does not have a comprehensive approach including all four IMBR concepts probably lacks essential components for reducing risk behaviour and promoting healthier lifestyles. A programme might, for example, explain to young people the need for contraception and describe contraceptive methods but might omit demonstrating their proper use.

SLIDE 26

Theories on Behaviour Change: **IMBR Model** (Information, Motivation, Behavioural Skills & Resources)

Read and synthesize the information on the slide.

- For example, if a young man knows that using condoms properly may prevent the spread of STI/ HIV, he may be motivated to use them and learn how to use them correctly, but he may not be able to purchase or find them. Thus, the concept of *resources* (where) is important to this model.

SLIDE 27

Theories on Behaviour Change: **IMBR Model** (Information, Motivation, Behavioural Skills & Resources)

Read and synthesize the information on the slide.

- *In the context of peer education*, this means that a programme that does not have a comprehensive approach that includes all four IMBR concepts probably lacks essential components for reducing risky behaviour and promoting healthier lifestyles.
- A programme might, for example, explain to young people the need for contraception and describe contraceptive methods but might omit demonstrating their proper use.

SLIDE 28

Theories on Behaviour Change: **Social Ecological Model for Health Promotion**

According to this model, behaviour is viewed as being determined by the following:



- *Intrapersonal factors* – Characteristics of the individual such as knowledge, attitudes, behaviour, self-concept, and skills
- *Interpersonal processes and primary groups* – Formal and informal social networks and social support systems, including the family work group, and peers and friends



Read the slide and synthesize.

c) **Social ecological model for health promotion**

According to this model, behaviour is viewed as being determined by the following:

- *Intrapersonal factors* – characteristics of the individual such as knowledge, attitudes, behaviour, self-concept, and skills
- *Interpersonal processes and primary groups* – formal and informal social networks and social support systems, including the family, work group, peers and friends
- *Institutional factors* – social institutions with organizational characteristics and formal and informal operational rules and regulations
- *Community factors* – relationships among organizations, institutions, and informal networks within defined boundaries
- *Public policy* – local, state, and national laws and policies

This theory acknowledges the importance of the interplay between the individual and the environment, and considers multilevel influences on unhealthy behaviour. In this manner, the importance of the individual is de-emphasized in the process of behavioural change.

In the context of peer education, this means that it is important to recognize that peer education is just one piece of the puzzle. While peer education can be an important intervention to affect intrapersonal and interpersonal change, in order to be successful, peer education activities must be coordinated with other efforts designed to influence institutions, communities, and public policy.

Theories on Behaviour Change: **Social Ecological Model for Health Promotion**

Read and synthesize the information on the slide.

- *Institutional factors* – Social institutions with organizational characteristics and formal and informal operational rules and regulations
- *Community factors* – Relationships among organizations, institutions, and informal networks within defined boundaries

SLIDE 30

Theories on Behaviour Change: **Social Ecological Model for Health Promotion**

Read and synthesize the information on the slide.

- *Public policy* – Local, state, and national laws and policies
- Acknowledges the importance of the interplay between the individual, and considers multilevel influences on unhealthy behaviour
- In this manner, the importance of the individual is de-emphasized in the process of behavioural change



This theory acknowledges the importance of the interplay between the individual and the environment, and considers multilevel influences on unhealthy behaviour. In this manner, the importance of the individual is de-emphasized in the process of behavioural change.

SLIDE 31

Theories on Behaviour Change: **Social Ecological Model for Health Promotion**

Read and synthesize the information on the slide.

- *In the context of peer education*, this means that it is important to recognize that peer education is just one piece of the puzzle or pie.
- While peer education can be an important intervention to affect intrapersonal and interpersonal change, in order to be successful, peer education activities must be coordinated with other efforts designed to influence institutions, communities, and public policy.

Ask participants if they have any question or need any clarifications.

SLIDE 32

Translating Theories into Practice

➤ Experiential Learning methods

- A wide-ranging methods used to translate theories into practice in peer education



Plenary discussion

- **Proceed** with discussion on “**Experiential Learning**” as methods used in translating theories into practice in peer education
- Relate this with *Social Learning and IMBR theories which emphasizes “modelling behaviours” and the “how” to influence behaviour change in peer education.*

SLIDE 33

Benefits of Experiential Learning Methods

Also called **interactive, learner-centered teaching** **Draws on learners' experiences**. Process involves integrating new information and ideas into what they already know and think about a topic.

- Uses a wide range of learning methods to engage learners
- Develops a range of methods and approaches that you can adapt to your students'/ learners' learning needs
- Where possible, choose activities that make learning fun!

Read and synthesize the information on the slide.

Benefits of Experiential Learning Methods

- **Draws on learners' experiences**. Process involves integrating new information and ideas into what they already know and think about a topic.
 - Uses a wide range of learning methods to engage learners.
 - Develop a range of methods and approaches that you can adapt to your students' learning needs.
 - Where possible, choose activities that make learning fun!

SLIDE 34

Benefits of Experiential Learning Methods

Promote life skills building

- Build on participants' power to reflect, to study, and to think critically about their own lives and about the world around them, and to solve problems.
- Encourages learners to question conventional wisdom.
- Encourages creative thinking.
- Encourages participants to take risks in their thinking and to be unafraid of making mistakes. Be willing to demonstrate such behavior themselves.



- **Promote life building skills.**
 - Build on participants' power to reflect, to study, and to think critically about their own lives and about the world around them, and to solve problems.
 - Encourages learners to question conventional wisdom.
 - Encourages creative thinking.
 - Encourages participants to take risks in their thinking and to be unafraid of making mistakes. Be willing to demonstrate such behavior themselves.

SLIDE 35

Benefits of Experiential Learning Methods

- Encourages *various perspectives in analyzing problems and suggesting possible solutions*
- Foster *learners' ability to apply what they learn* to their lives and communities, that is, help them to become active citizens and forces for positive change.



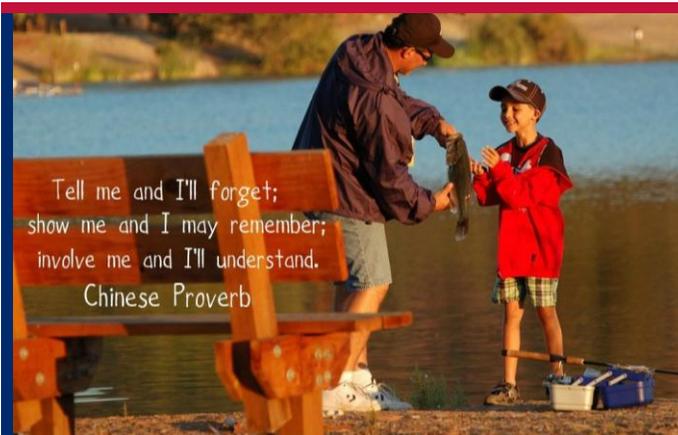
Read and synthesize the information on the slide.

- Encourages various perspectives in analyzing problems and suggesting possible solutions
- Foster learners / participants' ability to apply what they learn to their lives and communities, that is, helps them become active citizens and forces for positive change

Ask participants if they have any question or need any clarifications.

SLIDE 36

Benefits of Experiential Learning Methods



Module closing activity

“Self-reflection / insights”

Ask participants, “What have you learned in this module and how will it help you in your role as a youth peer educator?”

Ask for volunteers to share their insights on what they have learned from this module.

SLIDE 37

Thank participants for their active participation.

Thank You!
End of Slides for
Module I



MODULE 2: CHANGING BODIES, CHANGING SELVES

Session 2.1 Physical Changes during Adolescence

Duration: 1 ¼ hours

Objectives: At the end of session, the participants will:

1. Be able to describe the physical changes in an adolescent
2. Be able to increase self-awareness

Materials

- Visual aids (prepared in Powerpoint, in flip chart, in transparencies, etc)
- Colored meta cards
- Manila papers, felt-point pens, masking tape, scissors

Guide

TOPIC / CONTENTS	TEACHING – LEARNING PROCESS
<p style="text-align: center;">SLIDE 1</p>  <p style="text-align: center;">Changing Bodies, Changing Selves Understanding Adolescence MODULE 2</p>  <p style="text-align: center; font-size: small;">Private Sector Mobilization for Family Health - Phase 2 (PRISM2)</p>	<p>Introduce participants to this session.</p> <p>Introduction: This session is focused on the nature and physical changes that occur during the stage of adolescence. Adolescents need to understand the various changes that are happening to them. This serves as a basic foundation towards self-awareness and self-understanding.</p>

SLIDE 2

Session 2.1 Physical Changes During Adolescence

Present the session objectives.

Session Objectives:

- At the end of this module, the participants will:
- Be able to describe the physical changes that occur during adolescence
 - Be able to increase self-awareness

SLIDE 3

Session 2.1 Physical Changes During Adolescence

Topic lead-in:

To start the discussion, ask participants ***“What comes into your mind when you hear the word Adolescence?”***

Distribute single colored metacards to participants.

Ask participants to write their responses on the metacards, and post them on the board/wall.

Give them 10 minutes to complete the activity.

Synthesize the activity by clustering similar responses; ask for clarification on responses you think are vague.

- What comes to your mind when you hear the word
 - **“Adolescence”**
- Write your answers on metacards and post them on the wall

SLIDE 4

Definition of Adolescence

Read and synthesize the information on the slide.

Adolescence

- A period of transition from childhood to adulthood
- When an individual is no longer a child... BUT...not yet an adult
- An individual undergoes enormous physical, psychological, mental / cognitive changes

SLIDE 5

Definition of Adolescence

Adolescence

- The period of life beginning with the appearance of secondary sexual characteristics, and ending with the cessation of bodily changes
- Develop the capacity for abstract and critical thinking

Plenary discussion

Summarize responses on the definition of **ADOLESCENCE**. Integrate the slide description with the group's outputs to reinforce their knowledge and enrich discussion.

SLIDE 6

Definition of Adolescence

Adolescence

- Age group (WHO and DOH)
 - Adolescents comprise 10-19 age group
 - Youth composed of 15-24 age group
- Collectively, 10-24 y/o are referred to as Young People

Relate Adolescence and Puberty.

SLIDE 7

What is PUBERTY

Puberty is almost synonymous with adolescence

- Refers to the *biological changes* that occur during the transition from childhood to adulthood
- Is the appearance of secondary sexual characteristics as a result of hormonal stimulation (Luteinizing Hormones, Follicle Stimulating Hormones)
- Is not an isolated event... but represents a transitional period on the continuum between the juvenile state and adulthood

Read and synthesize the information on the slide.

SLIDE 8

What is PUBERTY

Each adolescent has his/ her **Unique tempo**.... Biological changes *vary in time of onset and duration*....YET....these changes *fall into definite and predictable patterns*

When does puberty start?**For GIRLS**

- On average, **at 10 years of age**
- As early as 8 years of age
- As late as 13 years of age

For BOYS

- On average, **at 11 years of age**
- As early as 9 years of age
- As late as 14 years of age
- Consistently 2 years later than girls

Read and synthesize the information on the slide.

SLIDE 9

“CHANGING BODY” Group Exercise**“NAGKAKAROON, TUMUTUBO, LUMALAKI, LUMALAPAD”**

- Divide into two single-sex groups – a male group and a female group
- For the female group, draw a female body or ask a group member to volunteer; the same also goes for the male group

Group Exercise on the CHANGING BODY**“NAGKAKAROON, TUMUTUBO, LUMALAKI, LUMALAPAD” exercise**

- Divide the group into two single-sex groups – a male group and a female group
- Ask the female group to draw a female body or ask a group member to volunteer; the same also goes for the male group

SLIDE 10

“CHANGING BODY” Group Exercise**“NAGKAKAROON, TUMUTUBO, LUMALAKI, LUMALAPAD”**

- Identify as many male body parts (for male group) and female body parts (for female group) that you notice:

- **NAGKAKAROON**
- **TUMUTUBO**
- **LUMALAKI**
- **LUMALAPAD DURING ADOLESCENCE**

- Instruct the male group to identify male body parts and the female group to identify female body parts that they notice to be **HAVING** (nagkakaroon), **GROWING** (tumutubo), **ENLARGING** (lumalaki), **EXPANDING** (lumalapad) during adolescence
- Tell them to identify as many body parts as they can, and label them accordingly (as nagkakaroon, tumutubo, lumalaki, lumalapad)
- Give them exact 20 minutes to complete the activity

- Ask the group in plenary for the report-outs.
- The group with the most number of body parts correctly labelled wins the “contest”

SLIDE 11

Synthesis

- The physical changes during adolescence can affect the body image of young person
 - It is important to develop a positive body image as it affects one's self-esteem
- It is also important to take good care and respect oneself
 - Avoid engaging in activities that can threaten one's health and future
 - Observe proper hygiene and grooming like taking a bath daily, wearing clean clothes, regular brushing of teeth etc.

Synthesis

- The physical changes during adolescence is a result of hormonal stimulation (Luteinizing Hormones, Follicle Stimulating Hormones);
- These physical changes can affect the body image of young person. It is important to develop a positive body image as it affects ones self-esteem.
- It is also important to take good care and respect oneself. Avoid engaging in activities that can threaten one's health and future; observe proper hygiene and grooming like taking a bath daily, wearing clean clothes, regularly brushing ones teeth etc.

SLIDE 12

Physical Body Changes

FEMALE	MALE
1. Breast Budding (lumalaki)	1. Growth of testes and scrotum (lumalaki)
2. Growth of Bony Pelvis (lumalaki)	2. Straight pubic hairs (tumutubo)
3. Growth spurt (lumalaki)	3. First ejaculation (nagkakaroon)
4. Pubic hair (tumutubo)	4. Growth spurt (lumalaki)
5. First menstrual period or menarche (nagkakaroon)	5. Voice change – growth of larynx (lumalaki)
6. Underarm hair and coarser body hair (tumutubo)	6. Underarm and coarser body hair (tumutubo)
7. Oil and sweat – producing glands (nagkakaroon)	7. Oil & sweat glands activated (nagkakaroon)
8. Completion of growth of uterus and vagina (lumalaki)	8. Facial hair (tumutubo)

Plenary discussion

- **Summarize** responses on the physical changes during adolescence; reinforce discussion by pointing-out group outputs that were correctly labelled. Gently correct those incorrectly labelled.

Refer to the handout for further discussion on physical changes.

SLIDE 13

Female Body Clock

Breast Budding

Starts between ages of 8 and 13 (average age of 11), completed between ages 12 and 18 (average age is 15). It is not unusual for one breast to develop faster than the other.

Growth of Bony Pelvis

This change primarily involves the widening of the pelvic inlet and broadening the much more noticeable hips

- **Discuss** "FEMALE BODY CLOCK". You may use pictures to illustrate important points during the discussion.
- Every now and then, solicit insights or personal stories from participants to enrich discussion.
- Ask them if they have any question or need any clarifications.

SLIDE 14

Female Body Clock

Growth Spurt

Usually starts at about age 10 ½ and usually ends at around age 14. Any further noticeable growth in stature stops at age 18.

Pubic Hair

This development is a sign that the first menstruation is approximately 6 months to 1 year away.

First Menstrual Period or Menarche

A popular misconception that many people think is that menstruation marks the beginning of puberty; it is actually only one of the events to characterize this stage of life.

Read and synthesize the information on the slide.

SLIDE 15

Female Body Clock

Underarm Hair and Coarser Body Hair

While this development is expected, the ultimate amount of body hair an individual develops seems to depend largely on hereditary.

Oil and Sweat Producing Glands

Activation of glands cause the appearance of acne and body odor. Observing proper hygiene is important during adolescence

Completion of Growth of Uterus and Vagina

Although these start developing early, their growth is the last to be completed.

Read the slide and synthesize.

- **Proceed** to the discussion of the "MALE BODY CLOCK". Use pictures to illustrate important points during the discussion.

SLIDE 16**Male Body Clock*****Growth of Testes and Scrotum***

Onset of puberty is marked by the initial enlargement of the testes. From puberty on, the testes continuously produce sperm generating billions in the course of an adult lifetime.

Straight Pubic Hairs

Straight pubic hair appears before the first ejaculation, but pubic hair becomes kinky after this milestone is reached.

Read and synthesize the information on the slide.

- Every now and then, solicit insights or personal stories from participants to enrich discussion
- Ask them if they have any question or need any clarifications.
- **Thank** participants for their active participation.

SLIDE 17**Male Body Clock*****First Ejaculation***

Usually occurs about a year after testicular growth. The average age for first ejaculation is 14.6 years of age.

Growth Spurt

The start of penis growth spurt occurs normally between the ages of 10.5 and 14.5 years (average of 12.5).

Voice Change - Growth of Larynx

Deepening of the voice results from the enlargement of the larynx.

Read and synthesize the information on the slide.

SLIDE 18**Male Body Clock*****Underarm and Coarser Body Hair***

This change is accompanied by increased body and facial hair.

Oil and Sweat Glands Activated

Body odor develops with this occurrence. Appearance of acne may also result because of this.

Facial hair

Important event; social implications as a symbol or badge of manhood.

Read and synthesize the information on the slide.

Session 2.2 Psychological Changes during Adolescence

Duration: 1 ¼ hours

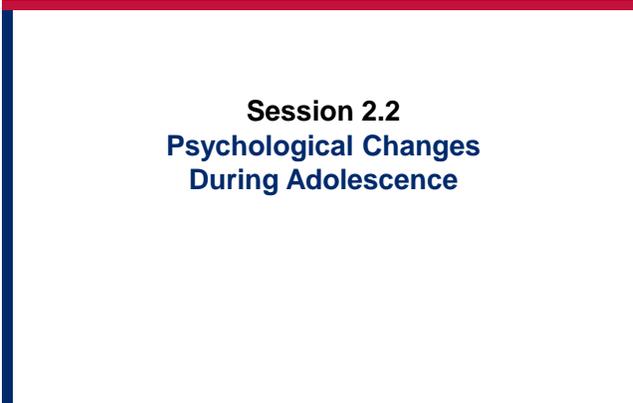
Objectives: At the end of session, the participants will:

1. Be able to discuss the psychological changes that occur during adolescence
2. Have strengthened skills on self-awareness

Materials

- Visual aids (prepared in powerpoint, flip chart, transparencies, etc.)
- Colored meta cards
- Manila papers, felt-point pens, masking tape, scissors

SLIDE 19



Session 2.2 Psychological Changes During Adolescence

Introduce participants to this session.

Introduction:

Aside from the physical changes, adolescents also experience emotional and behavioral changes, and changing social expectations. These psychological changes are driven by “*Developmental Tasks*” which young people are expected to achieve or attain.

This session is focused on the discussion of the emotional, behavioural and social changes adolescents experience.

SLIDE 20

Session 2.2 Psychological Changes During Adolescence

Present the objectives.

Session Objectives:

At the end of this module, the participants will:

- Be able to discuss the psychological changes that occur during adolescence
- Increased self-awareness

SLIDE 21

CHANGING SELF Group Exercise**“Identifying Emotional, Behavioral, Social Changes”**

- Based on your experiences, identify the *emotional, behavioural, and social changes* that occur during adolescence
- Each participant will move around the room and write their answers on the manila papers where **Emotional Changes, Behavioral Changes, Social Changes** are written

**CHANGING SELF group exercise
“Identifying Emotional, Behavioral, Social Changes”**

Tell participants that as a continuation of the earlier exercise wherein they were requested to identify the physical changes in adolescent, they will now be requested to identify, based on their experiences, the emotional, behavioral, and social changes that occur during adolescence.

- In manila papers, write in bold letters ***emotional changes, behavioral changes, social changes***, and post them in three different sides of the room.
- Ask each participant to move around the room and write their experiences on the respective manila papers.
- Give them 20 minutes to complete the activity.
- Synthesize the activity by going through their responses; ask for clarification from participants' whose responses are vague to get their perspectives.

During synthesis, point out the key messages.

Synthesis

- In adolescent's efforts to achieve developmental tasks, various life events are often characterized by intense emotions expressed in a wide range of feelings and behaviours like moodiness, being withdrawn, hyperactivity or inactivity. Sometimes these behaviors are confusing and conflicting.
- An adolescent also seeks out peer group where he/she can identify with and tends to be less preoccupied with his/her family.
- Adolescents become vulnerable to some physical, emotional socioeconomic conditions. Adolescents also become prone to risk-taking behaviors such as smoking, drinking alcohol, substance abuse, engaging in early unprotected sex.

SLIDE 22

Psychological Changes During Adolescence

The emotional and behavioural and social changes in adolescence are driven by “*Developmental Tasks*” expected from adolescents and youth to achieve or attain

Plenary discussion

- Proceed with discussion on ***Developmental Tasks*** of an Adolescent.
- Solicit participants insights / personal experiences as you discuss the tasks.

SLIDE 23

Developmental Tasks

“Tasks” of Adolescents

1. Identity. Adolescents struggle to define themselves and what they want to accomplish.

This process involves experimenting.

2. Independence. Adolescents need to become less dependent on parents. They begin to shift from parents to peers to belief systems in order to achieve independence.

This shift is strong and may involve rebellion or may cause conflict with the parents

Plenary discussion

Solicit participants insights/personal experiences as you discuss the tasks.

SLIDE 24

Developmental Tasks

3. Intimacy. Adolescence helps young people prepare for loving relationships. Adolescents are learning to express and manage emotions. They are developing the capacity to love and be loved, and to form intimate relationships.

4. Integrity. Adolescents must develop a foundation for sorting out values. Parents have provided a base for this.

However, there is tremendous amount of influence at this time—peers, media, school, etc., Adolescents are deciding to believe in and how to behave.

Plenary discussion

Solicit participants’ insights/personal experiences as you discuss the tasks.

SLIDE 25**Developmental Tasks**

Read and synthesize the information on the slide.

5. Sexuality

In humans, sexuality encompasses the entire bio-psycho-social complex related to the maleness or femaleness of the individual, including values, attitudes, appearance, etc., as it manifests in the personality of the individual.

6. Intellect. The adolescent's intellectual capacity is increasing, creating the capacity to think abstractly.

This increased ability may heighten self-esteem. Some adolescents tend to overvalue their intellectual theories and see things from an idealistic point of view.

SLIDE 26**Psychological Changes in Adolescent**

Read and synthesize the information on the slide.

- **EARLY ADOLESCENCE (females ages 8-13; males ages 10-14)**
 - Starts to move to value peer relationships
 - Vacillates between clinging to and rebellion against their family
 - Strives for independence
 - Maybe confused, preoccupied with body, wonders "Am I normal"
 - May experiment sexually with peers of the same sex

SLIDE 27**Psychological Changes in Adolescent**

Read and synthesize the information on the slide.

- **MIDDLE ADOLESCENCE (females ages 13-16; males ages 14-17)**
 - Continues effort to establish separate identity from parents
 - Often becomes idealistic and altruistic
 - Interested in dating, exploring sex
 - Loves intensely, "desperately"
 - Continues to develop abstract thinking

SLIDE 28**Psychological Changes in Adolescent**

Read and synthesize the information on the slide.

- **LATE ADOLESCENCE** (females ages 16 & over; males 17 & over)
 - Declares independence
 - Establishes a set body image
 - Loves more realistically, develops commitment
 - Peer group becomes less important, more selective of friends
 - Develops more consistent framework of values, morals and ethics
 - Able to think abstractly
 - Defines life's goals

SLIDE 29**Key Points**

Integrate session by summarizing key points discussed.

- The search for identity and independence offer opportunities to develop their full potentials, on the other hand, such also make young people prone to experimentation and risky behaviours.
- Several changes happen during adolescence. The first thing adolescents realize as they approach puberty is that their body is changing. Their body develops faster; they experience physical as well as emotional and behavioural changes. They also become more interested in romantic relationships- either boy-girl, or with same sex partners in cases of lesbians, gay, bi-sexual, transgender.
- The search for identity and independence offer adolescents opportunities to develop to their full potential; however independence also makes young people prone to experimentation and risky behaviors.

SLIDE 30

“FLASHBACK” Buzz Group Exercise

In 4 corners of the room, you will see labels that read...

Riding a Roller Coaster	Climbing a Mountain	Walking on a Hanging Bamboo Bridge	Going through a Long Dark Tunnel
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Closing activity**“FLASHBACK”** buzz word

- In each corner of the room, post a different picture of the labels below:
 - Riding a Roller Coaster
 - Climbing a Mountain
 - Walking on a Hanging Bamboo Bridge
 - Going through a Long Dark Tunnel
- Instruct participants to move and stand in the corner which they think best describes their experiences as an adolescents or youth.
- Once all participants have made their choices, ask members to share why they chose this particular spot. Ask them to focus on feelings as they relate to experiences which they feel highlight the period of adolescence.
- Then ask each group to share their collective experiences, thoughts and feelings about the period of adolescence as they likened them to: riding a roller coaster, climbing a mountain, etc.
- Allow 20 minutes for buzz group sharing.
- **Synthesize** the activity.

SLIDE 31**“FLASHBACK” Buzz Group Exercise**

- Instruct participants to move and stand in the corner which they think best describes their experiences as an adolescents or youth.
- Once all participants have made their choices, ask members to share why they chose this particular spot. Ask them to focus on feelings as they relate to experiences which they feel highlight the period of adolescence.
- Choose a documenter to write your sharing, and a reporter to report in plenary.

Synthesis

Adolescence, just as in any transitional phase, causes an individual to undergo physical, psychosocial and mental changes which occur at the same time. These changes bring experiences and feelings that are exciting, overwhelming and confusing.

SLIDE 32

THANK the participants for their active participation.

Thank You!

End of Slides for Module 2



Module 3: Sex, Gender, and Human Sexuality

Session 3.1 Sex and Gender

Duration: 1 ½ hours

Objectives:

At the end of session, the participants will:

1. Be able to discuss “sex” and “gender” and distinguish which characteristics attributed to males and females are biological and which are socially determined
2. Be able to understand gender issues
3. Be able to discuss how varied social institutions promote and reinforce gender role stereotyping
4. Be able to perform critical and analytical thinking

Materials

1. Visual aids (prepared in powerpoint, in flip chart, in transparencies, etc)
2. Meta cards, manila papers, felt-point pens, masking tape, scissors

Guide

TOPIC / CONTENTS	TEACHING – LEARNING PROCESS
<p>SLIDE I</p>  <p style="text-align: center;">Sex, Gender & Sexuality MODULE III</p>  <p style="text-align: center; font-size: small;">Private Sector Mobilization for Family Health - Phase 2 (PRISM2)</p>	<p>Introduce participants to this session.</p>

SLIDE 2**Session 3.1 Sex and Gender**

Present the session objectives.

Session Objectives:

At the end of this module, the participants will:

- Be able to discuss “sex” and “gender” and distinguish which characteristics attributed to males and females are biological and which are socially determined
- Be able to understand gender issues
- Be able to discuss how varied social institutions promote and reinforce gender role stereotyping
- Be able to perform critical and analytical thinking

SLIDE 3**Session 3.1 Sex and Gender**

Introduction: In this session we will discuss the concept of sex and gender. Starting in childhood, we are taught that a female is different from a male in various ways, including physical traits, activities, roles, etc. In this session, you will be working together in groups to understand societies concept of what it means to be a “man” or a “woman,” and to discuss where these ideas/messages come from.

Introduction:

In this session we will discuss the concept of sex and gender. Starting in childhood, we are taught that a female is different from a male in various ways, including physical traits, activities, roles, etc.

SLIDE 4**Session 3.1 Sex and Gender****Topic lead-in****“Concepts of Sex and Gender”****“Concepts of Sex and Gender” Exercise**

- Divide into 2 groups. Each group will be given manila paper and pentel pens
- Conduct a group discussion and write your definition/understanding of Sex and Gender on the manila paper
- Choose a documenter and a reporter. You have 10 minutes to complete the activity

- Divide participants into two groups. One group will define SEX, and the other group will define GENDER.
- Ask that each group to write their respective definition/understanding of SEX and GENDER on the manila paper.

Tell participants to choose a documenter and a reporter. Give them 10 minutes to complete the activity.

SLIDE 5

Session 3.1 Sex and Gender

Definition

- **SEX** refers to the physical or biological differentiation between a male and a female
- **GENDER** refers to the society's ideas, expectations and traits of a male and a female
Refers to the differences between women and men that are socially determined and learned

Plenary discussion

- Summarize group responses by going through key messages.

Let the participants know that they will further explore the meaning of SEX and GENDER in the following exercise.

SLIDE 6

Sex and Gender Group Exercise

“Male and Female Word Web” Exercise

- Divide participants into 3 groups. Give each group manila papers and pentel pens
- Ask the groups to describe a FEMALE and a MALE according to the following guide:

SEX and GENDER group exercise**“MALE AND FEMALE WORD WEB” exercise**

- Divide participants into 3 groups. Give each group manila papers.

SLIDE 7

“Male and Female Word Web” Exercise

Guide Questions	Female	Male
▪ Identify the Reproductive Anatomy		
▪ Enumerate the other reproductive anatomical parts		
▪ Describe the things, e.g. clothes that infants and children use /wear if they are FEMALE or MALE		
▪ How do you characterize them as they grow? What are their characteristic traits?		
▪ What are the common roles or tasks usually delegated to females and males?		

- Ask the groups to describe a FEMALE and a MALE according to the following guide:
 - Describe the genitals
 - Reproductive anatomy (main)
 - Count the other reproductive anatomical parts
 - Describe the things, e.g., clothes, that female and male infants and children use/wear
 - How do you characterize a female and a male as they grow? What are their characteristic traits?

- What are the preferred career options?
- Terms usually used to describe a female/male who is sexually attracted to the same sex?
- How will you characterize them?
- Describe what they usually wear?
- How do they act?
- What jobs do they commonly hold?
- Give the groups 30 minutes to complete the task.
- Once all group outputs have been posted, ask them in plenary for the report-outs
- After the report-outs, **interchange the headings.**

Ask participants: which description only applies to a female or a male (SEX or BIOLOGICAL characteristics), and which ones apply to both?

SLIDE 8

Sex and Gender Group Exercise

Read the slide.

“Male and Female Word Web” Exercise

- You have 20 minutes to complete the task
- Choose a documenter to document your ideas, and a reporter for plenary report-outs

SLIDE 9**Synthesis**

Read and synthesize the information on the slide.

SEX is the biological attributes that identify a person as female or male.

Type of genital organs

Females: Vagina, womb/uterus, breasts

Male: Penis and testicles

Type of predominant hormones circulating in the body

- Estrogen for females
- Testosterone for males

Ability to produce sperm or ova**Ability to give birth and breastfeed babies****SLIDE 10****Synthesis**

Read and synthesize the information on the slide.

GENDER is culturally determined and varies across culture and place, changing over time

- These are attributes ascribed/ assigned to a male that differentiate him from a female and the female from the male
- As people absorb the societal traits and roles attributed to each sex by society, those traits and roles become accepted as the cultural norm.

SLIDE 11**Synthesis**

Read and synthesize the information on the slide.

But did you ever wonder how these differences impact the lives of males and females?

These gender norms influence the roles, social status, economic and political power of women in society. Socially assigned roles help perpetuate stereotypes in **Gender Issues**

SLIDE 12

Gender Issues

1. Gender Role Stereotyping

Gender role stereotypes are qualities, attitudes and behaviour that are arbitrarily attributed to a particular sex. Some stereotypes for gender roles include:

Males	Females
Men work outside the home	Caretakers of the home
Rational	Emotional
Aggressive	Passive
Decisive	Fickle-minded
Independent	Dependent on man
Polygamous by nature	Monogamous
Fit to be heads of families	Fit to take secondary roles

Plenary discussion

- Discuss “**GENDER ISSUES**”. Be prepared to elaborate and/or give examples of the various gender issues.
- Relate the discussion to the participant responses in the *male and female word web* exercise.
- ENCOURAGE participants to raise questions or clarifications and share their observations, opinions and experiences of these issues.

SLIDE 13

Gender Issues

1. Gender Role Stereotyping

Through arbitrary norms of thinking and conduct, stereotypes of gender roles:

- discriminate against girls/women
- pressure individuals to conform; and
- limit the full development of persons



SPEAK UP STOP DISCRIMINATION

Read and synthesize the information on the slide.

SLIDE 14

Gender Issues

2. Multiple burden

- Even though some women work full-time outside of the home in either a formal or informal capacity, they are still responsible for the housework and childcare.
- This situation is referred to as **multiple burdens of women**.

Read and synthesize the information on the slide.

SLIDE 15**Gender Issues**

Read and synthesize the information on the slide.

2. Multiple burden

Having to perform multiple tasks can have serious implications on the lives of the women, including not fully being able to concentrate on one task, cause health, relationship, or employment problems.

To promote gender equality, males should be encouraged to share household chores.

**SLIDE 16****Gender Issues**

Read and synthesize the information on the slide.

3. Subordination

- Is defined as the relegation of women to a lower status, limited power, decision-making and rights.
- In families, the father or male head of the family usually makes the decisions.
- To promote gender equality, women should be consulted in all household matters, and should share equally in making decisions.

SLIDE 17**Gender Issues**

Read and synthesize the information on the slide.

4. Economic Marginalization

- Women's work is generally undervalued or not taken into consideration.
- Housework, child rearing and family care are perceived as minor functions that have no direct contribution to societal development. This work is under-valued and unpaid.
- There is a notion that women's wages are supplementary, as it is still the male who is considered the primary breadwinner.



SLIDE 18**Gender Issues**

Read and synthesize the information on the slide.

5. Violence Against Women or Gender-based Violence

- Violence against Women is defined as any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life (Art. 1, UN Declaration Against Violence Against Women, 1993).

SLIDE 19

Forms of Violence Against Women May Include:

Read and synthesize the information on the slide.

- Rape
- Domestic violence
- Sex discrimination
- Sexual harassment, prostitution and trafficking of women
- Pornography
- Homophobia
- Lesbophobia
- Cult/ religious and incest

**SLIDE 20****Factors Associated with GBV**

Read and synthesize the information on the slide.

- Traditional gender norms that support male superiority and entitlement
- Gender norms that tolerate or even justify violence against women
- Weak community sanctions against perpetrators
- Poverty
- High levels of crime and conflict in society

SLIDE 21

Institutions that Promote Gender Role Stereotyping

We learned that gender roles, traits descriptions, expectations for males and females are socially ascribed

“Where or who do you think tells us what a male or a female should look like, how they should think, feel and act?”

Plenary discussion

- **Introduce** the topic on **“institutions that promote / reinforce gender role stereotyping”**
- Ask participants to respond to the question: **“Where or who do you think tells us what a male or a female should look like, how they should think, feel and act?”**

SLIDE 22

Institutions that Promote Gender Role Stereotyping



Where or who do you think tells us what should a male or a female look like, how they should think, feel and act?



Do this in plenary. Ask for volunteers for responses

Plenary discussion

- Continue the open discussion until the following list is completed:
 - Family
 - School
 - Church/religion
 - Government/laws
 - Market/economy
 - Media
 - Recreation
 - Health care setting

SLIDE 23

Institutions that Promote Gender Role Stereotyping

THE FAMILY

Gender socialization starts the very moment infants are born.

- As infants, females receive pink stuff, males get blue stuff for example.
- As they grow, boys are given toy cars and machine guns while girls are given dolls and toy kitchen utensils.



Relate the discussion to participants' responses in the *male and female word web* exercise. You may also use pictures or videos during discussion.

ENCOURAGE participants to raise questions or clarifications and share their observations, opinions and experiences of these issues.

SLIDE 24**Institutions that Promote Gender Role Stereotyping**

Read and synthesize the information on the slide.

THE FAMILY

- Tell children what they should be and what are expected of them, like “*pretty girls*” or “*brave boy*” and “*boys do not cry*” and “*girls do not climb trees.*”



- Children are familiarized with gender-associated tasks; boys are expected to engage in activities directed away from the home while girls are encouraged to participate in home-oriented games or help their mother take care of the household or siblings.

**SLIDE 25****Institutions that Promote Gender Role Stereotyping**

Read and synthesize the information on the slide.

THE SCHOOL SYSTEM

- Teachers and the school system channel boys and girls toward gender-appropriate behaviour and activities.
- In public elementary schools, boys are taught carpentry and horticulture / gardening while girls are taught to cook, sew, embroider and type.

**SLIDE 26****Institutions that Promote Gender Role Stereotyping**

Read and synthesize the information on the slide.

THE SCHOOL SYSTEM

- Textbooks and teaching aids reinforce gender stereotypes where females are portrayed as mothers and well-behaved little girls while males as income earners and adventurous little boys.



SLIDE 27

Institutions that Promote Gender Role Stereotyping

Read and synthesize the information on the slide.

THE CHURCH

Gender role differentiation is thought of as being ordained by God as conveyed in various religious symbols and rites.

- The message “*ang babae ay kinuha sa tadyang ng lalake*” has been propagated by the Catholic church.



SLIDE 28

Institutions that Promote Gender Role Stereotyping

Read and synthesize the information on the slide.

THE CHURCH

- The veil is placed over the bride's head and is pinned to the shoulder of the groom, which implies the subordination of the woman to the man in marriage.
- Muslim fundamentalist practices *purdah* (the seclusion of women) and enforces the idea that women should not go out in public unless covered from head to toe.



SLIDE 29

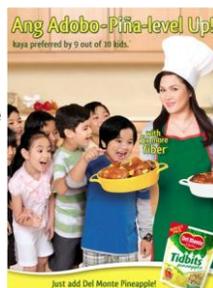
Institutions that Promote Gender Role Stereotyping

Read and synthesize the information on the slide.

MASS MEDIA

- In advertisements, gender images are used to entice consumers to buy a particular product.

Women are portrayed in advertisements as housewives and mothers whose main concern is to attend to the husband and the family needs, keeping the house and laundry clean, preparing hearty meals, sending the children and their husband to work, and eagerly waiting for their return.



SLIDE 30

Institutions that Promote Gender Role Stereotyping

MASS MEDIA

- Women are also depicted as sex objects. Sexy women, usually clad in scanty bikinis are used to promote liquors, cigarettes and various male-specific products. On the other side, the men are portrayed as sports-minded, achievers in challenging and dangerous sports, are engaged in successful professions or having fun drinking with peers.



Read and synthesize the information on the slide.

SLIDE 31

Institutions that Promote Gender Role Stereotyping

MASS MEDIA

- Children's books like Cinderella, Snow White, Rapunzel are stories that tell helpless women saved by brave princes, etc. Movies and TV soap operas featuring the same storyline are still common nowadays.



Read and synthesize the information on the slide.

SLIDE 32

Key Points to Remember

- Societal expectations related to males and females are a function of larger systems and institutions that exert influence over society.
- Gender role stereotyping and norms influences one's status in society and ones life path.
- Because gender norms are socially determined, they can be changed over time.

Conclude by saying that societal expectations regarding females and males are a product of a big system composed of the various institutions that exert influence over its members.

SLIDE 33**Group Exercise****“Images of Changing Gender Roles and Norms”**

- Identify gender norms that have changed over time. For example, compare gender norms that are around today to those that were around when their parents and grandparents were growing up.

Closing Activity**“Images of Changing Gender Roles and Norms”**

- Explain that this activity explores how gender norms have changed over time.
- Give participants two colored metacards (one color to represent the norms of their grandparents and the other for current gender norms, pencils and masking tape.
- Give them 20 minutes to complete the task.

SLIDE 34**Images of Changing Gender Roles and Norms**

Topic What was this like:	In grandparents' time / during the old days	For you now
Schooling?		
Home chores?		
Having fun with friends?		
Having a romantic relationship?		
Being a parent?		
Working at a job?		
Decision-making?		
Other areas		

- Ask them to identify some gender norms that have changed from the time of their grandparents and parents compared to the generation of today, guided by the following:
 - Schooling?
 - Home chores?
 - Having fun with friends?
 - Having a romantic relationship?
 - Being a parent?
 - Working at a job?
 - Other areas

SLIDE 35**Key Points to Remember**

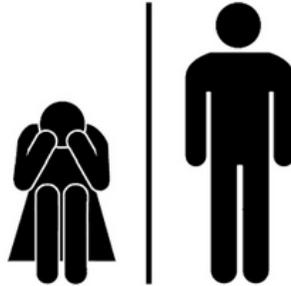
- Over time we have seen progress in attaining gender equality and equity; but a lot remains to be done
- The government has established laws and systems to promote gender equality and equity, and has passed laws to address gender-based violence such as:
 - R.A. 8353 Anti-Rape Law 1997
 - RA 8505 Rape Victim Assistance and Protection Act of 1998
 - RA 7610 Special Protection of Children against Abuse, Exploitation and Discrimination Act of 1992
 - RA 9262 anti VAW and their Children Act of 2004

Synthesize activity

- We have seen progress in attaining gender equality and equity; but a lot remains to be done
- The government has established laws and systems to promote gender equality and equity, and has passed laws to address gender-based violence such as the anti-rape law and, the anti-violence against women.

SLIDE 36**Key Points to Remember**

If you encounter cases of violence, as peer educators and peer helpers, **you can help survivors by assisting them seek help and refer them to appropriate agencies and institutions** (DSWD, WCPU, women's desk) that can help to get her / him out of situation.



STOP violence against women
watch out for the signs

If you encounter cases of violence, as peer educators and peer helpers, you can tell survivors that there are agencies and institutions (DSWD, WCPU, women's desk) that can help to get her/him out of situation.

Session 3.2 Understanding Human Sexuality

Duration: 1 hour

Objectives:

At the end of session, the participants will be able to:

1. Understand the interrelationships of sex, gender and human sexuality in the context of total personhood development.
2. Explain how sexuality-related choices and decisions can affect their life and future
3. Illustrate the major components of sexuality based on their own personal experiences
4. Develop self-awareness, empathy and inter-personal relationship

Materials

- Visual aids (prepared in powerpoint, in flipchart, in transparencies, etc.)
- Metacards and felt-points pens

SLIDE 37**Session 3.2 Understanding Human Sexuality****Session Objectives:**

- At the end of session, the participants will be able to: Understand the interrelationships of sex, gender and human sexuality in the context of total personhood development
- Explain how sexuality-related choices and decisions can affect their life and future
- Illustrate the major components of sexuality based on their own personal experiences
- To develop self-awareness, empathy and inter-personal relationship

Present the session objectives.

LINK this topic with previous topic/s, if any.

SLIDE 38

Concept of Sexuality

“What comes to your mind when you hear the word **SEXUALITY?**”

- Write your responses on meta cards and post them on the wall

Topic lead- in

“ Concept of Sexuality”

- Introduce the session by asking participants: **“What comes to your mind when you hear the word *sexuality?*”** This should be a group discussion.
- Give participants colored metacards and pentels; ask them to write their responses on the cards and then post them on the board or activity assigned wall
- Give them 5 minutes to complete the exercise
- Cluster similar responses together. Summarize by giving the definition of **Sexuality.**
- Relate the slide to participants’ responses to deepen discussion. Solicit their insights.
- Encourage them to ask questions

SLIDE 39

Sexuality

More encompassing than sex (which is the biological differentiation between a male and a female). Aside from sex, it:

- Refers to the **quality** of being sexual (or the capability to feel sexual arousal or pleasure), and generally used in reference to the human being.
- In humans, sexuality encompasses the entire bio-psycho-social complex related to the maleness or femaleness of the individual, including **values, attitudes, appearance**, etc., as it manifests in the personality of the individual.

In this topic on human sexuality, we will try to understand the many factors, including sex, sexual orientation, gender norms and socialization that influence the forming / expressing of ones sexuality.

Read and synthesize the information on the slide.

SLIDE 40

Sexuality

It is the **total personhood development** experience of a person that include:

- **Human development**
 - Psychosocial development, physical changes and development
- **Relationships** – Building relationships with others; relating with others e.g. nurturing / loving / caring relationships or in abusive relationship
- **Gender socialization** – Behaviours of males and females



Read and synthesize the information on the slide.

SLIDE 41

Sexuality

- **Sexual orientation & behaviour** - Sexual orientation (straight male or female, lesbian, gay, bisexual, or transgender) and preferences, sexual activities
- **Sexual health** – Healthy sexual practices, e.g., abstinence, use of protection to avoid STI-HIV/AIDS and to avoid unplanned pregnancy, seeking health professionals for care.



Read and synthesize the information on the slide.

SLIDE 42

Group Exercise***“Who Am I as a Sexual Being”***

- Divide into 4 groups. Each group will be given manila papers and felt-point pens
- Draw a person and define the person's sexuality by identifying the following:

Group exercise***“Who Am I as a Sexual Being”***

- Divide the group into four groups. Give each group manila papers and felt-point pens.

SLIDE 43

Group Exercise

“Who Am I as a Sexual Being”

Draw a person and define the person's sexuality by identifying the following:

- **Sexual orientation** - Straight female or male, lesbian, gay, bisexual, transgender based on the whom the person is romantically and sexually attracted to
- **Gender socialization / identity** - Psychological sense of being a female or male ; social norms for feminine or masculine behaviour
- **Sexual health - sexual practices** - Risky or protective behaviours
- **Relationships** - Building relationships with others
- **Values and attitudes** - About life, love and the people our lives touch

Instruct them to draw a person and define the person's sexuality by identifying the following:

- His / her sex
- Sexual orientation (Gender socialization / identity)
- Sexual health - sexual practices
- Relationships
- Values and attitudes

Give them 30 minutes to complete the activity; ask them to choose a documenter and a reporter.

Ask them in plenary for the report-outs.

SLIDE 44

Key Points to Remember

- Our sexuality is a product of what we are born with, and our own unique life experiences that have shaped our attitudes, feelings and values towards ourselves and towards other people.
- Sexuality helps us:
 - Define our feelings of self-worth
 - It is one of the most important factors that shape our identity
 - Helps us define who we are



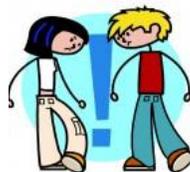
Plenary discussion

- Synthesize the activity by emphasizing key points.
- Provide examples for key points.

SLIDE 45

Key Points to Remember

- Some of the most difficult choices and decisions you will make as an adolescent will be related to your sexuality.
- Basing sexuality-related decisions on misinformation or false beliefs can have serious and distressing consequences such as:
 - Unintended pregnancy
 - Sexually transmitted infection
 - Engage in unhealthy and abusive relationship
 - Not valuing oneself



Closing activity

- In plenary, ask participants to cite three of the most important things they have learned / realized from the session on sex, gender and sexuality. Use the following question
 - ▶ The three most important things I learned / realized are
 - ▶ Because of these learnings / realizations , I will _____

SLIDE 46

Key Points to Remember

- **Life skills** (Such as self-awareness, interpersonal, critical and creative thinking, decision-making skills) is an essential element in all of the above components of sexuality.
- Not everything you hear from the media or from your friends /peers is true.



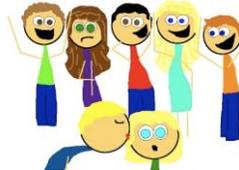
Plenary discussion

- Synthesize activity by emphasizing key points.
- Provide examples for key points.

SLIDE 47

Key Points to Remember

- Negative peer pressure is a fact of life. If you withstand peer pressure, and make your own decisions based on what is right for you, you will be on your way to becoming a happy, healthy adult.
- In saying NO to early sexual involvement or saying YES to safer sex, you are making a positive choice, personal growth and responsible sexuality.



Closing statement

It is tough to be a teenager or youth. You are constantly surrounded by sexual talks and images from peers, media, etc. You may also be experiencing strong sexual feelings. At the same time, you must decide what is right for you. This isn't always easy.

Always remember these points:

- Everything you hear from media, friends and peers about sexuality is not always true
- Negative peer pressure is a fact of life. If you withstand peer pressure, and make your own decisions based on what is right for you, you will be on your way to a becoming a healthy and happy adult.
- In saying NO to early sexual involvement or saying YES to safer sex, you are making a positive choice, personal growth and responsible sexuality.

SLIDE 47

Thank You!
End of Slides for
Module 3



Thank the participants for their active participation.

Module 4: Teens' Sexuality & Reproductive Health Concerns

Session 4.1 Reproductive Health

Duration: 45 minutes

Objectives:

At the end of session, the participants will:

1. Be able to understand Reproductive Health, what it implies, and its overall goals
2. Be able to understand the 10 elements of Reproductive Health
3. Be able to demonstrate strengthened critical thinking skills

Materials

- Visual aids (prepared in powerpoint, in flip chart)
- Meta cards, felt-point pens

Guide

TOPIC / CONTENTS	TEACHING – LEARNING PROCESS
<p>SLIDE 1</p>  <p style="text-align: center;">Teen's Sexuality and Reproductive Health Concerns MODULE IV</p>  <p style="text-align: center; font-size: small;">Private Sector Mobilization for Family Health - Phase 2 (PRISM2)</p>	<p>Introduce this topic to participants.</p> <p>This session introduces you to the meaning and scope of Reproductive Health. It is important for you as peer educators to have a clear understanding of its meaning, what it implies, its goals and the 10 elements of reproductive health. As adolescents enter the reproductive age, they too experience sexuality and reproductive health issues and challenges.</p>

SLIDE 2

Session 4.1 Reproductive Health

Present the session objectives.

Session Objectives:

At the end of this module, the participants will:

- Be able to understand Reproductive Health, what it implies, and its overall goals.
- Be able to understand the 10 elements of Reproductive Health.
- Be able to demonstrate strengthened critical thinking skills.

SLIDE 3

What is Reproductive Health?

Topic lead-in

Reproductive Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes

Ask participants

“What comes into your mind when you hear Reproductive Health?”

In plenary, ask for 3-4 volunteers to share their understanding of Reproductive Health, and take note of responses.

Plenary Discussion

Proceed with the discussion on **Reproductive Health**. Be prepared to elaborate on this topic.

International Conference on Population and Development (ICPD) and World Health Organization

SLIDE 4

The Definition of RH Implies that:

Read and synthesize the information on the slide.

- **Everybody has the right to remain free of disease**, disability or death associated with their sexuality and reproduction
- **Every individual has the right to access information** on sexuality and other reproductive health matters to achieve their individual reproductive health goals

SLIDE 5

The Definition of RH Implies that:

Read and synthesize the information on the slide.

➤ **Everyone has the capability to reproduce and decide if and when and how often they will do so**

- This suggests that the couple has the right to access appropriate health care services, which will help the women maintain a healthy pregnancy and birth.
- This suggests that the couple has the right to correct information and *access to safe, effective, affordable, and acceptable family planning methods of their choice.*

SLIDE 6

The Definition of RH Implies that:

Read and synthesize the information on the slide.

- **Couples must exercise their rights with responsibility.** This means that each partner must provide mutual protection from unwanted pregnancy as well as from harmful reproductive practices and violence.
- **Everyone has the right to a satisfying and safe sex life.** This means that everyone should have a control and freedom over their sexual relations including protection from reproductive infections and harmful reproductive practices and violence.

Encourage participants to ask questions or seek clarifications.

You may solicit their ideas and insights.

SLIDE 7

The Ten Elements of Reproductive Health**Plenary Discussion**

- 1. Maternal and Child Health and Nutrition** - Covers the safety and health during pregnancy and care and support to the pregnant woman during and after delivery. It also covers the health of the child.
- 2. Family Planning** - Covers the different methods of preventing pregnancy, the advantages and disadvantages of methods, their mode of action and efficacy.
- 3. Prevention and Control of Reproductive Tract Infections and Sexually Transmitted Infections and HIV-AIDS** - Covers the different forms of infections, and ways how to prevent them. It also includes proper diagnosis, management and treatment and referral.

Proceed with the discussion on **The Ten Elements of Reproductive Health**. Be prepared to elaborate on this by giving examples.

SLIDE 8**The Ten Elements of Reproductive Health****4. Prevention of Abortion and Management of Complications**

Covers discussion of its complications and the proper management and treatment of cases arising from abortion

5. Education and Counselling on Sexuality

Covers education and information regarding sexuality, their components, and how individuals differ in orientation. Also includes discussions on healthy sex practices and life styles

Read and synthesize the information on the slide.

Encourage participants to ask questions. You may solicit their ideas and insights.

SLIDE 9**The Ten Elements of Reproductive Health****6. Adolescent Reproductive Health**

It encompasses the different changes that happen during adolescence, their challenges and the risks they are faced with. It also includes appropriate RH health services and information be made available to adolescents.

7. Violence Against Women and Children

This is to assist women and children who are victims of rape and sexual harassment as well as domestic violence.

Read and synthesize the information on the slide.

SLIDE 10**The Ten Elements of Reproductive Health****8. Men's Reproductive Health**

Addresses the unique RH needs of men and ways to involve them to support women's RH decisions.

9. Breast and Reproductive Tract Cancers and other Gynecological Conditions

Provides in-depth understanding of the different diseases, their causes and ways to how to be protected from these diseases.

10. Prevention and Treatment of Infertility and Sexual Disorders

Highlights discussion on infertility and assists / counsel couples who have difficulty in achieving pregnancy.

Read and synthesize the information on the slide.

Thank participants for their active participation.

Session 4.2 Love and Romantic Relationship

Duration: 1 ½ hours

Objectives: At the end of session, the participants will:

- Be able to understand the meaning of true love and the heresies or misconceptions about love
- Be able to learn how to handle a healthy romantic relationship that is based on love and respect
- Be able to demonstrate strengthened self-awareness, creative thinking and interpersonal relationships

Materials

- Visual aids (prepared in powerpoint, in flip chart)
- Old magazines, newspaper , manila papers
- Meta cards, felt-point pens

SLIDE 11

Session 4. 2 Love and Romantic Relationship

Introduce this topic to participants.

Our topic for today is something close to your heart – LOVE and ROMANTIC RELATIONSHIP – its meaning and how this relationship can be positively maintained.

SLIDE 12

Session 4. 2: Love and Romantic Relationship

Present the session objectives.

Session Objectives:

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

- Be able to understand the meaning of true love and the heresies or misconceptions about love
- Be able to learn how to handle a healthy romantic relationship that is based on love and respect
- Be able to demonstrate strengthened self-awareness, creative thinking and interpersonal

SLIDE 13

Topic Lead-in

**“PARA SA INYO,
ANO BA ANG
TOTOONG
PAG-IBIG o
LOVE?”**



Topic lead-in

“ Totoong PAG-IBIG or LOVE”

- Ask participants to provide their understanding of true love
- Give participants colored metacards and pentels; ask them to write their responses on the cards and then post them on the board or assigned wall
- Give them 5 minutes to complete the task
- Cluster similar responses together.

SLIDE 14

What is True Love?

- St. Paul said, **LOVE begins with LOVING ONESELF first**
- Loving oneself means :
 - ✓ Knowing and accepting oneself - Your values in life, strengths, weaknesses, aspirations, also accepting oneself including imperfections
 - ✓ Nurturing oneself - Nurture your physical, mental, psychological, spiritual growth and development
 - ✓ Valuing oneself (Pagpapahalaga)
 - ✓ Respecting oneself (Paggalang)



Plenary Discussion

- Synthesize the activity by leading a discussion on the definitions of LOVE. Be prepared to elaborate on the concepts.
- Relate the group's responses to enrich discussion.

SLIDE 15

What is True Love?

- St. Paul said, **LOVE begins with LOVING ONESELF first**
- ✓ Kung mahal natin ang ating sarli, hinding hindi tayo gagawa ng mga bagay na pwedeng makasama o makasira sa atin
- ✓ O hayaan ang ibang tao na saktan ka o gawin o implwensyahan ka ng mga bagay na makakasira sa iyo



Read and synthesize the information on the slide.

SLIDE 16

What is True Love?

Read and synthesize the information on the slide.

- **True Love**, *"The will to extend one's self for the purpose of nurturing growth"* as M. Scott Peck defines it
- It is, as Erich Fromm says, *"To be supremely concerned with the good of the other person"*



SLIDE 17

What is True Love?

Read and synthesize the information on the slide.

- Loving another person means ...
Caring deeply for that person and being committed to his or her well-being and happiness
- Love has characteristics:
 - ✓ Care
 - ✓ Responsibility
 - ✓ Respect
 - ✓ Knowledge

SLIDE 18

What is True Love?

Read and synthesize the information on the slide.

- Kung ikaw ay nagmamahal...
Wala kang gagawin na pwedeng makasama sa 'yong minamahal

Halimbawa:

- Sobrang possessiveness
- Pagpasok sa **early sex** nang hindi pa handa
- Pananakit
- Impluwensyang mag-bisyo tulad ng alak, sigarilyo, droga, sugal

Encourage participants to ask questions. You may solicit their ideas and insights.

SLIDE 19

Misconceptions on Love

Mga Maling Akala Sa



Proceed to the discussion on **Heresies / Misconceptions on Love**

Scott Peck enumerates what he calls “*misconceptions of love.*”

Erich Fromm calls them “*heresies of love.*”

SLIDE 20

MISCONCEPTION 1: Falling In-Love is Love

- Falling in love is **not yet TRUE LOVE** because it is temporary.
- Often a thrilling “**KILIG**” moments” experience. More of infatuation

**Caution:**

Sobrang PDA at intimacy lalo na kung bago pa lang ang relationship

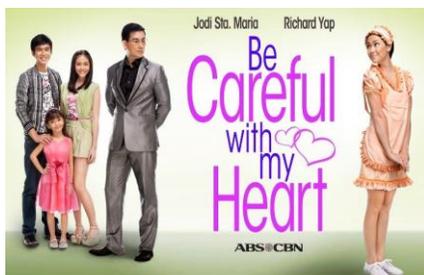


- Falling in love is an emotional experience and it is temporary.
- Adults, as well as adolescents, may fall in love only once, more than once, or many times in their lives, but if not nurtured into a caring relationship, falling in love eventually ends.

SLIDE 21

MISCONCEPTION 1: Falling In-Love is Love

Real love on the other hand, is a permanent experience of growth for both parties.



Read and synthesize the information on the slide.

SLIDE 22

MISCONCEPTION 2: Myth of Romantic Love



REAL LOVE is NOT like a romantic fairy tale “living happily ever after”



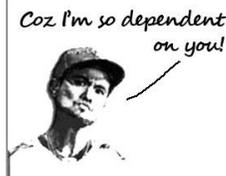
- Myth na may isang taong itinadhana para sa ‘yo kaya forever na yon
- What if ang akala mong itinadhana sa yo ay isang abusado? Magtitiis ka ba?

Read and synthesize the information on the slide. Be prepared to elaborate.

- The myth of romantic love says that for every young man in the world, there is a young woman who “was meant for him” and their relationship was “predicted in the stars”.
- That is what the myth of romantic love says, but the reality is that after a while, disagreements, frictions and argumentations occur, and all too often, we fall out of love.

SLIDE 23

MISCONCEPTION 3: Passive or Emotional Dependency



EMOTIONAL DEPENDENCY nourishes *infantilism*, rather than growth.

It is *anti-love*, rather than nurturing growth.

Read and synthesize the information on the slide. Be prepared to elaborate.

- Dependency may seem to be love because we become strongly attached to another person. However, dependency is anti-love. It seeks to receive rather than to give. “It nourishes infantilism, rather than growth”. Ultimately, it destroys rather than builds people.
- **In sum**, love is not a temporary emotion, romance, or dependency by which we are overwhelmed and disillusioned. It is a commitment to action, caring, an intellectual and thoughtful decision.

SLIDE 24

Group Exercise

PAG-IBIG BA o MALING AKALA SA PAG-IBIG

- In opposite corners, you will see words **PAG-IBIG** and **MALING AKALA SA PAG-IBIG**
- Instruction:
 - Read some situations
 - Think if the situation reflects PAG-IBIG or MALING AKALA SA PAG-IBIG

Group Exercise

“PAG-IBIG BA o MALING AKALA SA PAG-IBIG?”

Instruction

- In opposite corners of the room, hang words *PAG-IBIG* and *MALING AKALA SA PAG-IBIG*.
- Tell participants that you will read situations.
- Ask them to think if the situation reflects PAG-IBIG or MALING AKALA SA PAG-IBIG.

SLIDE 25**Group Exercise****PAG-IBIG BA O MALING AKALA SA PAG-IBIG**

- To signify your individual response, go to the appropriate corners
- Explain your point of views
 - What kind of love is / are present in the case situation
 - What effect, if any, do they have on each person? How does it affect the relationship?
- To signify their individual response, go to the appropriate corners then ask volunteers to explain their point of views.
- Process the exercise by asking participants the following questions:
 - What kind of love is/are present in the case situation?
 - What effect, if any, do they have on each person? How does it affect the relationship?

SLIDE 26**Group Exercise****PAG-IBIG BA O MALING AKALA SA PAG-IBIG**

Hindi ako mabubuhay nang wala ka, kasi mahal na mahal kita

Mamahalin at pagsisilbihan siya habang buhay kahit madalas niya akong binubugbog dahil siya ang itinadhana sa akin ng bituin at ng Maykapal

Mahal ko siya at susuportahan ko siya na matupad ang mga pangarap nya

Answers:

1. Passive Emotional Dependency
2. Myth of Romantic Love
3. True Love

SLIDE 27**Group Exercise****PAG-IBIG BA O MALING AKALA SA PAG-IBIG**

In love at kilig na kilig ako sa girlfriend / boyfriend ko kasi siya ang pinaka –popular sa school / lugar namin

Magpapakamatay kasi iniwan ng boyfriend / girlfriend

Super in love at super kilig ako sa matinee idol kong boyfriend kaya lahat gagawin ko para sa kanya

Answers:

1. Falling in Love
2. Passive Emotional Dependency
3. Falling in Love

SLIDE 28**Key Points**

- Adolescents may rush into close physical intimacy even though they might not be sure if it's true love, which may lead to **early sexual initiation**.



- **In sum**, love is not a temporary emotion, not a romance, or dependency by which we are overwhelmed.
- It is a commitment to action, an intellectual and thoughtful decision.

Read the key points

Encourage participants to ask questions, clarifications or share opinions, ideas and experiences.

THANK participants for their active participation.

Session 4.3 Early Sexual Initiation

Duration: 2 hours

Objectives: At the end of session, participants will:

1. Be able to understand reasons why young people engage in sex
2. Be able to do self-reflection whether she/he is ready to engage in sexual activity
3. Be able to develop skills in saying "NO" to early sexual initiation
4. Have strengthened interpersonal relationship, critical thinking and decision-making skills

Materials

- Visual aids (prepared in powerpoint, in flip chart, in transparencies, etc)
- Meta cards and felt-point pens, scissors, masking tape
- Handout : Skills for Saying "NO"

SLIDE 29

Read the title of the session.

**Session 4.3
Early Sexual Initiation**

SLIDE 30**Session 4.3 Early Sexual Initiation****Present** the session objectives.**Session Objectives:**

At the end of this module, the participants will:

- Be able to understand reasons why young people engage in sex
- Be able to do self-reflection whether she / he is ready to engage in sexual activity
- Be able to develop skills in saying “NO” to early sexual initiation
- Have strengthened interpersonal relationship, critical thinking and decision-making skills

SLIDE 31**Early Sexual Initiation****Introduce** the topic on “*Early Sexual Initiation*” by presenting relevant statistics on adolescent sexuality.

- Recent statistics showed an increasing number of young people engaged in premarital sex and other risky sexual practices.
- Based on the Young Adults Fertility and Sexuality survey:
 - Premarital sex prevalence among the aged 15-24 rose from **23%** in 2002 to **32%** in 2013
 - Majority (**78%**) of these sexual experiences are spontaneous in nature, and in most instances, **unprotected**

SLIDE 32**Early Sexual Initiation**

Read and synthesize the information on the slide.

- ❑ Increasing prevalence of sexual practices such as:
 - Early sex
 - Non-marital sex
 - Commercial sex
 - Sex with multiple partners, and
 - Unprotected sex

Make young people sex risky. All these threaten their health and healthy development, education, economic situation and general wellbeing

SLIDE 33

Exercise

“REASONS WHY ADOLESCENTS & YOUTH SAY YES TO SEX”

- Identify some of the reasons why adolescents and youth engage in sex
- Write your ideas, observations, personal knowledge on metacards
- Post responses on the wall

Topic lead-in: *Discussion trigger***“REASONS WHY ADOLESCENTS & YOUTH SAY YES TO SEX”**

- Explain that in this exercise we will try to identify some of the reasons why adolescents and youth engage in sex
- Do this in a large group. Give each participant meta cards and pentels; ask them to write their ideas, observations, personal knowledge on “Reasons Why Young People Engage In Early Sex”
- Ask them to post their cards on the board. Give them 5-10 minutes to complete the task.
- Synthesize by clustering similar responses.
- Clarify responses that you think are vague, to get their perspectives.

SLIDE 34

Some Reasons Young People Say Yes to Sex

CURIOSITY - Curiosity drives many teenagers to experiment on sex without knowing its possible consequences such as pregnancy.

REBELLION - Against family or authority figures, or social norms.

CONFORMITY - Young people say YES to sex because most of his / her peers, or even an assumption that his/ her social group have already experienced sex. Also peer pressure may make young people say YES to sex.

Plenary discussion

- Summarize activity by adding the **Reasons For Saying Yes To Sex** to those identified by participants in the topic lead-in exercise.
- Be prepared to elaborate and give examples.
- Relate this with the responses of participants to enrich discussion. Solicit their ideas on each reason to get their perspectives.
- Emphasize key points.

SLIDE 35**Some Reasons Young People Say Yes to Sex**

Read and synthesize the information on the slide.

SEXUAL CONQUEST - In their efforts to prove their machismo, usually males have the tendency to count the number of sexual experiences / relationships. With the changing trends, this also happens to some females.

PHYSICAL SATISFACTION – to satisfy one's sexual urges, young people say YES to sex

SLIDE 36**Some Reasons Young People Say Yes to Sex**

Read and synthesize the information on the slide.

“SAVE” THE RELATIONSHIP – sometimes young people, esp young women, may say YES to sex because of perception that if they she said yes to sex, the partner will stay to “save” the troubling relationship

FEEL INTIMATE AND CARED FOR – for older youths who have found true love, feel intimate and cared for, may say YES to sex express intimate feelings.

SLIDE 37**Key Points**

Read and synthesize the information on the slide.

- Adolescents and youth should not rush to engage in a sexual relationship.
- They should be fully aware of health, psychological and economic consequences.
- Before saying YES to sex for any reason, young people should ask themselves

“Ano ba ang pwedeng mangyari sa akin ‘pag nakipag-sex ako?”

“Kaya ko na bang panindigan ang consequences?”

SLIDE 38**Group Exercise****“Towards Responsible Practice of Sexuality”**

- Divide into single sex groups (i.e. all male and all female subgroups)
- Each group will be given copies of the hand-out on **“Towards Responsible Practice of Sexuality”**
- Ask the groups to discuss the list, and signify their collective responses by writing **“yes” or “no”** on feelings or conditions they think would influence them to say yes to sex
- Choose a reporter for plenary

Group Exercise :**“Towards Responsible Practice of Sexuality”**

- Divide the group into single sex subgroups (i.e., all male and all female subgroups).
- Give each group copies of the handout, **“Towards Responsible Practice of Sexuality.”**
- Ask the groups to look at the list and explain that these are some of the feelings or conditions that young men and women decide to engage in sex.
- Ask the groups to discuss among themselves and signify their collective responses by writing “yes” or “no” on feelings or conditions they think would influence them to say yes to sex.
- Summarize learnings from the activity.
- Encourage participants to ask questions, clarifications or share opinions, ideas and experiences.

SLIDE 39**Hand-Out: “Towards Responsible Practice of Sexuality”**

Feelings or Conditions for Having Sex	Yes or No
a. Feel intimate and cared for, and not that they are just a convenient body;	
b. To give in to peer pressure;	
c. Ensure mutual consent, respect, and responsibility;	
d. To prove love or to try to gain commitment in a relationship;	
e. To avoid hurting the other person's feelings or ego;	
f. Are able to give and to accept sexual pleasure;	
g. Feel comfortable communicating what they want or do not want;	
h. Because dating or courting has gone on for some time	

Summary

- Determining whether one is ready for sexual activity is difficult for many young people.
- A certain level of maturity, self-awareness, discipline, and communication skills play in becoming ready for sexual activity.
- Sexual relationships in particular are often more comfortable, satisfying, and safe when both partners
 - a) Feel intimate and cared for, and not that they are just a convenient body
 - b) Ensure mutual consent, respect, and responsibility;
 - c) Are able to give and to accept sexual pleasure;
 - d) Feel comfortable communicating what they want or do not want;

- e) Respect each other's right not to do anything that feels uncomfortable;
- f) Share in the responsibility for using safe and effective methods to prevent unwanted pregnancy and sexually transmitted infections, including HIV
- g) Know your own and your partners' status with regard to HIV (and other STIs); and
- h) When people have only one sex partner or in a monogamous or "being in a faithful" relationship

SLIDE 40**Hand-Out: "Towards Responsible Practice of Sexuality"**

Read the slide.

Feelings or Conditions for Having Sex	Yes or No
i. Because of having previously agreed to have sex even though one has subsequently changed one's mind	
j. Because the other person is in a position of power, status, or authority (for example because of age, social popularity, resources, or gender)	
k. Respect each other's right not to do anything that feels uncomfortable;	
l. Because of pressure from family members, elders, or community leaders	
m. Share in the responsibility for using safe and effective methods to prevent unwanted pregnancy and sexually transmitted infections, including HIV;	
n. In order to obtain money or gifts; and	

SLIDE 41**Hand-Out: "Towards Responsible Practice of Sexuality"**

Read the slide.

Feelings or Conditions for Having Sex	Yes or No
o. Know your own and your partners' status with regard to HIV (and other STIs)	
p. Because alcohol or drugs have impaired their judgment or ability to resist an unwanted sexual advance.	
q. Talk about whether or not they will have sex partners outside their relationship	

SLIDE 42**Key Points**

- Certain level of maturity, self-awareness, discipline, and communication skills are required in deciding readiness for sexual activity
- Sexual relationships in particular are often more comfortable, satisfying, and safe when both partners
 - Feel intimate and cared for, and not that they are just a convenient body
 - Ensure mutual consent, respect, and responsibility
 - Feel comfortable communicating what they want or do not want

Read and synthesize information from the slide.

SLIDE 43**Key Points**

- Respect each other's right not to do anything that feels uncomfortable
- Share in the responsibility for using safe and effective methods to prevent unwanted pregnancy and sexually transmitted infections, including HIV
- Know your own and your partners' status with regard to HIV (and other STIs); and
- When people have only one sex partner or in a monogamous or "being in a faithful" relationship

Read and synthesize information from the slide.

SLIDE 44**Role Play: "Saying NO to Sex"**

Instruction:

- Request for volunteers for role play 1 and 2.
 - Role Play 1: A male and a female
 - Role Play 2: At least 5 males
- We will give you 15 minutes to reflect on the case scenarios for the role play, before presenting in front of the rest of participants
- The rest of the participants will observe to reflect and give comment on the case scenarios. You will be asked to comment objectively (pointing out the positive part, and noting the areas needing improvements)

Role Play

"Saying NO to Sex"

Instructions:

- Request for volunteers for the activity.
- Assign the cases to the volunteers.
- Allow volunteers some time to reflect on their case for role play.
- Each group presents in front of the audience.

Ask the rest of the participants to observe because they will be asked to reflect and give comment on the case scenarios.

SLIDE 45**Role Play: "Saying NO to Sex"**

Instruction:

- In giving comments, be guided by the following:
 - In what areas and how did the characters being swayed to say YES to sex effectively communicated "NO" verbally and non-verbally
 - What aspect in saying NO to sex needs to be strengthened
 - What else can the characters do to delay sex

- After each role play, ask participants to comment objectively (positive first, then what could be improved). Be guided by the questions on the slide presented.
- Synthesize activity by emphasizing **key points**.

SLIDE 46**Case Scenarios**

Read and synthesize information from the slide.

CASE 1

Characters: *A boy and a girl who are sweethearts*

The couple is on a date and after seeing a movie they go to a secluded place (like a park). They kiss and hug the boy wants to go beyond kissing and hugging. He wants the girl to prove her love to him.

CASE 2

Characters: *A group of male friends*

One of your male friends is celebrating his birthday. Your *barkada* decide that he must be "initiated" into manhood. The group plans to bring him to a beer joint that night.

SLIDE 47**Key Points**

Read and synthesize information from the slide.

- A **"NO"** means **"NO" verbally and non-verbally**. When an adolescent or youth decided he /she is not ready yet to engage in sexual activity, one should be able communicate it effectively.
- One should develop the **SKILLS FOR SAYING "NO"**
 - **Body Language:** Stand tall, keep your head up and keep eye contact. Feel strong and equal. Believe in yourself.

SLIDE 48

Key Points

Read and synthesize information from the slide.

SKILLS FOR SAYING “NO”

- **Setting the Scene:** Decide what you want beforehand, if possible. This helps you feel in control of the situation. e.g. venue of the date
- **Speak personally:**
 - No, I don't want to because...
 - No, I have a problem with that
 - No, I don't feel ready

SLIDE 49

Key Points

Read and synthesize information from the slide.

SKILLS FOR SAYING “NO”

- **Be clear:** You don't need to give a reason. Use short clear statements, for example:
 - I feel uncomfortable about...
 - I am unhappy with...
 - It scares me when...
- **Stay with your statement**
Avoid being manipulated into giving further explanations. Avoid being side-tracked.

In extreme situations where you are not being heard and your safety is under threat, you may need to walk away.

SLIDE 50

Key Points

Read and synthesize information from the slide.

SKILLS FOR SAYING “NO”

- **Try to see the situation from their point of view**
Don't accuse them or blame them for anything, simply state your views and wishes. Acknowledge that you have heard what the other person has said, for example:
 - Yes, I hear what you are saying and I don't want to.....

Session 4.4 Teenage Pregnancy

Duration: 2 hours

Objectives:

At the end of the session, participants will:

1. Be able to discuss the risks and consequences of teenage pregnancy as a consequence of irresponsible sexual behavior.
2. Be able to understand ways to avoid teenage pregnancy.
3. Have strengthened decision-making and practical skills.

Materials:

- Visual aids (prepared in powerpoint, in flip chart)
- Manila papers, felt-point pens
- Enough copies of handouts (*Contraceptive Options for Adolescents and Youths; list of youth-friendly guidance counsellors and health service providers / facilities trained on AJA, which includes names, address, schedule and contact numbers. May include services offered*)

SLIDE 51

Link this topic with previous topic.

Session 4.4 Teenage Pregnancy

SLIDE 52

Session 4.4 Teenage Pregnancy

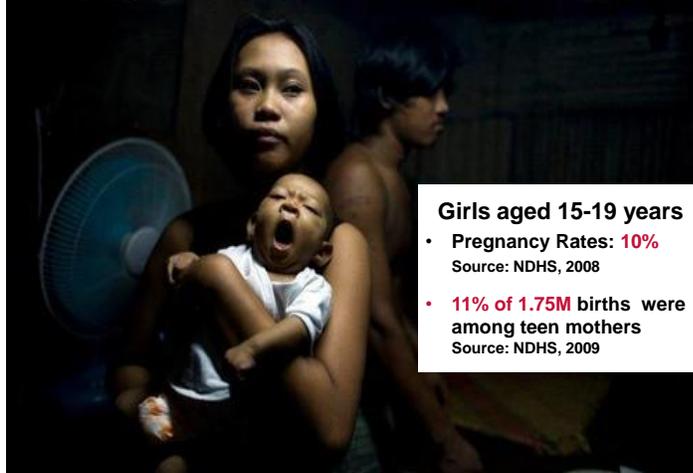
Present the session objectives.

Session Objectives:

- At the end of this module, the participants will:
 - Be able to discuss the risks and consequences of teenage pregnancy as a consequence of irresponsible sexual behaviour
 - Be able to understand ways to avoid teenage pregnancy
 - Have strengthened decision-making and practical skills

SLIDE 53

Teenage pregnancy. MORE fun in the Philippines



Girls aged 15-19 years

- **Pregnancy Rates: 10%**
Source: NDHS, 2008
- **11% of 1.75M births were among teen mothers**
Source: NDHS, 2009

Read and synthesize the information on the slide.

SLIDE 54

Problem-tree Analysis

“Ano ang sanga-sangang kahihinatnan ng maagang pagbubuntis”

Instruction

- Divide participants into three groups. Each group will receive manila papers and pentel pens
- Draw a tree; in the main trunk, write teenage pregnancy; then discuss about the multiple and interrelated consequences of teenage pregnancy, and write them in the branches and sub-braches
e.g. *Teenage pregnancy – 1 branch: taking good care of child --- sub-branch: providing shelter, milk and clothing ---sub-branch: look for work to buy needs--- sub-branch: consequences of looking for work*
- Choose a documentor and a presenter; you have 10 minutes to complete the task

Topic lead-in: *Problem-tree Analysis / chain of association*

“Ano ang sanga-sangang kahihinatnan ng maagang pagbubuntis”

- Read instructions.
- Give them 20 minutes to complete the task.
- Once the group outputs are already posted, ask participants in plenary for report-outs.
- Synthesize activity by going through the groups' outputs; Ask participants the following question:
- “What did you feel while identifying the multiple consequences of teenage pregnancy?”

SLIDE 55

Risks for Teen Moms

HEALTH Risks

- Associated with pregnancy-induced high blood pressure, poor weight gain, anemia, STI, bleeding
- **Maternal death is 2x** more than adult
- Some pregnant adolescents choose induced abortion
 - Abortion is illegal, usually done in ways that are medically threatening



Plenary discussion

- Summarize activity by discussing **risks to pregnant adolescents**.
- Be prepared to elaborate further or give examples.
- Relate discussion with peer's activity outputs.

SLIDE 56

Risks for Teen Moms

ECONOMIC Risks

- Poor nutrition and health for both the mother and the child.
- Support from the child's father is usually minimal or none at all.
- Fewer opportunities for employment especially if educational attainment has been impaired.



ECONOMIC - Young mothers with less economic support from parents leads to poor nutrition and health care for both the mother and the child. Support from the child's father is minimal or none at all.

Opportunities for employment are fewer, especially if educational attainment has been impaired.

SLIDE 57

Risks for Teen Moms

SOCIAL Risks

- School interruption
- Unemployment and Poverty



SOCIAL - Social stigma still exists for unmarried teen moms.

Pregnancy also delays education, which further reduces economic potential and parenting ability.

SLIDE 58**Risks for Teen Moms****EMOTIONAL Risks**

- Young mother and young father adolescents are not emotionally mature enough to be parents.
- If marriage is forced, it may not be a satisfactory solution and it has a higher probability of ending in failure.



EMOTIONAL – Young mother and young father adolescents are not emotionally mature enough to be parents.

If a marriage is forced on the pregnant adolescent, or if she rushes into it, it may not be a satisfactory solution and it has a higher probability of ending in failure.

SLIDE 59**Preventing Teen Pregnancy**

- **KEEPING ABSTINENT** is the surest way to avoid pregnancy and other problems, such as sexually transmitted infections. Abstinence requires self-discipline.
- **MODERN CONTRACEPTIVES** as other options for avoiding teen pregnancy.

General Guideline

- Generally, adolescents are eligible to use any method of contraception and must have access to a variety of contraceptive choices.

Proceed with the discussion on “*Avoiding Teen Pregnancy.*”

Ask two Family Planning Competency-based Training level I (FP-CBT level I)- trained health service providers to discuss this topic.

SLIDE 60**Preventing Teen Pregnancy****General Guideline**

- Age does not constitute a medical reason for denying any method to adolescents.
- Proper education and counselling both before and at the time of method selection can help adolescents make informed and voluntary decisions.

— Medical Eligibility Criteria for Contraceptive Use;
WHO, 4th Edition 2009

www.who.int/reproductivehealth

Read and synthesize the information on the slide.

SLIDE 61**Contraceptive Options for
Young People****Group exercise: World Café****“ Modern Contraceptives”****Give** the instructions:

- Let one service provider discuss Modern and Natural Family Planning Methods; assign the other to discuss Short and Long Acting Family Planning Methods.
- Ask each provider to occupy opposite sides of the room.
- Divide participants by sex (all female group, all male group) and assign each group to sit down with one service provider.
- After 30 minutes, ask each group to stand up and exchange positions.
- Encourage participants to ask questions during the discussion with the health provider.

SLIDE 62**TEMPORARY METHODS**

Read the title slide.

SLIDE 63**Combined Oral Contraceptive pills (COC)**

- Tablets containing hormones *Estrogen and Progestin*
- Taken once daily same time of day.
 - Safe and appropriate for young people
- Effective in preventing pregnancy; no protection against sexually transmitted infections and HIV

Discuss and demonstrate how to properly use the method.

Encourage participants to ask questions or clarifications.

SLIDE 64**Progestin-only Pills (POPs)**

- Tablets containing only a very small amount of one *Progestin*
- Taken once daily at the same time of day
- POPs are appropriate and safe for young people 16-18 y/o and above
- Very effective for breastfeeding women

Discuss and demonstrate how to properly use the method.

SLIDE 65**Depo-Provera (DMPA) Injectable Contraceptive**

- An injection containing the hormone *Progestin*, given every 3 months
- Injected intramuscularly in (buttock area) or deltoid (upper arm) areas
- Safe and appropriate for young people 16-18 y/o and above

Discuss and demonstrate how to properly use the method.

SLIDE 66**Male Condom**

- A thin sheath made of latex or polyurethane, worn over erect penis when a couple is having sex
- Effective in preventing unplanned pregnancy and it provides protection against STIs / HIV

Discuss and demonstrate how to properly use the method.

SLIDE 67**Intra-uterine Device (IUD-TCu-380A)**

- Small plastic and copper device inserted into the uterus
- Appropriate for young people 20 years old and above, in *mutually monogamous relationships*.
- Women < 20 y/o who have not given birth have greater risks for expulsion and painful menses
- Careful screening for STI before insertion is important

Discuss and demonstrate how to properly use the method.

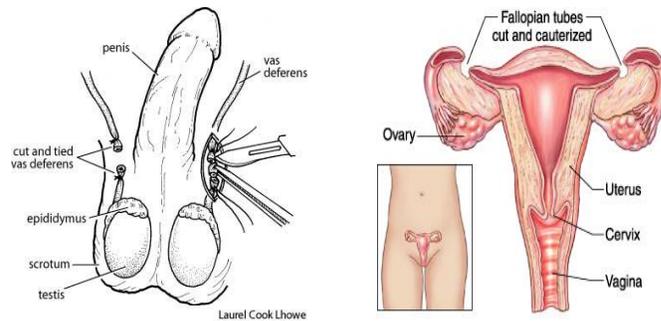
SLIDE 68

Read the slide.

PERMANENT METHODS**SLIDE 69**

Vasectomy and Tubal Ligation

Discuss and demonstrate how to properly use the method.



SLIDE 70

Vasectomy and Tubal Ligation

Discuss and demonstrate how to properly use the method.

- These are permanent method of contraceptive method
- Generally NOT recommended for people at the beginning of their childbearing years

SLIDE 71

Read the slide.

MODERN NATURAL METHODS

SLIDE 72

Fertility Awareness-based Methods (FAB) or Natural Family Planning (NFP) methods

- FAB methods involve identification of the fertile days in the menstrual cycle , whether by:
 - a) **Observing fertility signs**
 1. Cervical Mucus Method - Observing cervical secretions
 2. Basal Body Temperature - Observing basal body temperature
 - b) **Calendar-based methods**
 3. Standard Days Method
- NFP methods are very effective when used correctly

Discuss and demonstrate how to properly use the method.

SLIDE 73

Key Points

- Adolescents should not rush to early sex initiation until they are physically, psychologically and economically prepared
- Keeping abstinent is the surest way to avoid unplanned teenage pregnancy
- There are available safe and effective modern contraceptive methods. Young people should not hesitate to seek counselling and services in youth-friendly health facilities

Summarize by emphasizing **key points**.

Encourage them to ask questions, or clarifications.

SLIDE 74

Thank You!
End of Slides for Module 4

Thank participants for their active participation.

Session 4.1 STI, HIV, and AIDS

Present the session objectives.

Session Objectives:

At the end of this module, the participants will:

- Be able to describe the different types of sexually transmitted infections (STIs) including HIV-AIDS
- Be able to understand the consequence of irresponsible practice of one's sexuality
- Be able to develop practical skills to protect oneself from STIs-HIV/AIDS
- Have strengthened creative thinking and practical skills

SLIDE 3

What is STI?

What does
Sexually Transmitted Infection (STI)
mean?

Any volunteer?

Topic lead-in

“What does STI means “

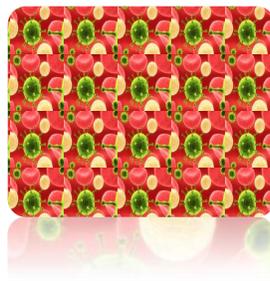
Before going to the main discussion, ask participants *“What does Sexually Transmitted Infection mean?”*

Ask for a few volunteers to share their ideas; thank them for sharing.

SLIDE 4

What is STI?

It is an infection primarily transmitted through **sexual contact**, but may also be transmitted through **non-sexual means**



Source: Philippine National AIDS Council

Plenary discussion

Proceed with the discussion on definition of sexually transmitted infections.

- Sexually transmitted infections or STIs are infections transmitted through sexual contact. HIV or human immuno virus is a type of virus that can be transmitted sexually.
- While some STIs can be easily treated, others such as syphilis, herpes are difficult to cure; until now HIV/AIDS is incurable.
- STIs have been existing since time immemorial. Hippocrates described a syphilis-like sore in 460 B.C. One theory

of syphilis (a sexually transmitted disease) is that Columbus himself died from an advanced case of syphilis. STIs followed wherever armies travelled during wartime. Charles VIII of France was the first of his dynasty to get syphilis as all his children were born dead from syphilis. Syphilis caused other European kings to go mad, thus affecting their capabilities to govern.

SLIDE 5

Common STIs

Bacterial	Viral	Protozoal	Fungal	Skin Parasites
<ul style="list-style-type: none"> ■ Gonorrhea ■ Syphilis ■ Chlamydia ■ Chancroid 	<ul style="list-style-type: none"> ■ Genital herpes ■ Genital warts ■ Genital molluscum ■ HIV ■ Hepatitis B * 	<ul style="list-style-type: none"> ■ Trichomonas 	<ul style="list-style-type: none"> ■ Candidiasis 	<ul style="list-style-type: none"> ■ Pubic Lice ■ Scabies ■ Passed on by close body contact & do not require actual penetrative intercourse
				

Read and synthesize the information on the slide.

Proceed with the discussion on **different types of STIs**. If possible, it is advised to use pictures/images of different STIs, to enrich the discussion.

SLIDE 6

Common SIGNS and SYMPTOMS of STI



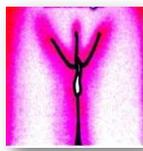
Pain passing urine



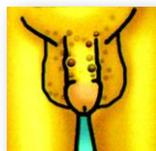
Severe itchiness



Pain



Yellowish/abnormal discharge



Ulcerations



Abdominal pain

Read and synthesize the information on the slide.

Encourage participants to ask questions or make clarifications.

SLIDE 7

Common Bacterial STI: **Gonorrhea**

- Caused by bacteria called *neisseria gonorrhoeae*
- Usual incubation period is 3 to 7 days
- Can be spread through sexual contact
- Can affect genitals, throat and anus



Symptoms

- Yellowish/ Purulent discharge (tulo)
- Pelvic inflammation in women
- Scrotal swelling in men

Read and synthesize information on the slide.
BACTERIAL INFECTIONS

- a. **Gonorrhea** - Caused by bacteria *neisseria gonorrhoeae*; spread through sexual contact from infected person. Purulent urethral discharge more pronounced in males than in females

SLIDE 8

Common Bacterial STI: **Chlamydia**

- Caused by *chlamydia trachomatis*
- Can infect the cervix, urethra, rectum, throat and eyes
- Also known as the silent STI



Symptoms

- Pelvic inflammation
- Discharge
- Scrotal swelling in men



Read and synthesize information on the slide.

- b. **Chlamydia** - Caused by *chlamydia trachomatis*, which can infect the cervix, urethra, rectum, throat and eyes. It is called "silent STI" because the patient may be symptomatic or asymptomatic.

SLIDE 9

Common Bacterial STI: **Syphilis**

- Caused by *spirochete treponema pallidum*
- Chronic systemic disease (9-90 days)
- The organism moves through skin or mucus membrane and into the bloodstream
- Can be transmitted through mother to child, blood transfusion, sexual contact



Symptom

- Lesions

Read and synthesize information on the slide.

- c. **Syphilis** - is a chronic infection caused by bacteria *Treponema pallidum*. The organism is transmitted through direct contact of the mucus membrane or a broken skin with an infectious lesion.

SLIDE 10

Common Viral STI: Genital Warts

Read and synthesize information on the slide.

- Caused by *human papilloma virus* (HPV)
- Transmitted directly from skin to skin during sexual contact



Symptoms

- Lesions
- Warty growths



SLIDE 11

Common Viral STI: Genital Herpes

Read and synthesize information on the slide.

- Caused by *herpes simplex virus 2*
- Incubation period is 2-12 days



Symptoms

- Multiple, painful shallow ulcers
- Painful urination



SLIDE 12

What is HIV

Read and synthesize information on the slide.

HUMAN

This virus can only infect human beings

IMMUNO-DEFICIENCY

The effect of the virus is to create a deficiency (a failure to work properly) within the body's immune system

VIRUS

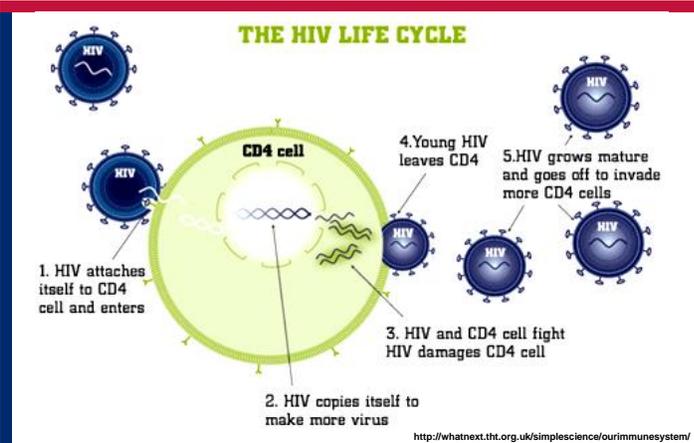
This organism is a retro virus, which means it can reproduce itself by taking over the machinery of the human cell

Source: UNAIDS. *Training manual on HIV & AIDS for Catholic Church pastoral workers*. Makati: UNAIDS, 2007.

SLIDE 13

How HIV Affects the Immune System

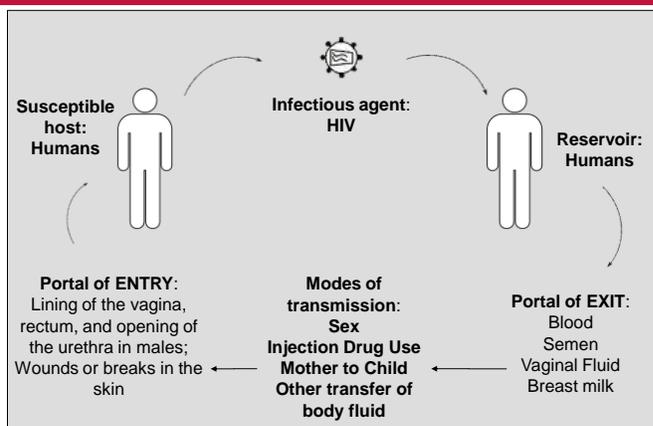
Read and synthesize information on the slide.



SLIDE 14

Chain of HIV Infection

Read and synthesize information on the slide.



SLIDE 15

Four Body Fluids Known to Transmit HIV

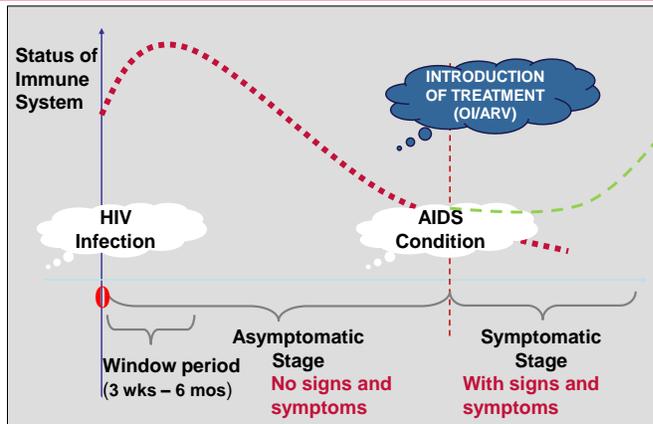
Read and synthesize information on the slide.

- BLOOD**
- SEMEN**
- VAGINAL/CERVICAL FLUID**
- BREASTMILK**

SLIDE 16

Progression of HIV Infection

Read and synthesize information on the slide.



SLIDE 17

What is AIDS?

Read and synthesize information on the slide.

Proceed with discussion on **AIDS**

ACQUIRED	The infection may be transmitted from one person to another
IMMUNE	The immune system is compromised
DEFICIENCY	The body can no longer fight off infections; individual may suffer from two or more opportunistic infections
SYNDROME	A person experiences a collection of symptoms which could be fatal

Source: Philippine National AIDS Council

SLIDE 18

What is an Opportunistic Infection?

Read and synthesize information on the slide.

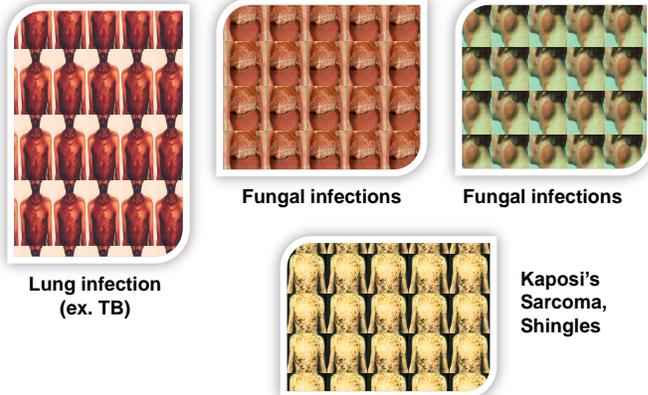
It is an infection or malignancy that attacks the body by taking advantage of an immune system that has been severely weakened by an advanced HIV infection.

Source: Avert.org

SLIDE 19

Examples of Opportunistic Infections

Read and synthesize information on the slide.



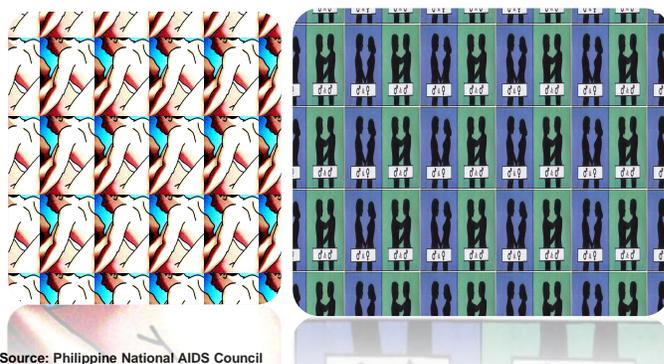
Source: Philippine National AIDS Council

SLIDE 20

HIV Transmission Risk 1:

Read and synthesize information on the slide.

Sexual Transmission of HIV



Source: Philippine National AIDS Council

SLIDE 21

HIV Transmission Risk 2:

Read and synthesize information on the slide.

Infected blood and blood products



- ▶ Blood transfusion from an HIV-infected donor & sharing of infected syringes and needles

Source: Philippine National AIDS Council

SLIDE 22

HIV Transmission Risk 3:

Read and synthesize information on the slide.

Mother to Child

From an HIV-infected mother to her child



During pregnancy



Natural delivery



Breastfeeding

Source: Philippine National AIDS Council

SLIDE 23

Activities that DO NOT Allow HIV Transmission

Read and synthesize information on the slide.

- Casual contacts (sharing food and utensils, shaking hands, hugging or kissing, coughing, sneezing, using public phone, visiting a hospital)
- Feces, urine, saliva, sweat, tears
- Donating blood
- Sharing toilets
- Insect bites
- Swimming pools



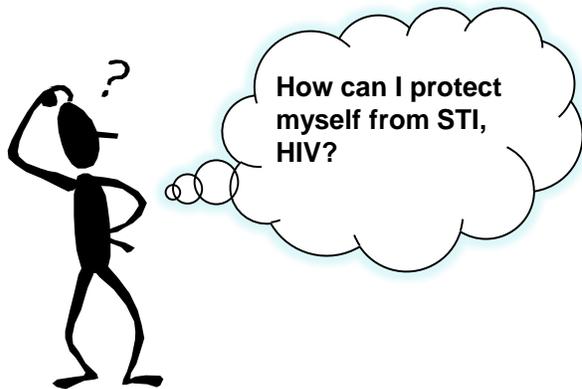
Source: Philippine National AIDS Council

SLIDE 24

Prevention

Read the slide.

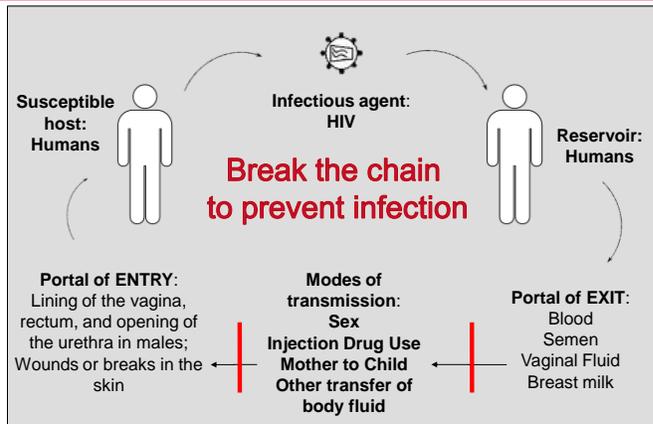
Proceed with discussion on **Prevention**.



SLIDE 25

Breaking the Chain of HIV Infection

Read and synthesize information on the slide.



SLIDE 26

ABCDE of Prevention

Read and synthesize information on the slide.



- A**BSTINENCE: Do not have sex. In the case of adolescents, delaying sexual debut (age of first sexual encounter) will help.
- B**e monogamous: Have ONE sexual partner
- C**orrect and consistent use of **C**ONDOM and safer sex practices
- D**O NOT inject drugs
- E**ducation & **E**arly detection

SLIDE 27

Preventing HIV Transmission Thru Blood and Blood Products:

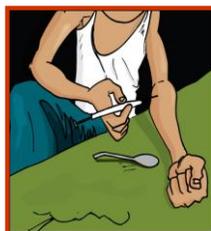
Read and synthesize information on the slide.



Blood safety programs



Universal precautions



Harm reduction program

Source: Philippine National AIDS Council

SLIDE 28

Preventing HIV Transmission Thru Blood and Blood Products:

Read and synthesize information on the slide.

HIV-positive women can still give birth to HIV-negative babies if they follow certain precautions:

- ▶ Take ARVs during pregnancy
- ▶ Deliver the baby thru caesarian operation
- ▶ Use infant formula instead of breast milk



Source: Philippine National AIDS Council

SLIDE 29

Key Points

Read and synthesize information on the slide.

- Drug use and excessive alcohol intake can impair an individual's decision-making process, putting him/her in a situation where infection may occur.
- The risk of HIV transmission can be reduced if individuals would **change their risky behaviors and practices**.
- **Education is important.** People should be provided with correct, accurate, and reliable information on how they can protect themselves from HIV.

SLIDE 30

Personal Risk Assessment

Read the slide.



SLIDE 31

Personal Risk Assessment

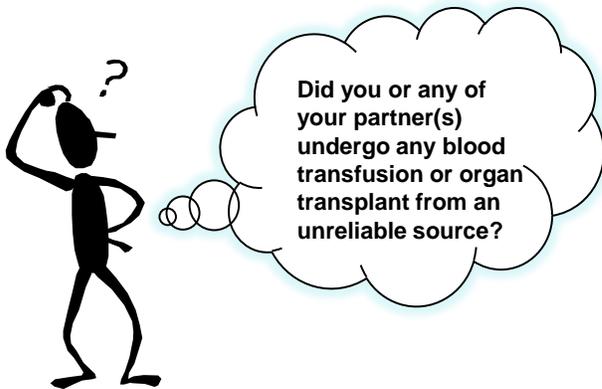
Read the slide.



SLIDE 32

Personal Risk Assessment

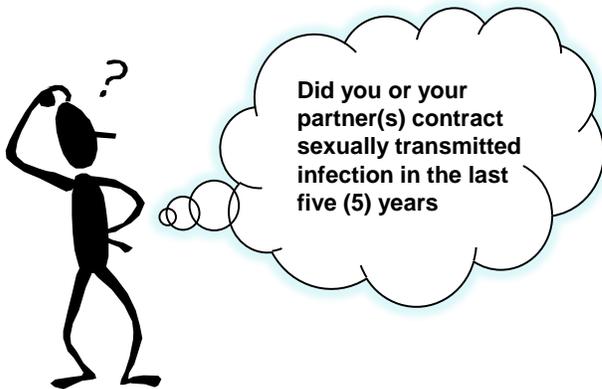
Read the slide.



SLIDE 33

Personal Risk Assessment

Read the slide.



SLIDE 34

Exposure

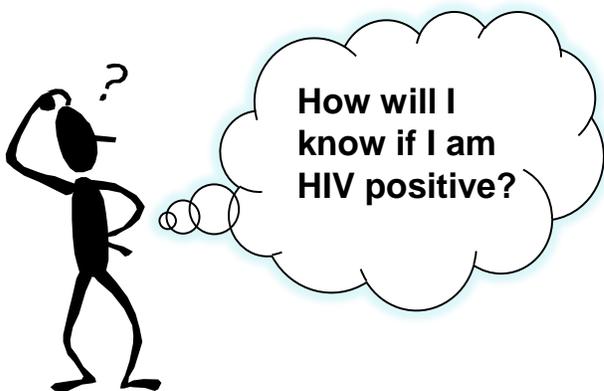
Read the slide.

IT IS THE EVENT THAT LAYS A PERSON OPEN TO OR PUTS HIM IN REAL DANGER OF ACQUIRING HIV.

SLIDE 35

Personal Risk Assessment

Read the slide.



SLIDE 36

HIV Anti-Body Testing

Read the slide.



A person's HIV status can only be determined through HIV antibody testing

SLIDE 37

Access to HIV Screening

Read and synthesize information on the slide.

- **Voluntary counseling & testing (VCT)**
– Individuals willing to undergo testing of their own free will
- **Provider-initiated counseling & testing (PICT)**
– A situation where doctors encourage patients to undergo testing



SLIDE 38

Client-Initiated Counseling and Testing

Read and synthesize information on the slide.

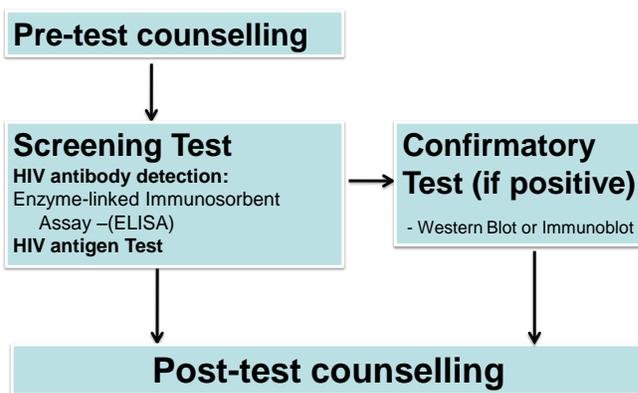
HIV testing is strictly voluntary, confidential, and must be accompanied by pre- and post-test counselling



SLIDE 39

HIV Testing

Read and synthesize information on the slide.



SLIDE 40

HIV Testing Facilities

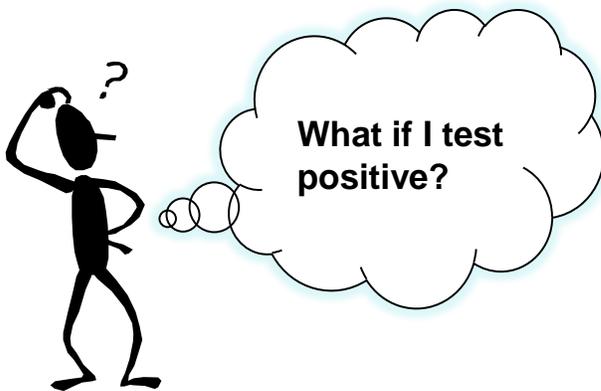
Read and synthesize information on the slide.

- **Social hygiene clinics**
- **DOH-licensed OFW clinics**
- **Accredited HIV counseling & testing centers (private and public facilities)**
- **Treatment hubs (ex. PGH, San Lazaro Hospital, RITM)**

SLIDE 41

HIV Test

Read the slide.



SLIDE 42

When Positive

Read and synthesize information on the slide.

- **Seek early medical treatment**
- **Adopt a healthy lifestyle**
- **Keep a positive attitude and outlook in life. It is not the end of everything**



SLIDE 43

Treatment and Care

Read and synthesize information on the slide.

- Regular blood test to determine CD4 count and viral load
- Provision of anti-retroviral drugs
- Treatment of opportunistic infections

SLIDE 44

List of Support Groups

Read and synthesize information on the slide.

- Pinoy Plus
- Babae Plus
- Cavite Support Group
- Cebu Plus
- PAFPI
- Crossbreed
- United Western Inc.
- Davao Advocates



Inform participants that there are support groups and that identity is kept confidential.

SLIDE 45

In Summary

Read and synthesize information on the slide.

THREE BASIC COMPONENTS OF TREATMENT AND CARE

1. Regular blood test to determine amount of HIV in the blood
2. Taking anti-retroviral drugs
3. Treatment of opportunistic infections

SLIDE 46

In Summary

Read and synthesize information on the slide.

Until a cure is found...

The only effective prevention is **NOT** to allow the virus to enter the body

SLIDE 47**Group Exercise****Group Exercise**

Condom Use Demonstration Relay Game

“CONDOM USE” Relay game

In this exercise, you will demonstrate how to properly introduce or use a condom

- Tell participants that abstinence or being mutually monogamous is the surest way to avoid STIs-HIV AIDS. Another way to avoid STIs is to use a condom.
- Using a penis model, demonstrate how to properly and correctly use a condom and precautions to observe.
- After the demonstration, ask six volunteers (3 males, 3 females) to perform a return demonstration.

SLIDE 48**Key Points****Plenary discussion**

- Unplanned teenage pregnancy, abortion and sexually transmitted infections are just some of the common consequences of sexual activity and irresponsible sexual behaviour or irresponsible practice of one's sexuality
- These consequences may negatively affect a young person's health and future

- Summarize activity and the session.

SLIDE 49

Key Points

- **It is the responsibility of adolescents and youth to:**
 - Protect oneself regarding sexuality and reproduction
 - Develop and correctly manage one's sexual capacity
 - Develop into a mature adult, to avoid behaviours and activities that will hinder the achievement of their development, such as, avoiding unplanned pregnancies and teen marriages

Plenary discussion

- Summarize activity and the session.

SLIDE 50

Thank the participants for their active participation.

Thank You!

End of Slides for Module 4.5



Module 5: Peer Helping

Session 5.1 Nature of Peer Helping

Duration: 1 hour

Objectives: At the end of session, the participants will:

1. Be able to define peer helping
2. Be able to understand the roles in peer helping
3. Be able to understand the don'ts in peer helping
4. Have strengthened interpersonal and creative thinking skills

Materials:

- Visual aids (prepared in powerpoint, flip chart, transparencies, videos etc)
- Manila paper, felt-point pens, masking tape

TOPIC / CONTENTS	TEACHING – LEARNING PROCESS
SLIDE 1	
 <p style="text-align: center;">Peer Helping MODULE V</p>  <p style="text-align: center; font-size: small;">Private Sector Mobilization for Family Health - Phase 2 (PRISM2)</p>	<p>Introduce participants to the module.</p>
SLIDE 2	
<p style="text-align: center;">Session 5.1 Nature of Peer Helping</p>	<p>Present the title of the session.</p>

SLIDE 3**Session 5.1 Nature of Peer Helping****Present** the session objectives.**Session Objectives:**

At the end of this module, the participants will:

- Be able to define peer helping
- Be able to understand the roles in peer helping
- Be able to understand the don'ts in peer helping
- Have strengthened interpersonal and creative thinking skills

SLIDE 4**Introduction****Introduce** participants to this session.

Read the slide.

As a peer educator, there will be instances when you also have to extend help to a peer you encountered in a peer education session.

In this session, we will try to look deeper at what peer helping is, roles of a peer helper, and the do's and don'ts in peer helping.

SLIDE 5**Group Exercise****Topic lead-in:****“My Memorable Peer Helper”**

INTRODUCE the activity by saying: At some point in your life, when you were facing a problem, difficulty or concern, you must have asked for the help or support of a friend or a peer. For this activity, I would like you to:

- Divide participants into three groups, and find an open space in the room away from another group.
- Instruction: Recall and share the moment/s or the situation when you turned to a friend or a peer for help / support
 - *Recall the moment/s or the situation when you turned to a friend or a peer for help or support, and*
 - *Recall how that peer help made a significant impact on your life.*
 - Read the instructions.

SLIDE 6

Group Exercise

- Choose a group facilitator that will facilitate the sharing, a documenter who will take note and consolidate the key points of your sharing.
- Base your sharing on these guide questions
 - What was/were your specific concerns when you sought the help of a friend/peer
 - Why did you turn to this friend/ peer for help rather than an adult
 - Where were his or her qualities/characteristics that made you to turn to him/her for help/support
 - How did your friend/peer help you
 - How did that help impact your life
- Allow 30 minutes for the small group sharing.
- Tell participants that they are not required to share if they are not comfortable or ready to share their experiences.

SLIDE 7

To Help You Remember...

List of some concerns

- | | |
|--|--|
| • Peer pressure / bullying | • Studies , school related problems |
| • Relationship with boyfriend / girlfriend / lesbian/ gay/bisexual | • Choice of work |
| • Relationship with parents | • Extra- curricular activities / involvement |
| • Relationship with family | • Social activities |
| • Relationship with extended family members | • Hobbies |
| • Relationship with siblings | • Smoking / drinking |
| • Relationship with teachers | • Drugs / drug use |
| • Friends / friendship | • Body image concerns – height, weight, secondary sexual characteristics development |
| • Sexual involvement | |
| • Sexual orientation – Am I gay, lesbian, bisexual | |
- To help them remember, show them a **list of concerns/problem areas**. Inform them that If their concern/s is/are not found on the list, they should feel free to add it to the list.
 - Gather participants back into the big group for plenary sharing

SLIDE 8

Key Points to Remember

Read and synthesize information on the slide.

- Young people tend to seek out the help of their peers whenever they are experiencing confusion, anxiety, frustration, or some other form of emotional distress. This is because during adolescence, teens tend to identify more with their peers, rather that with adults.
- They often see their peers as less threatening than an adult counsellor or professional therapist.

SLIDE 9

Key Points to Remember

Read and synthesize information on the slide.

- It is a reassuring thought that we can always run to someone when we need help. We turn to these friends / peers because we like and trust them.
- Usually, they create a positive feelings in us like the feeling of being understood, accepted, cared for, and appreciated. This is what peer helping is all about.

SLIDE 10

Peer Helping Defined

Plenary discussion

- **PEER HELPING** is a **facilitative process** in which the peer **listens emphatically** to her / his peer and **enables** the helpee to G-R-O-W.
 - **G - Gain** new insights and information – wherein the helpee gained new perspectives on how to face his/ her concern/s, and received correct information. That's why peer educators should be well-informed themselves and spiritually guided.
 - **R -** Get helpee to be **ready** to face difficulties and concerns.

- Proceed with the discussion on what peer helping is
- Prepare meta cards for the following key words in the definition of Peer Helping:
 - *Facilitative process*
 - *Emphatically listens*
 - *Enables*

Lead a group discussion by asking them the implications of each key word. Ask them to relate the key words based on what they shared in “My Memorable Exercise.”

SLIDE 11

Peer Helping Defined

Read and synthesize information on the slide.

- **O - Overcome** anxieties, fears and other forms of emotional distress.
- **W - Welcome** the responsibility for making decisions
- Empathy is the ability to understand the thoughts, feelings or emotions of someone else.
- When showing empathy, the peer helper uses her/his emotions in a disciplined or objective way to understand the feelings expressed/experienced by the helpee/peer

SLIDE 12

Roles In Peer Helping

- The essence of roles in peer helping can best be captured in the word “F-R-I-E-N-D-S”
- Peer helpers are

F - Facilitators of growth and development.

They assist their peers in increasing their self-understanding, strengthening their self-confidence, and building their self-esteem

R - Role models. They help their peers to develop positive values, acquire appropriate behaviour and habits. They show them how to actualize and live their values and beliefs.

- Write the word **F-R-I-E-N-D-S** vertically on the board or a flipchart (you can prepare this before the session)
- Ask participants to brainstorm on the **Roles In Peer Helping** using the mnemonics F-R-I-E-N-D-S
- Ask them what each letter stands for. Do this in a large group.

Once the proper word / phrase in each letter in FRIENDS is identified, proceed with a discussion on the roles in peer helping.

SLIDE 13

Roles In Peer Helping

I - Information givers. They help their peers gain additional knowledge and necessary information which can help them make healthy and positive choices and decisions.

E - Enablers. They assist their peers undertake self-reflection, explore and identify their options and alternatives. They help their peers in recognizing their own strengths when encountering problems and difficulties.

Read and synthesize information on the slide.

SLIDE 14

Roles In Peer Helping

N - Nurturers. They help their peers sustain positive values and behaviours. They also help their peers discover talents and interests

D - Developmental guides. Peer helpers serve as a “*human bridge*” for their peers during this transition stage to adulthood

S - Support givers. They reach out to peers and show empathy. They help in “*opening doors*” to other service providers, and when necessary make the referral to appropriate agencies / institutions

Read and synthesize information on the slide.

SLIDE 15

DON'Ts in Peer Helping

In helping a peer, **One Does Not And Should Not A-D-V-I-S-E**

- **A - Assume** that she / he is an “expert”, who has all the answers for the helpee’s concerns /difficulty ; or assume that she / he knows what is best for the helpee.

The role in peer helping is to assist the peer gain a clearer and more realistic understanding of his / her situation. Avoid providing them with “package” answers or “ready-made” solutions.

- Proceed with the discussion on the **Dont’s in Peer Helping.**
- Encourage participants to ask questions, or share their ideas and insights.
- Read and synthesize information on the slide.

SLIDE 16

DON'Ts in Peer Helping

Read and synthesize information on the slide.

In helping a peer, **One Does Not And Should Not A-D-V-I-S-E**

- **D – Decide for the helpee.** If you make the decision for your helpee, you are in effect, taking away their responsibility/power to decide for their life. The role of the peer helper is to mainly assist the helpee clarify and isolate their concerns, helping them identify various options and empowering them to make positive decisions and take positive actions.

SLIDE 17

DON'Ts in Peer Helping

Read and synthesize information on the slide.

In helping a peer, **One Does Not And Should Not A-D-V-I-S-E**

- **V – visualize herself / himself as a “savior” or “rescuer”.** In peer helping, one acts as a facilitator and guide by helping the helpee explore their feelings, sort out their concerns, define their options , and make decisions. This way, the peer helper assists the helpee develop his/her self-esteem and confidence

SLIDE 18**DON'Ts in Peer Helping**

Read and synthesize information on the slide.

In helping a peer, **One Does Not And Should Not A-D-V-I-S-E**

- **I - Impose his / her values and beliefs** on the helpee. A peer helper should assist helpee clarify their own values and beliefs.
- **S - Solve the helpee's problems / difficulties.** A peer helper is only an assistant or a facilitator to address the problem.
- **E - Encourage dependency.** If a peer helper gives advice, decides or solves the problem of the helpee, s/he is encouraging dependency which is not enabling.

SLIDE 19**In Summary**

- Peer helping requires a certain level of psychological maturity on the part of the peer helper.
- The key to effective peer helping is openness and non-evaluative, non-judgemental listening.
- In the process, peer helping also helps peer helpers to grow and develop into a mature person.

- Summarize the session.
- Close the session by asking participants to share insights on what they have learned from the session.

SLIDE 20

Thank the participants for their active participation.

Thank You!

End of Slides for Module 5

Module 6: Organizing and Designing a Peer Education Session

Duration: 4 hours

Objectives: At the end of session, the participants will:

1. Be able to apply the key processes in organizing a youth peer education session
2. Be able to design a youth peer education session
3. Be able to facilitate a youth peer education session
4. Be able to demonstrate strengthened critical thinking and facilitation skills

Materials

- Visual aids (prepared in powerpoint, flipchart, transparencies)
- Manila papers, felt-point pens, scissors, masking tape
- Blank CDs for video showing, laptops, projectors

TOPIC / CONTENTS	TEACHING – LEARNING PROCESS
SLIDE 1	
 <p style="text-align: center;">Organizing and Designing a Peer Education Session MODULE VI</p>  <p style="text-align: center; font-size: small;">Private Sector Mobilization for Family Health - Phase 2 (PRISM2)</p>	<p>Introduce participants to the session.</p>
SLIDE 2	
<p>Session 6 Organizing and Designing a Peer Education Session</p> <p>Session Objectives:</p> <p>At the end of this module, the participants will:</p> <ul style="list-style-type: none"> • Be able to apply the key processes in organizing a youth peer education session • Be able to design a youth peer education session • Be able to facilitate a youth peer education session • Be able to demonstrate strengthened critical thinking and facilitation skills 	<p>Present the session objectives.</p>

SLIDE 3

Introduction

- Organizing, designing and facilitating youth peer education sessions in your respective schools / universities or communities will be part of your tasks.
- Youth peer education can be held during:
 - *A casual one-on-one conversation with your peers*, who happen to share his / her or their health or health-related concerns.
 - *Organized youth peer education sessions* – Requires the peer educator to organize, design, prepare and facilitate the session.

Introduction

Read and synthesize information on the slide.

SLIDE 4

Introduction

- In this session, we will discuss the processes needed in organizing and designing a *youth peer education session held at a specified time and venue*.
- Likewise, this session will also give you an opportunity to hone your skills in facilitating a session.

Read and synthesize information on the slide.

SLIDE 5

Key Processes in Organizing a Youth Peer Education Session**A. Selecting relevant health issue/s as topic/s in the session.**

- Findings from any local, provincial or regional and national studies on adolescent health issues and concerns will help you in selecting health issues as topic/s in the session.
- Regional or provincial health offices, social welfare and development offices, and NGOs working in the area will be good sources of health and health-related issues affecting your locality or community.

Plenary Discussion

- Tell participants that the following are the **key processes involved in organizing** a youth peer education session.
- Encourage them to ask questions, give ideas or suggestions.

SLIDE 6

Key Processes in Organizing a Youth Peer Education Session

Proceed with the discussion on **Designing a Peer Education Session Guide**.

B. Designing and developing the session guide for selected health issues

- You have flexibility in structuring the time duration of a youth peer education session, together with the health issue/s as topic/s for the session. Ideally, a session should be 2-3 hours

SLIDE 7

Key Processes in Organizing a Youth Peer Education Session

Read and synthesize information on the slide.

C. Consultation and planning meeting with support-adults

- In organizing a peer education session, consult and plan with your respective support-adults (*for in-school: guidance counsellors, school health physicians and nurses; for out-of school: focal social workers, CHO/RHU focal health providers, NGO providers, etc*).
- During this consultation and planning meetings, you may discuss the following agenda

SLIDE 8

Key Processes in Organizing a Youth Peer Education Session

Read and synthesize information on the slide.

C. Consultation and planning meeting with support-adults

- Discuss the identified health issues that will be tackled in the session.
- Discuss the set purpose and objectives of the youth peer education session.

SLIDE 9**Key Processes in Organizing a Youth Peer Education Session**

Read and synthesize information on the slide.

C. Consultation and planning meeting with support-adults

- Discuss who will be involved, like expert resource person/s (if needed in the session), who will be the adolescent and youth audiences, coordination and invitation, choosing a venue (giving consideration to the size of participants and activities included in the session), materials / logistics and other resources required, what materials to prepare

SLIDE 10**Key Processes in Organizing a Youth Peer Education Session**

Read and synthesize information on the slide.

D. Coordinating with youth “nurturers / keepers” regarding the peer education session

- Coordinate with “nurturers / keepers” of your target adolescent and youth audiences.
 - In schools, youth peer educators with support from support-adults, may coordinate with teachers professors, to invite fellow students to the youth peer education session/s.

SLIDE 11**Key Processes in Organizing a Youth Peer Education Session**

Read and synthesize information on the slide.

D. Coordinating with youth “nurturers / keepers” regarding the peer education session

- In community setting, community-based youth peer educators may coordinate with SK, youth organizations, social welfare & development office, NGOs, where peer educators also belong.
- Inviting other contributors (technical resource person/s if their inputs are required in the session), like health providers to talk on specific health issues, PDEA to talk on drug abuse, etc.

SLIDE 12**Key Processes in Organizing a Youth Peer Education Session**

Read and synthesize information on the slide.

E. Inviting adolescents and youth participants

- This can be done by the youth “nurturers / keepers” or you may invite them yourselves.
- Ideal number of participants in each session range from 20-30 young persons, preferably sharing common developmental psychological stages (early adolescents-10-13 year olds, middle adolescents-14-16 year olds, late adolescents 17 -19 year olds, and those 20-24 year olds).

SLIDE 13**Format in Designing a Peer Education Session Guide**

Read and synthesize information on the slide.

Registration of participants

- Ask participants to sign in the attendance sheet, indicating their names, age, sex, address, educational attainment, contact number/s.

Introduction (20 minutes)

- Begin with a welcome and introduction to the peer education session, introduction of participants, including youth peer educators and resource persons. Do creative introduction to break the ice.

SLIDE 14**Format in Designing a Peer Education Session Guide**

Read and synthesize information on the slide.

Why we are here (10 minutes)

- In this part, a peer educator states and explains the objectives of the session; s/he may give some background on the health issue/s as topic/s for the session.

Stating the Ground rules (10 minutes)

- It is essential for the group to decide upon some ground rules, so that everyone participating in the session is comfortable. Ensure the following are included in the list
 - ✓ Confidentiality
 - ✓ Respect.
 - ✓ Attentiveness
 - ✓ Openness

SLIDE 15**Format in Designing a Peer Education Session Guide**

Read and synthesize information on the slide.

Topic lead-in (15 minutes)

- You may choose discussion trigger questions, ex:
 - *“What do you think are the reasons why adolescents and youth say YES to early sex?”*

Plenary Discussion (a peer educator, or a guest speaker, or video) (30 minutes to 1 hour)

- This part allows for deepening the discussion about a specific health issue. A video may be shown for open discussion later. Another option is , either a competent peer educator or a guest speaker gives a short mini lecture

SLIDE 16**Format in Designing a Peer Education Session Guide**

Read and synthesize information on the slide.

Group Exercise (20 minutes)

- Role play / case scenario
- Buzz group
- Other interactive methods

Strengthening practical life skills (20 minutes)

- Demonstration return demonstration e.g Condom use demonstration;
- How to use contraceptive methods
- Where to get needed youth-friendly services in the locality

SLIDE 17**Format in Designing a Peer Education Session Guide**

Read and synthesize information on the slide.

Final questions (10 minutes)

- At the end of the session, the audience is invited to share their reactions to what they have experienced during the session.
- **DO NOT FORGET** to inform peer –participants where (contact person, name of facility, address, contact number) they can get youth-friendly services when the need arise.
- **REMIND** peers that they can approach them anytime in case they need some help or further information on certain health issues that bother or concern them.

SLIDE 18**Format in Designing a Peer Education Session Guide**

Read and synthesize information on the slide.

Wrap-up (10 minutes)

- In a wrap-up session, thank all participants and support staff for their contribution.
- After the session ends, the peer educators may stay for a few minutes so that peer – participants can approach them with comments or questions.

SLIDE 19**Group Exercise****Developing a youth peer education session design and guide**

- Divide into 3 groups.
- Each group will now design their own peer education session based on what they have learned, and based on the format just discussed.
- Work as a team, and encourage each member to contribute in developing the design

Group exercise**Developing a youth peer education session design and guide**

- Ask participants to divide themselves into three groups.
- Instruct them that each group will now design their own peer education session based on what they have learned, and based on the format just discussed.
- Ask them to work as a team, and encourage each member to contribute in developing the design.

SLIDE 20**Group Exercise****Developing a youth peer education session design and guide**

- Once you have developed your design, you will simultaneously practice / dry run; trainer/s / facilitator/s will be assigned to each group to assist in your practice.
- You have 4 hours for developing the design and practice.
- In plenary, give the instruction for the practicum.

Group exercise (cont.)

- Once they have developed their design, instruct them that simultaneously, they will be asked to practice; trainer/s / facilitator/s will be assigned to each group to assist in their practice.
- Give them four hours for developing the design and practice.
- Call them in plenary. Give the instruction for the practicum.

SLIDE 21

Thank the participants for their active participation.

Thank You!
End of Slides for Module 6

LOVE, LOVING AND ITS RESPONSIBILITIES

Usapang Barkdahan Session

Duration: 3 ½ hours

Session Objectives:

1. To understand love and how misconceptions about love can result to close physical intimacy
2. To understand reasons why adolescents and youth say yes to sex
3. To realize the various and intertwined consequences of teenage pregnancy and the importance of delaying early pregnancy
4. To gain knowledge and skills in the use of the different modern contraceptive methods
5. To be aware of where to access different health and reproductive health services and products

Materials

- Visual aids (prepared in powerpoint, flipchart)
- Metacards, Manila papers, felt-point pens, scissors, masking tape
- laptops, projector, screen
- 2 ICV Flipcharts
- 2 FP methods Flip Tarp or desk flip chart
- Actual samples of Modern FP methods
 - Natural FP methods
 - Artificial FP methods
 - Penis model for condom use demonstration and job aids for other FP methods
- 35-40 post Usapang Barkadahan health action cards
- 35-40 copies of directory of adolescent-friendly service providers and other service delivery points in the area.

Facilitators / Resource Persons

- Trained youth peer educators
- Two FP/CBT Level I trained health service providers (MD, RN or midwife)

Guide

Registration of participants

- Adjust time duration 30 minutes earlier to allot time for all participants to arrive at the venue and register.
- Ask participants to sign in the attendance sheet, indicating their names, age, sex, address, educational attainment, contact number/s.

TOPIC / CONTENTS **TEACHING – LEARNING PROCESS**

SLIDE 1



Welcome and introduce your peer-audience to this session.

Usapang Barkadahan
Responsible Sexuality & Teenage Pregnancy



Private Sector Mobilization for Family Health - Phase 2 (PRISM2)

SLIDE 2

USAPANG BARKADAHAN



Introduction

- First of all, we would like to thank you for taking time to join us today, and at the same time welcome you to this very interesting *Usapang Barkadahan* session.

SLIDE 3

TUNAY NA PAG-IBIG AT TAMANG PAGMAMAHAL
LOVE, LOVING,
and ITS RESPONSIBILITIES

- Today, we will talk about something close to our heart – *Love, Loving and Its Responsibilities*, we call it “**TUNAY NA PAG-IBIG AT TAMANG PAGMAMAHAL.**”
- We will talk about what true or real love means, and the common misconceptions about love.

Right love, at the right time



SLIDE 4

Sa LOVE, marami tayong iba't ibang feelings & experiences

- ✓ Kinikilig
- ✓ Nai-inspire
- ✓ Minsan nabibigo at Nasasaktan
- ✓ Meron din, nasisira ang buhay

- Because of intense feelings that young couples have, many young people like us get carried away by our emotions, and get intimately close, without thinking of consequences.
- Read slide.
- “Sa love, mayroong kinikilig, naiinspire, minsan nabibigo at nasasaktan, marami din ang nasisira ang buhay.”
- As early as now, it is important that we understand **real love and what is “not yet” true love**, so that we can use our minds not only our hearts when we are “madly in love,” and avoid “being blinded” by our emotions.

SLIDE 5

INTRODUCTION OF PARTICIPANTS

Name :

Year Level:

ANSWER:

“KUNG AKO SI CUPIDO, SINO ANG GUSTO MO NA PANAIN KO PARA SA IYO?”



Introduction of participants (20 minutes)

- It is good to begin with a creative introduction of participants to create a relaxed group atmosphere; this will also serve as an Icebreaker.

Examples of creative introduction:

- Starting with you, randomly throw a “kosh” ball or a paper ball to a participant. The one who catches the ball will introduce him/herself by:
 - Telling her/his full name, and nickname s/he likes to be called.
 - Then, tell the group to respond to the question:

“Kung ako si Cupido, sino ang nais mo or gusto mo na panain ko para sa ‘yo?’”

 - Then ask the one who caught the ball to throw it to another participant to signal his/her turn to introduce him/herself.
 - Peer educators and resource persons are also going to introduce themselves in the same manner.

Thank the participants again and proceed to reminders.

Stating the Ground rules (10 minutes)

Tell your peer audience that the following are some gentle reminders that everyone must observe during the sessions:

- **Confidentiality.** Participants need to respect each participant's personal information and experiences shared during the session.
- **Respect.** You must respect everyone in the group. This means there should be no attacks on people, and everyone must be sensitive to other people's points of view.

Use 'I' statements. It is much more effective to say, *'Well, for me personally, I feel that ...'* than to say, *'No, you're wrong, the right thing is ...'*

Solicit from other participants other ground rules they would want to add.

SLIDE 6

Topic Lead-in

**“PARA SA INYO,
ANO BA
TOTOONG
PAG-IBIG o
LOVE?”**



Topic lead-in (15 minutes)

Ask participants the following focus question.

“PARA SA INYO, ANO ANG TOTOONG PAG-IBIG or LOVE?”

- Give participants single colored metacards; ask them to write their responses on the metacards and post them on designated wall.
- Wrap up and process responses: All of us have our own understanding, set of concepts, definitions and beliefs on what LOVE is. The feeling of love can be overwhelming to young people like us and, if not put into proper perspective, can be blinded by that feeling.

SLIDE 7

What is True Love?

- St. Paul said, *LOVE begins with LOVING ONESELF first*
- Loving oneself means :
 - ✓Knowing and accepting oneself - Your values in life, strengths, weaknesses, aspirations, also accepting oneself including imperfections
 - ✓Nurturing oneself - Nurture your physical, mental, psychological, spiritual growth and development
 - ✓Valuing oneself (Pagpapahalaga)
 - ✓Respecting oneself (Paggalang)



Plenary Discussion

Proceed with the discussion on **REAL or TRUE LOVE**

SLIDE 8

What is True Love?

- St. Paul said, *LOVE begins with LOVING ONESELF first*
- ✓Kung mahal natin ang ating sarli, hinding hindi tayo gagawa ng mga bagay na pwedeng makasama o makasira sa atin
- ✓O hayaan ang ibang tao na saktan ka o gawin o implwensyahan ka ng mga bagay na makakasira sa iyo



Read and synthesize information on the slide.

SLIDE 9

What is True Love?

- **True Love**, "The will to extend one's self for the purpose of nurturing growth" as M. Scott Peck defines it
- It is, as Erich Fromm says, "To be supremely concerned with the good of the other person"



Proceed with the discussion of other meanings of love.

- When a person is in love with another person
- Other meanings of love

Read and synthesize information on the slide.

SLIDE 10

What is True Love?

- Loving another person means ...
Caring deeply for that person and being committed to his or her well-being and happiness
- Love has characteristics:
 - ✓Care
 - ✓Responsibility
 - ✓Respect
 - ✓Knowledge

Read and synthesize information on the slide.

SLIDE 11

What is True Love?

- Kung ikaw ay nagmamahal...
Wala kang gagawin na pwedeng makasama sa 'yong minamahal

Halimbawa:

- Sobrang possessiveness
- Pagpasok sa early sex nang hindi pa handa
- Pananakit
- Impluwensyahang mag-bisyo tulad ng alak, sigarilyo, droga, sugal

Read and synthesize information on the slide.

SLIDE 12

Mga Maling Akala Sa



Misconceptions on Love

Proceed with the discussion on **MISCONCEPTIONS ABOUT LOVE.**

- Peck enumerates what he calls "*misconceptions of love.*"
- Fromm calls them "*heresies of love.*"

SLIDE 13

MISCONCEPTION 1: Falling In-Love is Love

- Falling in love is **not yet TRUE LOVE** because it is temporary.
- Often a thrilling “**KILIG**” moments” experience. More of infatuation

**Caution:**

Sobrang PDA at intimacy lalo na kung bago pa lang ang relationship

Misconception 1: FALLING IN LOVE IS LOVE

- Falling in love is an emotional experience and it is temporary.
- Falling in love is often a thrilling “kilig moments” experience.
- The feeling of falling in love is often so strong that the adolescent becomes pre-occupied with the person.
- Falling in love should be nurtured through conscious and committed actions of caring in order to develop into real love.

SLIDE 14

MISCONCEPTION 1: Falling In-Love is Love

Real Love on the other hand, is a permanent experience of growth for both parties.



Read and synthesize information on the slide.

SLIDE 15

MISCONCEPTION 2: Myth of Romantic Love



REAL LOVE is NOT a like a romantic fairy tale “living happily ever after”

- Myth na may isang taong itinadhana para sa ‘yo kaya forever na yon
- What if ang akala mong itinadhana sa yo ay isang abusado? Magtitiis ka ba?



Read and synthesize information on the slide.

Misconception 2: MYTH OF ROMANTIC LOVE

- The myth of romantic love says that for every young man in the world, there is a young woman who “is meant for him” and their relationship is “predicted in the star,” and that they will live happily ever after.
- ... but the reality is that after a time of disagreements, frictions, arguments and incompatibilities, all too often, people fall out of love.

- Real love, therefore, is not the same as romance.

SLIDE 16

MISCONCEPTION 3: Passive or Emotional Dependency



Read and synthesize information on the slide.

Misconception 3: **PASSIVE DEPENDENCY**

- The inability of a person to experience wholeness or to function adequately without the certainty that he/she is being actively cared for (or babied) by another.
- Common in people who are always searching for love.
- Dependency may seem to be love because it attaches us fiercely to another. But it is anti-love. It seeks to receive rather than to give. "It nourishes infantilism, rather than growth." Ultimately, it destroys, rather than build people.
- That is why it is important to learn how to love oneself first – care and nurture oneself.

SLIDE 17

Group Exercise

PAG-IBIG BA O MALING AKALA SA PAG-IBIG

- In opposite corners, you will see words
PAG-IBIG and MALING AKALA SA PAG-IBIG
- Instruction:
 - Read some situations
 - Think if the situation reflects PAG-IBIG or MALING AKALA SA PAG-IBIG

Proceed with the Group Exercise.

In opposite corners, hang the words, **PAG-IBIG** and **MALING AKALA SA PAG-IBIG**

Instruction:

- Tell participants that you will read the situations aloud.
- Ask them to determine if the situation reflects PAG-IBIG or MALING AKALA SA PAG-IBIG
- To signify their responses, go to the appropriate corners

SLIDE 18

Group Exercise

PAG-IBIG BA O MALING AKALA SA PAG-IBIG

- To signify your individual response, go to the appropriate corners
- Explain your point of views
 - What kind of love is / are present in the case situation
 - What effect, if any, do they have on each person? How does it affect the relationship?

Read the slide.

SLIDE 19

Group Exercise

PAG-IBIG BA O MALING AKALA SA PAG-IBIG

Hindi ako mabubuhay nang wala ka, kasi mahal na mahal kita

Mamahalin at pagsisilbihan siya habang buhay kahit madalas niya akong binubugbog dahil siya ang itinadhana sa akin ng bituin at ng Maykapal

Mahal ko siya at susuportahan ko siya na matupad ang mga pangarap nya

Answers:

1. Passive Love/Emotional dependency
2. Romantic Love/Passive dependency
3. Love

SLIDE 20

Group Exercise

PAG-IBIG BA O MALING AKALA SA PAG-IBIG

In love at kilig na kilig ako sa girlfriend / boyfriend ko kasi siya ang pinaka –popular sa school / lugar namin

Magpapakamatay kasi iniwan ng boyfriend / girlfriend

Super in love at super kilig ako sa matinee idol kong boyfriend kaya lahat gagawin ko para sa kanya

Answers:

4. Falling in Love
5. Passive or emotional dependency
6. Falling in Love

SLIDE 21

Key Points

- Adolescents may rush into close physical intimacy even though they might not be sure if it is true love, which may lead to **early sexual initiation**.



- In sum, love is not a temporary emotion, not a romance, or dependency by which we are overwhelmed.
- It is a commitment to action, an intellectual and thoughtful decision.

Wrap-up discussion by saying

- Loving oneself first is important before entering into a romantic relationship with another person. In an adolescent, this means that it is important to:
 - Know and accept oneself
 - Nurture one's development – physical, mental, psychological, spiritual growth and development
 - Valuing oneself
 - Respecting oneself
- LOVE IS NOT a temporary emotion, romance, or dependency by which some young people are overwhelmed. It is a commitment to action, an intellectual and thoughtful decision.
- When in a romantic relationship, adolescents should not rush into close physical intimacy.
- Close physical intimacy may lead to *early sexual initiation*.

SLIDE 22

EARLY SEXUAL INITIATION

Proceed with topic on **Early Sexual Initiation**

- Sometimes people who are “madly in love” and in a romantic relationship may desire close physical intimacy such as holding hands, kissing, or having sex.
- Recent statistics on adolescent sexuality in the Philippines showed at least 32% of young people, 15-24 years old are engaged in premarital sex.

SLIDE 23

Exercise

“REASONS WHY ADOLESCENTS & YOUTH SAY YES TO SEX”

- Identify some of the reasons why adolescents and youth engage in sex
- Write your ideas, observations, personal knowledge on metacards
- Post responses on the wall

Proceed with the **Group Exercise**

“What do you think are common reasons why adolescents & youth say yes to sex?”

Do this in plenary. Ask for volunteers to answer the focus question.

- Write responses on a manila paper or on the board.

SLIDE 24

Some Reasons Young People Say Yes to Sex

CURIOSITY - Curiosity drives many teenagers to experiment with sex without knowing its possible consequences such as pregnancy.

REBELLION - Against family or authority figures, or social norms.

CONFORMITY - Young people say YES to sex because most of his / her peers, or even an assumption that his/ her social group have already experienced sex. Also peer pressure may make young people say YES to sex.

- **Summarize Group Exercise** by adding the **Reasons for Saying Yes to Sex** to those identified by participants in the topic lead-in exercise.
- Relate the information on the slide with the participant responses to enrich discussion.

Read and synthesize information on the slide.

SLIDE 25

Some Reasons Young People Say Yes to Sex

SEXUAL CONQUEST - In their efforts to prove their machismo, males often count the number of sexual experiences/ relationships. With the changing trends, this also happens to some females.

PHYSICAL SATISFACTION - to satisfy one's sexual urges, young people say YES to sex

Read and synthesize information on the slide.

SLIDE 26**Some Reasons Young People Say Yes to Sex**

“SAVE” THE RELATIONSHIP - sometimes young people, especially young women, may say YES to sex because of the perception that if they she says yes, the partner will stay to “save” the troubling relationship.

FEEL INTIMATE AND CARED FOR - for older youths who have found true love and feel cared for, they may say YES to sex to express intimate feelings.

Read and synthesize information on the slide.

SLIDE 27

Early sexual initiation may lead to unplanned and teenage pregnancy.



Read the slide.

Wrap up

- As you have identified, there are varied reasons why adolescents and youth may say yes to sex.
- SEX is a physical activity that is just a part of expressing intimate feelings; that is why SEX should NOT BE EQUALLED with LOVE.

SLIDE 28**Link previous topic with Teenage Pregnancy.**

- Early sexual initiation, if unprotected, often results in unplanned teenage pregnancy and other unwise/unhealthy decisions (e.g., undergoing an abortion)

SLIDE 29

Teenage pregnancy. MORE fun in the Philippines



Girls aged
15-19 years

- Pregnancy Rates: 10%
Source: NDHS, 2008
- 11% of 1.75M births were to teen mothers
Source: NDHS, 2009
- Fertility rates: 54% births/1000
Urban: 42 Rural:71
Source: NDHS, 2008

Read the slide.

SLIDE 30

Problem-tree Analysis

“ Ano ang sanga-sangang kahihinatnan ng maagang pagbubuntis”

Instruction

- Divide into 3 groups. Each group will receive manila papers and pentel pens
- Draw a tree; in the main trunk write ‘Teenage Pregnancy’. Discuss the multiple and interrelated consequences of teenage pregnancy, and write them in the branches and sub-braches e.g. *Teenage pregnancy - 1 branch: taking good care of child --- sub-branch: providing shelter, milk and clothing ---sub-branch: Look for work to buy needs--- sub-branch: consequences of Looking for work*
- Choose a documenter and a reporter; you have 10 minutes to complete the task

Proceed with the Group Exercise:

Problem-tree Analysis / Chain of Association.

ANO ANG MGA SANGA-SANGANG
KAHIHINATNAN NG MAAGANG
PAGBUBUNTIS?

Read the instructions.

SLIDE 31

Risks for Teen Moms

HEALTH Risks

- Associated with pregnancy-induced high blood pressure, poor weight gain, anemia, STI, bleeding
- **Maternal death rate is 2x** higher than that of an adult
- Some pregnant adolescents choose to induce an abortion
 - Abortion is illegal, usually done in ways that are medically threatening



Plenary discussion

- Summarize activity by discussing **risks to pregnant adolescent**.
- Be prepared to elaborate further or give examples.
- Relate discussion with peer's activity outputs.

SLIDE 32

Risks for Teen Moms

ECONOMIC Risks

- Poor nutrition and health for both the mother and the child.
- Support from the child's father is usually minimal or nothing.
- Fewer employment opportunities, especially if their education has been stopped or impaired.



Read and synthesize information on the slide.

SLIDE 33

Risks for Teen Moms

SOCIAL Risks

- School interruption
- Unemployment and Poverty



Read and synthesize information on the slide.

SLIDE 34

Risks for Teen Moms

EMOTIONAL Risks

- Young mother and young father adolescents are not emotionally mature enough to be parents.
- If marriage is forced, it may not be a satisfactory solution and it has a higher probability of ending in failure.



Read and synthesize information on the slide.

SLIDE 35

Preventing Teen Pregnancy

- **KEEPING ABSTINENT** is the surest way to avoid pregnancy and other problems, such as sexually transmitted infections. Abstinence requires self-discipline.
- Abstinence requires self-discipline.



Segue topic on Preventing Teenage Pregnancy.

Read the slide.

SLIDE 36

Develop the **SKILLS FOR SAYING “NO”** to sex

A “NO” means “NO” verbally and non-verbally. When an adolescent or youth decided he /she is not ready yet to engage in sexual activity, one should be able communicate it effectively.

- One should develop the **SKILLS FOR SAYING “NO”**
 - **Body Language:** Stand tall, keep your head up and keep eye contact. Feel strong and equal. Believe in yourself.
 - **Setting the Scene:** Decide what you want beforehand, if possible. This helps you feel in control of the situation. e.g. venue of the date
 - **Speak personally:**
 - No, I don’t want to because...
 - No, I have a problem with that
 - No, I don’t feel ready



Plenary discussion

Develop the **SKILLS FOR SAYING “NO”**

SLIDE 37

Develop the **SKILLS FOR SAYING “NO”** to sex

- **Be clear:** You don’t need to give a reason. Use short clear statements, for example:
 - I feel uncomfortable about...
 - I am unhappy with...
 - It scares me when...
- **Stay with your statement**
Avoid being manipulated into giving further explanations. Avoid being side-tracked.
- **Try to see the situation from their point of view.** Don’t accuse them or blame them for anything, simply state your views and wishes. **Acknowledge** that you have heard what the other person has said, for example:
 - Yes, I hear what you are saying and I don’t want to...

Read and synthesize information on the slide.

Add:

Believe in Yourself:

Avoid words: I should, I ought, I must
Replace with: I could, I want to, I can if I choose.

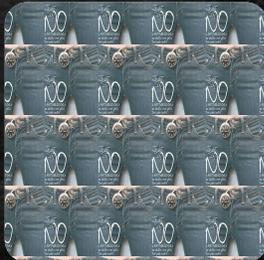
In extreme situations where you are not being heard and your safety is under threat, you may need to walk away.

SLIDE 38**Preventing Teen Pregnancy**

- **MODERN CONTRACEPTIVES** as other options for avoiding teen pregnancy.

General Guideline

- Generally, adolescents are eligible to use any method of contraception and must have access to a variety of contraceptive choices.



Segue topic on **Preventing Teenage Pregnancy**.

Read and synthesize information on the slide.

SLIDE 39**Preventing Teen Pregnancy****General Guideline**

- Age does not constitute a medical reason for denying any method to adolescents.
- Proper education and counselling both before and at the time of method selection can help adolescents make informed and voluntary decisions.

— Medical Eligibility Criteria for Contraceptive Use;
WHO, 4th Edition 2009

www.who.int/reproductivehealth

Read and synthesize information on the slide.

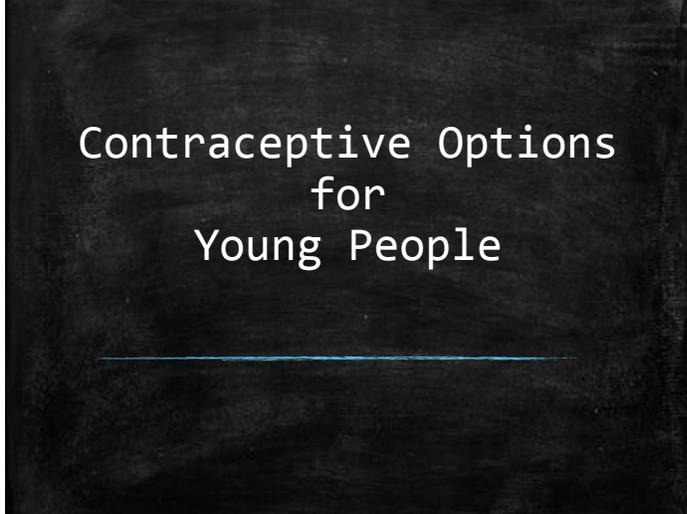
SLIDE 40**Round Robins**

- Divide peer participants into 2 groups by sex (one all female group and one all male group)
- In 2 corners of the room, trained health providers will discuss modern natural and artificial methods
- For in-depth discussion and counselling, request each group to sit down with the trained health personnel

Discuss**“ Modern Contraceptives”**

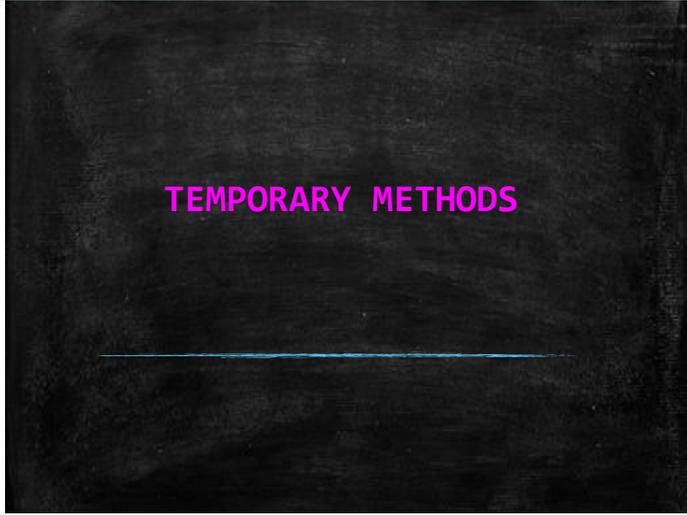
- Ask two Family Planning Competency-based Training level I (FP-CBT level I) trained health service providers to discuss the different modern FP methods – both natural and artificial – temporary and long term:
- Ask each provider to take opposite sides of the room or go into another assigned room.

- Materials needed: Actual samples of contraceptive methods to be used for demonstration, and ICV wall chart, flip tarp or desk flip chart.
- Read instructions.

SLIDE 41

Contraceptive Options for Young People

Read and synthesize information on the slide.
Be prepared to answer questions from participants.

SLIDE 42

TEMPORARY METHODS

Read the title slide.

SLIDE 43**Combined Oral Contraceptive Pills (COC)**

- Tablets containing hormones *Estrogen and Progestin*
- Taken once daily same time of day.
 - Safe and appropriate for young people
- Effective in preventing pregnancy; no protection against sexually transmitted infections and HIV

Discuss and demonstrate proper use of the method.

SLIDE 44**Progestin-only Pills (POPs)**

- Tablets containing only a very small amount of one *Progestin*
- Taken once daily at the same time of day
- POPs are appropriate and safe for young people 16-18 y/o and above
- Very effective for breastfeeding women

Discuss and demonstrate proper use of the method.

SLIDE 45**Depo-Provera (DMPA) Injectable Contraceptive**

- An injection containing the hormone *Progestin*, given every 3 months
- Injected intramuscularly in (buttock area) or deltoid (upper arm) areas
- Safe and appropriate for young people 16-18 y/o and above

Discuss and demonstrate proper use of the method.

SLIDE 46

Male Condom

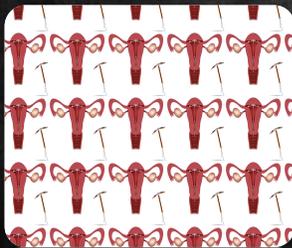


- A thin sheath made of latex or polyurethane, worn over erect penis when a couple is having sex
- Effective in preventing unplanned pregnancy and it provides protection against STIs / HIV

Discuss and demonstrate proper use of the method.

SLIDE 47

Intra-uterine Device (IUD-TCu-380A)



- Small plastic and copper device inserted into the uterus
- Appropriate for young people 20 years old and above, in *mutually monogamous relationships*.

Women < 20 y/o who have not given birth have greater risks for expulsion and painful menses
Careful screening for STI before insertion is important

Discuss and demonstrate proper use of the method.

SLIDE 48

Read the title slide.

PERMANENT METHODS

SLIDE 49**Vasectomy and Tubal Ligation**

Read the slide and discuss the methods.

SLIDE 50**Vasectomy and Tubal Ligation**

- These are permanent method of contraceptive method
- Generally NOT recommended for people at the beginning of their childbearing years

Read the slide and discuss the methods.

SLIDE 51

**MODERN NATURAL
FAMILY PLANNING METHODS**

Read the title slide.

SLIDE 52

Fertility Awareness-based Methods (FAB) or Natural Family Planning (NFP) methods

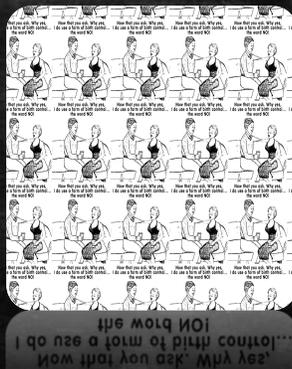
- FAB methods involve identification of the fertile days in the menstrual cycle, whether by:
 - a) **Observing fertility signs**
 1. Cervical Mucus Method - Observing cervical secretions
 2. Basal Body Temperature - Observing basal body temperature
 - b) **Calendar-based methods**
 3. Standard Days Method
- NFP methods are very effective when used correctly

Read the slide and discuss the methods.

SLIDE 53

Key Points

- Adolescents should not rush to early sex initiation until they are physically, psychologically and economically prepared.
- Keeping abstinent is the surest way to avoid unplanned teenage pregnancy.



After the discussion on contraceptive methods, gather all participants in plenary.

Ask participants to share their insights on the discussion.

Wrap-up discussion. Emphasize key points.

SLIDE 54

Key Points

- There are available safe and effective modern contraceptive methods. Young people should not hesitate to seek counselling and services in youth-friendly health facilities.
- There are adolescent-friendly health providers where you can go in case you need counselling and services.



Wrap-up discussion. Emphasize key points.

- In your kit, there is a directory of adolescent –friendly health providers where you can go in case you need counselling and services.
- Ask participants to fill-up the *Usapang Barkadahan* health action card. This will help us peer educators and service providers to help you get counseling and needed services.

SLIDE 55

Remember that...

**Close the Usapang Barakadahan Session**

- Wrap up the session by thanking all the participants and the co-peer education team for their contribution.
- Peer educators may stay after the session to answer participants' questions.
- Sometimes someone will have a personal issue to discuss or will need help in finding out where to obtain further information and services. She or he might be more comfortable approaching an educator individually rather than during the session.

SLIDE 56

Thank You!

End of Slides

Ano ang nasa isip n'yo?

PAG-USAPAN NATIN!

Thank the participants and the peer education team for their contribution.

END

ANNEX I: Action Card

USAPANG BARKADA- HAN!

ANG MGA PANGARAP KO

Isulat o bilugan ang iyong mga pangarap.

Bilugan ang mga pangarap na nais mo.



Manirahan sa ligtas at maginhawang tahanan



Magkaroon ng negosyo



Makabili ng mga gamit sa bahay at gadgets



Magkapag-ipon at makatulong sa mga magulang



Makapag-aral at makapagtapos



Makabili ng sariling sasakyan



Magkaroon ng sapat na oras para sa sarili, pamilya at mga kaibigan

Lagyan ng tsek ang bawat kahon na tumutukoy sa iyong katanungan o kung may nais ka pang malaman tungkol sa mga ito. Personal kayong mag-uusap ng health worker o facilitator.

MAY KATANUNGAN AKO TUNGKOL SA MGA SUMUSUNOD:	PAKI-TSEK	MAY KATANUNGAN AKO TUNGKOL SA CONTRACEPTIVES	PAKI-TSEK
Pamilya		 Pills: Combined Oral Contraceptives	
Pag-aaral		 Pills: Progestin Only Pills (POP)	
Pagtatrabaho		 Condom	
Emosyonal		 Injectables: Combined Injectables Contraceptives (CIC)	
Pang-aabusong Pisikal/ Emosyonal/ Sekswal		 Injectables: DMPA	
Impluwensya ng mga kaibigan		 Intra-Uterine Device (IUD)	
Bisyo (Droga, Alak, Sigarilyo)		 Standard Days Method (SDM)	
Pakikipagrelasyon		 Basal Body Temperature (BBT)	
Pakikipagtalik		 Sympto-Thermal Method (STM)	
Maaga o 'di planadong pagbubuntis		 Billings Ovulation Method (BOM)	

Date: _____

Name: _____

Age: _____

Sex: Male Female

Status: Single Living-in with boy/girlfriend Married

Occupation: Student OSY Employed

Address: _____

Cellphone: _____

Facebook/Email Add: _____

GABAY SA PAGGAMIT NG WORKSHEET

1. Gamitin ang worksheet na ito bilang unang gawain sa Usapang Barkadahan.
2. Sa bahaging may pamagat na 'Ang Mga Pangarap Ko', isulat ang mga pangarap, o di kaya'y bilugan ang mga pangarap mo. Itabi muna ang worksheet.
3. Balikan ang bahaging 'May Katanungan Ako...' pagkatapos ng talakayan.
4. TANDAAN: Pagkatapos masagutan ang worksheet, ibigay sa facilitator/ peer educator/ health worker.

