



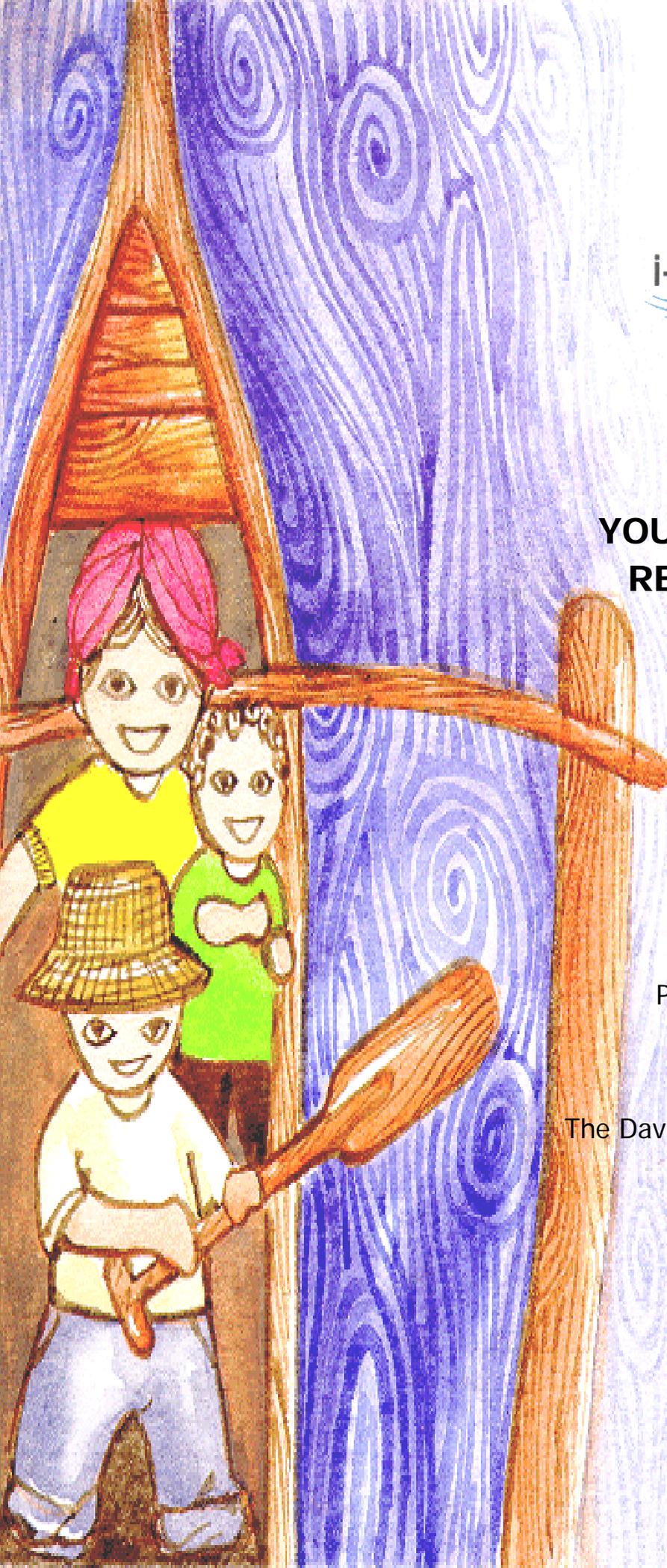
# **YOUTH PEER EDUCATORS' REFRESHER TRAINING I**

## **TRAINING MANUAL**

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## **Integrated Population and Coastal Resource Management Initiative (IPOPCORM)**

The Integrated Population and Coastal Resource Management Initiative (IPOPCORM) is a three year project designed to improve the quality of life of communities that depend on coastal resources while maintaining biological diversity and productivity of coastal ecosystems. The purpose of the project is to encourage support integration of Reproductive Health (RH)/Family Planning (FP) strategies into coastal resource management agendas, plans, and models in selected areas in Palawan, Bohol, Cebu, Negros Oriental, Siquijor and Camiguin where population pressures are threatening critical marine habitats. The rationale is based on the fact that the Department of Environment and Natural Resources (DENR) identified that FP is an intervention to reduce fishing efforts and population pressures to sustainable levels. The developmental framework of the IPOPCORM initiative dwells more specifically on the food security of the community, with the Local Government Units (LGUs), private organization, peoples organization, non-government organizations (NGOs) and PFPI working together to implement strategies that address the threats to the food security of the community namely: habitat protection, stop illegal fishing and reduce fishing efforts.

The three objectives of the project are: 1.) to improve RH outcomes among people living in coastal communities, 2.) to enhance management of coastal resources at the community level and 3.) to increase public and policy makers awareness of population-consumption-environment linkages and solutions to inter-related problems.

The beneficiaries are the fisherfolks and members of their sexual network, the youth and the entrepreneurs specifically to address the unmet needs on human sexuality information, education and communication and reproductive health services including STDs and AIDS prevention education, contraceptives management and FP. Similarly, the youth are assisted to become future stewards of the environment and to encourage the entrepreneurs who profit from the natural resources to create economic livelihood that are environmentally friendly.

The IPOPCORM Initiative is a community-based initiative. It builds upon the strengths of the community in partnership with the local non-government and government organization. The thrust is towards being aware and able to take care of their personal reproductive health needs and the environment that provides their needs. The strategic step of integrating population and CRM systems aims to maximize the synergy of those working together in partnership for the greater good of the community.

The project is implemented by PATH Foundation Philippines in collaboration with the Local government Units (LGUs) and Non-government organizations (NGOs) with support from The David and Lucile Packard Foundation, and other contributors.



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# TRAINING CURRICULUM

## **Purpose:**

This training curriculum has been designed for Community Health Outreach Workers (CHOWs) as a guide in conducting refresher training for Youth Peer Educators (YPEs) in coastal barangays who attended the training on Youth Sexuality, Reproductive Health and Environmental Education. This curriculum will aid the CHOWs in providing a review on human fertility, contraceptive methods, STD and HIV/AIDS, and the link of Reproductive Health (RH) and Coastal Resource Management (CRM). It will also aid the CHOWs in teaching the YPEs on the use of the IPC Guide (job aid) and educating Youth Peer Educators (YPEs) in promoting postponement of sex among non-sexually active youth and safer sex among those who are sexually active in coastal barangays.

## **Content:**

This training curriculum contains 4 modules composed of different sessions with their respective topics: Module 1: Questions and Answers, Module 2: Qualifications and Tasks of Youth Peer Educators, Module 3: IPC Guide for YPEs (job aid), Module 4: Doing an Outreach and Module 5: Safer Sex. Module 5 consists of exercises on how to resist early sex designed for the youth. Each session has a summary page containing the following: the session purpose, total time allotted, topics covered, preparation needed, and training aids/materials required.

The Facts to Know and Training Aids are attached at the end of each session. This will provide additional information to the trainers and will aid them in the conduct of the exercises for the YPEs.

<b>Topics/Exercises</b>		<b>Duration</b>
Module 1: Purpose:	Questions and Answers To review what the participants learned regarding human fertility, family planning and coastal resource management, contraceptive methods and STD/HIV/AIDS	75 minutes
Module 2: Purpose:	Qualifications and Tasks of Youth Peer Educators To review the qualifications and tasks of Youth Peer Educators; to share experiences in outreach work related to their tasks as YPEs and provide feedback	15 minutes
Module 3: Purpose:	IPC Guide for Youth Peer Educators (Job Aid) To help participants understand how to use the IPC Guide for YPEs	90 minutes
Module 4: Purpose:	Doing an Outreach To identify potential clients using local BMS spot maps; to assign YPEs to potential clients for IPC; to make YPE work plans; to review existing referral system; to orient on standardized referral among CHOWs, YPEs, CBDs; to practice making entries to PE Diary	60 minutes
Module 5:  <i>Exercise 1:</i> Purpose:  <i>Exercise 2:</i> Purpose:  <i>Exercise 3:</i> Purpose:  <i>Exercise 4:</i> Purpose:  <i>Exercise 5:</i> Purpose:	Safer Sex  <i>Taking Risks</i> To help the participants understand some factors why adolescents often take risks; to examine their own vulnerabilities  <i>Feelings About Body Changes</i> To help adolescents to experience feelings associated with the changes in their bodies  <i>Expressing Affection and Intimacy</i> To help the participants identify expressions that can be engaged into by adolescents without putting themselves in danger of pregnancy or sexually transmitted diseases  <i>Girl Power</i> To assist teenage girls to resist early sex with their boyfriends  <i>Earning Pogi Points</i> To make teenage boys understand how their actions register with the girls feelings and thoughts	30 minutes  30 minutes  45 minutes  45 minutes  45 minutes

## **Conduct of the Training:**

### ***Participants***

This curriculum is designed to train Youth Peer Educators (YPEs) who have attended the training on Youth Sexuality, Reproductive Health and Environmental Education. The ideal number of participants to be trained could be from 6 – 20. The schedule of the training for these participants should be adapted to their situation and circumstance.

### ***Facilitators***

The CHOWs from the different organizations involved in the IPOPCORM initiative can use this training curriculum for YPEs. They should initially have undergone a Refresher Training on YPE and are currently doing community health outreach work within their identified project site. They have to employ what they have learned from the past trainings they had.

### ***Methodology***

The sessions are rarely didactic in method and are mostly conducted in various participative learning exercises. The Youth Peer Educators are encouraged to learn the information in the most simple, comfortable and easiest way by their participation in the exercises. Salient points are emphasized before or after the exercise through a short discussion-lecture. This will reinforce the participants' learning without making them bored and inattentive.

The conduct of the training sessions could be done in resource poor settings and can be adapted according to the conditions prevalent in the participants' community.

### ***Language***

The training can be conducted in the local dialect or in 'Tagalog'. The trainers can also consider other information, communication and education (IEC) materials that are appropriate to the participants for reference.

### ***Training Schedule***

The training schedule should be adaptable to the circumstances particular to the situation of the participants. The training curriculum is designed to be completed in one day.

A sample of a training schedule could be seen below:

<b>Time</b>	<b>Activity</b>
8:00 – 8:15	Registration Introduction
8:15 – 9:30	Questions and Answers
9:30 – 9:45	Qualifications and Tasks of Youth Peer Educators
9:45 – 10:00	Break
10:00 – 11:30	IPC Guide for Youth Peer Educators (Job Aid)
11:30 – 12:30	Doing an Outreach
12:30 – 1:30	Lunch
1:30 - 2:00	Exercise 1: Taking Risks
2:00 - 2:30	Exercise 2: Feelings About Body Changes
2:30 - 3:15	Exercise 3: Expressing Affection and Intimacy
3:15 - 3:30	Break
3:30 - 4:15	Exercise 4: Girl Power
4:15 - 5:00	Exercise 5: Earning Your Pogi Points
5:00 – 5:15	Closing

# QUESTIONS and ANSWERS



**Purpose:** To review what the participants learned regarding human fertility, family planning and coastal resource management, contraceptive methods and STD/HIV/AIDS

**Time:** 75 minutes

**Materials:** sheets of paper with questions

**Instructions:**

1. Divide the participants into three or four groups with a maximum of 8 members each.
2. Ask them to choose a name for their group.
3. Instruct that each group will take turns in picking up sheets of paper with questions from a box. The questions will be read twice and after which, the facilitator will say "GO". This is the cue for the groups to call out their group name. Whichever group is first to call out their group name is entitled to give the answer to the question read. If the answer is wrong, the other groups can answer by calling out their group name again after the facilitator said "GO". If any of the groups call out their group name before the facilitator says "GO", the group will be disqualified to answer the question.
4. Score each correct answer. The group that reaches four (4) points first wins the game.
5. Provide prizes if available.
6. Conduct a review on the following:
  - Human Fertility
    - a) How does pregnancy happen?
    - b) Ovulation
    - c) Fertilization
    - d) Implantation

- Link of Reproductive Health/Family Planning and Coastal Resource Management
- Contraceptive Methods appropriate for adolescents (general information only: what it is? how does it work? advantages, disadvantages, indications)
  - a) Condom
  - b) Pills
  - c) Condom Plus
  - d) Paraan Dos

Mention that abstinence is the best way to prevent unwanted pregnancy and STD/HIV/AIDS especially among non-sexually active adolescents.

- STD/HIV/AIDS
  - a) What it is?
  - b) Modes of Transmission
  - c) Signs and Symptoms
  - d) What to do if with signs and symptoms?
  - e) Prevention

Mention that most STDs are asymptomatic especially among women.

### **Processing the Activity:**

The facilitator should provide additional information and explanation to those questions which the participants were not able to answer or to those questions in which the participants' answers need further explanation. To wrap up the activity, remind the participants that it is important for them to frequently review the reading materials given to them during the past trainings.

## Review Questions and Answers for the Activity:

Questions	Answers
1. What is the only contraceptive method that can provide protection from unwanted pregnancy and STD/HIV infection?	Condom is the only contraceptive method that provides protection from unwanted pregnancy and STD/HIV infection. Effectiveness of condom depends on correct and consistent use.
2. How do oral contraceptive pills work in preventing pregnancy?	Oral contraceptive pills prevent pregnancy primarily by preventing ovulation. It also prevents pregnancy by preventing fertilization and implantation.
3. What is STD?	Sexually transmitted diseases are infections that can be passed on from an infected person to another primarily through unprotected sexual intercourse.
4. What are the signs and symptoms of STD?	Signs of STDs are indications that could be seen by the naked eye, such as: <ul style="list-style-type: none"><li>• Discharge from the genitals that has unusual color, quantity or smell</li><li>• Sores, blisters, rash or ulcers in the genitals</li></ul> Symptoms are those that one can feel when infected with STD, such as: <ul style="list-style-type: none"><li>• Painful urination</li><li>• Painful intercourse</li><li>• Pain in the lower abdomen</li><li>• Itchy genitals</li></ul>
5. What is abstinence?	Abstinence is avoiding sex or sexual activities with another person. Adolescents should postpone sex whenever possible to prevent unwanted pregnancy, abortion and STD/HIV infection.

Questions	Answers
6. What is the most appropriate contraceptive method for adolescents?	The Dual or Condom Plus method is very appropriate for adolescents in that it could provide greater protection against unwanted pregnancy and STD/HIV infection. Condom Plus method is the use of condom in combination with another method such as pills.
7. How does condom prevent pregnancy?	Condom prevents pregnancy by preventing the sperm from entering the vagina thus there will be no meeting of egg and sperm.
8. Name at least 2 conditions or circumstances where the use of Paraan Dos is appropriate.	<p>Paraan Dos is suitable for a woman who has had any of the following:</p> <ul style="list-style-type: none"> <li>• Unprotected sexual intercourse</li> <li>• Rape/sexual assault or other non-consenting sexual intercourse</li> <li>• Contraceptive-use errors: <ul style="list-style-type: none"> <li>➤ Missed pills</li> <li>➤ Incorrect use of barrier methods such as condom</li> <li>➤ Contraceptive accidents such as condom breakage or slippage</li> </ul> </li> </ul>
9. When is the best time to take Paraan Dos?	Paraan Dos should be taken within 72 hours after unprotected sexual intercourse for maximum effectiveness.
10. Do condoms have holes and break easily?	No. Every condom manufactured is tested electronically for holes and weak spots to ensure quality. If used properly, it will <u>not</u> break or tear.
11. How does Paraan Dos prevent pregnancy?	Paraan Dos prevents pregnancy by preventing ovulation, fertilization and implantation.

Questions	Answers
<p>12. Name at least 2 consequences of early sex.</p>	<ul style="list-style-type: none"> <li>• Teenage parents have less time for education and community action.</li> <li>• Teenage pregnancies lead to larger families and more dependence on marine resources.</li> <li>• Early childbearing may lead to unwanted pregnancy, unsafe abortion and STD/HIV/AIDS that can threaten health and future fertility.</li> <li>• Young parents face social and economic barrier.</li> </ul>
<p>13. Name at least 2 ways by which STD/HIV infection can be transmitted.</p>	<p>STD and HIV infection can be transmitted through:</p> <ul style="list-style-type: none"> <li>• Unprotected sexual intercourse</li> <li>• Exposure to infected blood and blood products such as blood transfusion of infected blood, sharing of used needles and syringes, organ transplant and needle prick injury</li> <li>• Mother to child transmission</li> <li>• Close body contact</li> </ul>
<p>14. Do Paraan Dos and pills cause abortion and abnormalities in babies if taken when the woman is already pregnant?</p>	<p>Studies have shown that Paraan Dos and pills do not cause abortion and abnormalities in babies if the mother has taken them during pregnancy. Paraan Dos does not disrupt an established pregnancy. Pills sold in pharmacy outlets have very low doses of hormonal content.</p>

Questions	Answers
15. Name at least 3 ways by which you can prevent unwanted pregnancy and STD/HIV infection.	<p>Unwanted pregnancy and STD/HIV infection can be prevented by:</p> <ul style="list-style-type: none"> <li>• Abstinence or postponement of sex</li> <li>• Having one faithful partner</li> <li>• Using condom correctly and consistently with <u>all</u> partners</li> <li>• Finding other ways to be close like hugging</li> <li>• Avoiding drugs and alcohol</li> </ul>
16. Is it true that some condoms cannot fit?	<p>No. "One size fits all." Condoms can fit any size of penis as long as it is correctly used.</p>
17. What are the contraceptive methods appropriate for adolescents?	<p>The following methods are appropriate for adolescents:</p> <ul style="list-style-type: none"> <li>• Condom</li> <li>• Pills</li> <li>• Condom Plus</li> <li>• Paraan Dos</li> </ul>
18. Name at least 1 reason why self-treatment in STD is highly dangerous.	<p>Self-treatment of a person with STD is highly dangerous because:</p> <ul style="list-style-type: none"> <li>• It may make the symptoms disappear but not the disease.</li> <li>• One may be treating the wrong disease.</li> <li>• One may be using ineffective treatment.</li> </ul> <p>STDs, if not treated properly, may lead to serious complications such as infertility, ectopic pregnancy and even death.</p>

Questions	Answers
19. How does pregnancy happen?	Pregnancy happens when unprotected penetrative sexual intercourse occurs during a woman's fertile period and if there is successful meeting of egg and sperm.
20. Name at least 1 way by which big families can affect coastal resources.	<p>Big families can affect coastal resources through any of the following ways:</p> <ul style="list-style-type: none"> <li>• There will be an increase in demand for food such as fish and other marine life.</li> <li>• With increased demand for fish and other marine life, there will be overfishing and reduction of food supply.</li> <li>• There will be competitive fishing and use of illegal fishing practices as a result of increased demand which in turn could result to further depletion of supply.</li> </ul>
21. Name at least 2 benefits of planning a family.	<ul style="list-style-type: none"> <li>• Family planning improves the quality of life of women, men and children.</li> <li>• Couples with fewer children and healthier children can provide more resources for their children in terms of food, clothing, housing and education.</li> <li>• Family planning reduces strain on natural resources.</li> <li>• Family planning fosters greater participation by individuals in community affairs.</li> </ul>

Questions	Answers
22. Name at least 2 advantages of oral contraceptive pills.	<p>The following are some of the advantages of oral contraceptive pills:</p> <ul style="list-style-type: none"> <li>• Very effective with correct use</li> <li>• Not permanent, temporary</li> <li>• Does <u>not</u> interfere with sexual intercourse</li> <li>• Protects against cancer of the ovary and the lining of the uterus</li> <li>• Reduces painful menstruation</li> </ul>
23. Can a person have STD/HIV infection and not know it?	<p>Yes. Some STDs do <u>not</u> present any signs and symptoms especially among women. One cannot tell if a person has an STD especially if it's asymptomatic. A person with asymptomatic STD can pass on the infection to other people without even knowing it.</p>
24. Can a girl get pregnant even during her menstrual flow?	<p>Yes. In some instances, a mature egg can be released during a woman's menstrual period. The mature egg released from the ovary could meet a sperm that could result in fertilization.</p>
25. Does pill cause cancer?	<p>No. Oral contraceptive pills have <u>not</u> been proven to cause cancer. In fact, pills help prevent cancer of the ovary and the lining of the uterus.</p>

# QUALIFICATIONS and TASKS of YOUTH PEER EDUCATORS



**Purpose:** To review the qualifications and tasks of Youth Peer Educators (YPEs); to share experiences in outreach work and provide feedback

**Time:** 15 minutes

**Materials:** Qualifications and Tasks of YPEs, Visual aids

**Instructions:**

1. Review the IPOPCORM organizational structure.
2. Review the qualifications and Tasks of YPEs.
3. Encourage sharing of experiences in the field related to their tasks as YPEs.

## **FACTS TO KNOW**

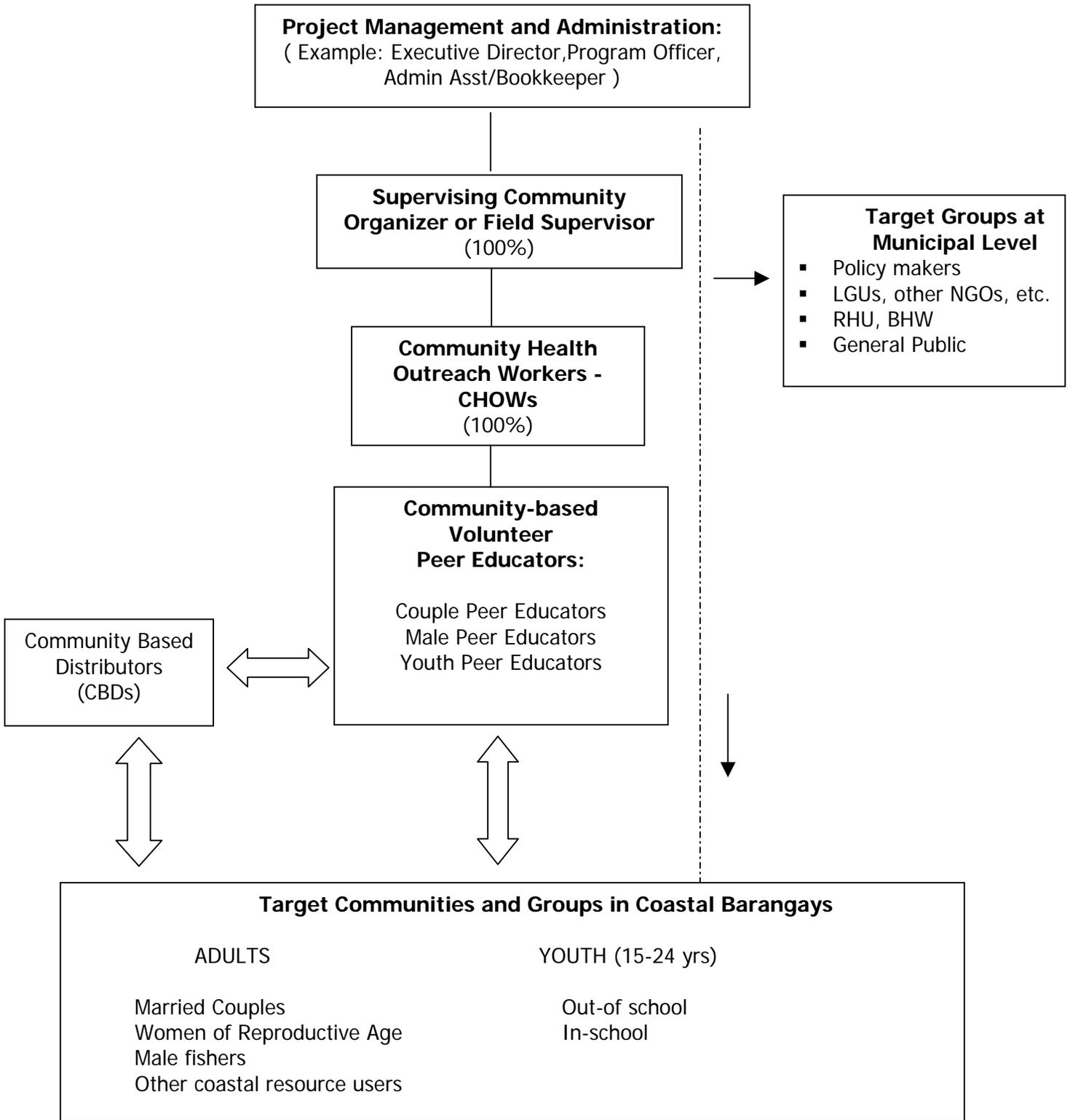
**Youth Peer Educators should possess the following qualities:**

1. With age range of 17-19 years (either in-school or out-of-school youth)
2. Resident of the project site
3. Have no reservations about family planning or modern contraceptives
4. No history of juvenile misdemeanors or crimes
5. Have good interpersonal skills and relations with other youth in the project site
6. Have potential leadership skills
7. Willing to undergo training in Youth Sexual and Reproductive Health (YSRH) topics
8. Committed; Willing to work without expecting monetary payment
9. Willing to motivate peers to become involved in IPOPCORM

**Tasks of Youth Peer Educators (YPEs):**

1. Motivate and educate youth (15-24 years) to practice responsible sexuality.
2. Conduct one-on-one interpersonal communications (IPC) sessions with youth in the community using skills learned in the training; assist youth to assess their risk behavior particularly behaviors that put them at risk of unintended pregnancy and STD/HIV/AIDS.
3. Conduct IPC with at least one youth per month (at least 12 new contacts each year).
4. Follow up each youth previously educated (repeat contact) at least once a year to reinforce behavior change and to augment motivational efforts (at least 12 repeat contacts each year).
5. Educate youth in the project site on life skills and YSRH and encourage them to delay first sex and resist unwanted sex (for non-sexually active youth) or practice "safe sex" (for sexually active youth). Refer youth that engage in "high risk behaviors" to CHOW for risk reduction counseling and RH needs.
6. Clarify myths and misconceptions regarding YSRH, FP/RH particularly with regard to pregnancy prevention and modern contraceptive use.
7. Distribute IEC materials about YSRH, FP/RH, etc., to youth and other target audiences in the community.
8. Maintain daily logbook of IPC sessions conducted and other activities; complete and submit PE reporting forms to CHOW.
9. Attend training conducted by NGO partners.
10. Assist the CHOW to develop and implement IEC campaigns at the level of the barangay to increase community awareness of the benefits of FP/RH and where services are available.
11. Assist the CHOW to recruit youth respondents for annual behavioral monitoring surveys (BMS).
12. Set an example for other youth by being a steward of your sexuality and environment.
13. Assist with the dissemination of IEC messages and materials about FP/RH. Participate in community IEC campaigns.
14. Assist with other project activities particularly habitat protection and management, alternative livelihood and micro-enterprise development activities.

**Community-based IPOPCoRM Project**  
**Project Organization, Management and Operational Structure**  
*(sample diagram)*



# IPC GUIDE FOR YOUTH PEER EDUCATORS (JOB AID)



**Purpose:** To help participants understand how to use the IPC Guide for YPEs

**Time:** 90 minutes

**Materials:** Samples of IPC Guide for Youth Peer Educators

**Instructions:**

1. Ask the participants what is the meaning of IPC. Write the responses on manila paper or on the board.
2. Explain what does IPC mean and relate it to the responses given by the participants.
3. Provide a short lecture on job aid. Focus on the following questions: what is a job aid, what is the purpose of a job aid to YPE, who should use the job aid and when should the job aid be used.
4. Distribute samples of IPC Guide for YPEs to all the participants.
5. Explain the content of the IPC Guide for YPEs. Be sure to discuss each of the steps included in the guide. Provide additional information and explanation for the messages that will be given to the client.
6. Ask the participants for feedback or questions. Answer all questions clearly and objectively.
7. Ask the participants to form groups with two members each by asking them to count off.
8. Tell the participants that they will play the roles of a Youth Peer Educator and an adolescent peer client.

9. Assign two cases in each group:

**Case 1.** A 16 year old female had a date with her boyfriend. Her boyfriend persuaded her to have sex but she managed to convince her boyfriend to postpone sex.

**Case 2.** A 17 year old male tells the Youth Peer Educator that he had sex with a casual friend 3 days ago and he did not use condom. He does not want to father a child yet because he still dreams to finish school, work abroad and earn a living without depending much on marine resources.

**Case 3.** A 17 year old female had sexual intercourse 2 days ago. She did not use any contraceptive method. She does not want to get pregnant because she has dreams to fulfill and is not ready yet for the responsibilities of being a mother.

**Case 4.** An 18 year old male feels pain whenever he urinates. He also observes yellowish discharge on his underwear. He engaged in unprotected sexual intercourse with a casual friend 5 days ago.

Make sure -that all cases will be role-played. Ask participants to play their corresponding roles for 15 minutes. After 15 minutes, the dyad changes roles and role-play another situation. All groups should do the role play simultaneously. Mention that they will be asked to role-play in front later.

10. Facilitators should observe the role play using the Observer's Guide, and provide feedback for improvement.

11. Ask volunteers to role play in front of the big group how to use the job aid using the 4 cases (one group per case).

12. Process all the role plays using the Observer's guide.

Everyone is encouraged to work

## **Processing the Activity:**

1. Ask the participants:
  - How they felt about the exercise?
  - What did the Youth Peer Educator do that seemed to bring insight and helpful and those that seemed unproductive for each of the 4 cases?

List down all the responses on manila paper or on the board and discuss.

2. For those who played the role of a Youth Peer Educator, ask them what were the difficulties they encountered in using the IPC Guide for YPE and ask for suggestions on how they could address these difficulties. List down all the responses on manila paper or on the board and discuss.
3. Wrap up the activity by emphasizing the importance of practice and doing actual IPC to facilitate the use of the IPC Guide. Mention that if they conduct IPC frequently, there will come a time that they will get used to it and not be needing the IPC Guide anymore when they conduct IPC with their peer client.

## **FACTS TO KNOW**

**Interpersonal Communication and Counseling (IPC)** is the face-to-face interaction between the client and the educator/counselor. It involves the process of listening, asking questions, defining feelings and attitude, discussing individual situation and desired behavior change/outcome, and providing accurate, complete, necessary and unbiased information. IPC helps educators/counselors to educate and motivate clients towards positive behavior change. Individual counseling should be able to assist and empower clients in making informed decision.

### **What is a job aid?**

A storage place other than memory for information relevant to performing segments of jobs, used when actually performing the work.

### **What is the purpose of a job aid to a YPE?**

The purpose of the job aid is to assist Youth Peer Educators to effectively use counseling skills when communicating with their peers and their peers' friends and families. It describes effective counseling skills and key messages on reproductive health and environment.

**Who should use the job aid?**

The job aid is designed to be used by Youth Peer Educators (YPEs) whose role is to assess their peers' risk for unwanted pregnancy and infection with sexually transmitted diseases (STD) and help sexually active peers choose preventive behaviors and/or help non-sexually active peers to postpone sexual intercourse.

**When should the job aid be used?**

The job aid can be used in different ways. Youth Peer Educators may choose to review the job aid just prior to initiating discussions. Or, the job aid may be used as one is counseling peers on reproductive health and environmental preservation; personal reproductive health concerns or while explaining IEC materials.

**OBSERVER'S GUIDE**

<b>Characteristics of Effective IPC</b>	<b>Not Evident</b>	<b>Needs Improvement</b>	<b>Evident</b>
Uses and follows the Job Aid			
Speaks clearly and uses words that are simple and easy to understand			
Is knowledgeable about the subject			
Talks at a moderate pace and appropriate volume			
Asks questions to make sure client understands			
Encourages questions and comments			
Listens attentively to client			
Makes client feel comfortable and interested			
Provides information for follow up			

## IPC GUIDE FOR YPE (Job Aid)

### TALKING TO THE YOUTH ABOUT THEIR SEXUALITY, REPRODUCTIVE HEALTH AND COASTAL RESOURCES

#### A. Preparing for Outreach

Bring the following with you:

- Identification Card
- Ball pen or Pencil with eraser
- PE Diary or IPC Forms
- Referral forms
- IPOPCORM handouts or IEC materials (posters, brochures)
- Samples of Pills, Condoms and Paraan Dos
- Penis Model

#### B. Talking with Peers

**Step 1: Greet client**

**Step 2: Introduce self**

- Name
- NGO
- Nature of work
- IPOPCORM Initiative

**Step 3: Ask permission to talk**

**Step 4: Assure confidentiality**

**Step 5: Use good communication skills**

**Step 6: Assess pregnancy and STD/HIV/AIDS risk**

If the client:	Then:
Has <u>not</u> engaged in sex - or - has <u>no</u> sexual experience yet	<ol style="list-style-type: none"> <li>1. Tell the client that their decision not to have sex:               <ul style="list-style-type: none"> <li>• Provides them more opportunities to pursue their dreams and shape their community's future.</li> <li>• Protects them from pregnancy and STD/HIV/AIDS.</li> </ul> </li> <li>2. Explain how pregnancy happens.</li> <li>3. Discuss the consequences of early sex:               <ul style="list-style-type: none"> <li>• You have less time for education and community action.</li> <li>• You can have larger families.</li> <li>• Early childbearing may lead to unwanted pregnancy, unsafe abortion and STD/HIV/AIDS. These can harm health and future fertility.</li> <li>• Young parents face social and economic barrier.</li> </ul> </li> <li>4. Explain role between big families and coastal resources               <ul style="list-style-type: none"> <li>• More mouths to feed</li> <li>• Increase in demand for fish and other marine life</li> <li>• Over fishing and reduction of food supply</li> <li>• With less food more people go hungry</li> </ul> </li> <li>5. Provide general information about family planning methods for adolescents:               <ul style="list-style-type: none"> <li>• Condom</li> <li>• Pills</li> <li>• Condom Plus</li> <li>• Paraan Dos</li> </ul> </li> <li>6. Discuss some techniques on how to stay abstinent:               <ul style="list-style-type: none"> <li>• Choose friends who share your sexual lifestyle.</li> <li>• Do things that encourage abstinence like participating in sports activities, avoiding drugs and not spending intimate long hours together.</li> <li>• Practice how to say no to sexual advances.</li> </ul> </li> </ol>

<b>If the client:</b>	<b>Then:</b>
Had sex - and - did <u>not</u> use any contraceptive method	<ol style="list-style-type: none"> <li>1. Explain that unprotected sex can lead to pregnancy and STD/HIV/AIDS.</li> <li>2. Explain how pregnancy happens.</li> <li>3. Tell them the consequences of early sex.</li> <li>4. Explain role between big families and coastal resources.</li> <li>5. Discuss the benefits of family planning and its impact on food security and coastal resources.</li> <li>6. Provide general information about the available family planning methods for adolescents: <ul style="list-style-type: none"> <li>• Condom</li> <li>• Pills</li> <li>• Condom Plus</li> <li>• Paraan Dos</li> </ul> </li> <li>7. Refute myths and misconceptions.</li> <li>8. Demonstrate how to use condom properly and ask client to make return demonstration.</li> </ol>
Had sex - and - did <u>not</u> use condom	<ol style="list-style-type: none"> <li>1. Tell client that unprotected sex puts them at risk of unwanted pregnancy and STD/HIV/AIDS.</li> <li>2. Tell client that STD/HIV infection may have no symptoms.</li> <li>3. Explain ways to prevent unwanted pregnancy and STD/HIV infection: <ul style="list-style-type: none"> <li>• Abstain from sex</li> <li>• Have one faithful partner</li> <li>• Use condom correctly and consistently with <u>all</u> partners</li> <li>• Find other ways to be close like hugging</li> <li>• Avoid drugs and alcohol</li> </ul> </li> <li>4. Show how to use condom properly and ask client to make return demonstration.</li> </ol>
Had sex - and - has a discharge, pain on urination or intercourse, genital itchiness or sores	<ol style="list-style-type: none"> <li>1. Provide basic information on STD: what it is, modes of transmission, signs and symptoms and ways to prevent STD transmission.</li> <li>2. Encourage to seek consultation to a physician.</li> <li>3. Tell client that self-treatment is highly dangerous.</li> </ol>

### Step 7: Counter arguments against using condoms

<b>If the client says:</b>	<b>Tell them:</b>
"only sick or unhealthy people use condoms"	<ol style="list-style-type: none"> <li>1) People who look healthy can be sick.</li> <li>2) Always use condom correctly during sex.</li> </ol>
"there is no sensation"	Condoms can extend an erection and adds to the pleasure.
"it will tear or break"	<ol style="list-style-type: none"> <li>1) Condoms are tested to ensure quality.</li> <li>2) If you use it properly, it will not break or tear.</li> </ol>
"it tastes bad"	Try chocolate, mint, or strawberry flavored condoms.
"it is too expensive"	Condoms are affordable and less expensive than treating an STD.
"it does not fit—it's too big (or too small)"	<ol style="list-style-type: none"> <li>1) Condoms are made to fill all sizes.</li> <li>2) If too big, try using two condoms at a time.</li> </ol>
"it will fall off while I am inside"	<ol style="list-style-type: none"> <li>1) If the condom is rolled down to the base of the penis, it will not fall off.</li> <li>2) Take off the condom while penis is still erected.</li> </ol>

**Step 8: Ask for feedback or questions**

**Step 9: End conversation**

- Refer to CHOW to be screened for the pill, for the possibility of having STD, and for risk reduction counseling.
- Give IEC materials.
- Schedule next appointment.
- Thank them for their attention.

# DOING an OUTREACH

**Purpose:** To identify potential clients using local BMS spot maps; to assign YPEs to potential clients for IPC; to make PE work plans; to review the existing referral system; to orient on standardized referral among CHOWs, YPEs and CBDs; to practice making entries to PE Diary

**Time:** 60 minutes

**Materials:** local BMS spot maps, work plan, PE Diary, Referral forms, pencil/ball pen, visual aids

## **Instructions:**

1. Review local BMS spot maps.
2. Distribute local BMS spot maps to the participants and ask them to identify potential clients. Facilitators should supervise and assist the participants in identifying potential clients.
3. Assign YPEs to potential clients for IPC.
4. Review how to make a YPE work plan.
5. Discuss the importance of making a PE work plan. Present and discuss a sample YPE work plan.
6. Ask participants to make individual work plans. Facilitators should supervise the participants while doing the work plan.
7. Review the existing referral system.
8. Describe and explain standardized referral among CHOWs, YPEs and CBDs.
9. Emphasize the following:
  - YPEs and CBDs should refer all new clients to the CHOW for completion of Client Record, whether new acceptors or continuing users.
  - CBDs may distribute commodities before referring to the CHOW except in case of potential new pill acceptors who need to be screened first by the CHOW.
  - CHOW should refer clients to YPEs for follow up.
  - CHOWs should periodically check YPEs' diaries and CBDs' reports to identify clients still without Client Records who should be followed up.
10. Review current YPE Diary and standardize entries.
11. Ask participants to each practice making entries supervised by the CHOWs.

## TRAINING AIDS

### Sample YPE Work Plan

Month of December 2003 (day 1-7)

	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Morning Schedule</b>						Attend YPE weekly meeting and submit report to CHOW	Family Time
<b>Afternoon Schedule</b>		Meet new contact/ youth peer client for FP promotion & education		Follow- up youth peer client (repeat contact)			

**Referral Slip**

This form is used by CHOWs/PEs to refer clients for Family Planning counseling, contraceptives-screening or further medical management.

**Client No.\_\_\_\_\_**

**Name of NGO: \_\_\_\_\_**

**Project Site: \_\_\_\_\_**

**Referral Slip**

**Name of Client: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Brgy. Address: \_\_\_\_\_**

**Age: \_\_\_\_\_**

**Civil Status: \_\_\_\_\_**

**Referred to:**

**Reason for Referral:**

**Action Taken:**

**Referred by:**

**Received by:**

\_\_\_\_\_  
**Youth Peer Educator/CHOW**

\_\_\_\_\_  
**Designation:**

**Date: \_\_\_\_\_**

## PE Daily Diary

### Daily Diary

<b>Name of Client:</b>	<b>Client No:</b>
<b>Age of Client:</b>	<b>Date:</b>
<b>Educational Attainment:</b>	<b>Time:</b>
<b>Occupation:</b>	<b>Client Contact:</b> <b>New</b> <input type="checkbox"/>
<b>Address:</b>	<b>Repeat</b> <input type="checkbox"/>

**Case Description:**

*(The peer educators will narrate here in the vernacular the following:)*

- a) *nature of IPC*
- b) *main problem/issues of the client on RH/CRM*
- c) *what were discussed during the session*
- d) *what kind of information, education or communication was given by the PE*
- e) *problems encountered by PE during the session*

**Plan for Client:**

*(Place here any referrals made or other future plans for client.)*

\_\_\_\_\_  
Signature of Youth Peer Educator

The Daily Diary that shall be kept by the Peer Educator may be in the form of small notebooks or notepads. The content of the diary may follow the prescribed format above. The CHOW shall refer to the diary in filling up the Client Record and following up clients.

# SAFER SEX

## *Exercise 1: Taking Risks*

**Purpose:** To help the participants understand some factors why adolescents often take risks; to examine their own vulnerabilities.

**Time Required:** 30 minutes

### **Materials:**

List positive and negative consequences of having sex. Write these on small pieces of papers, roll the papers and put these in a small box. Some of the positive consequences could be: get to be closer and intimate with partner; become experienced/knowledgeable; proved their love for their partner. Some of the negative consequences could be: get pregnant; get infected with STD; early marriage.

### **Instructions:**

1. Tell participants that in this exercise they have to take a risk: to have sex with somebody they like. Because they took the risk, there are certain consequences of their actions that they could learn from and these could be positive or negative consequences. Explain the reasons for being positive or negative of the consequences. (*This exercise can be played with 3 to 5 participants.*)
2. Tell participants that this is just an activity.
3. Ask each participant to pick one rolled paper from the box and read the contents to the bigger group.
4. Ask the bigger group if the consequence is positive or negative.
5. Continue the exercise until all of the participants who took the risk have learned the consequences of their action.

### **Processing:**

Discuss in the bigger group what the participants felt about the exercise and ask the group:

- Why young people take risks?
- What are the effects of taking risks to their dreams, plans and future?

Some of the reasons why young people take risks are:

1. I never had any major illness, I am strong, I can't have an STD even when I have sex.
2. I know exactly when to have sex so that a woman cannot get pregnant.
3. My parents had their first child when they were teenagers and they have become successful, what's the difference with me?
4. One learns from their mistakes, how will you know if you don't try having sex now?
5. My friends have done it and nothing happened to them.

## ***Exercise 2: Feelings about Body Changes***

**Purpose:** To help adolescents to experience feelings associated with the changes in their bodies.

**Time Required:** 30 minutes

**Materials:** manila paper, marking pens

### **Instructions:**

1. Divide the group by separating the boys from the girls. (*This exercise could be conducted with four to ten adolescents.*)
2. Ask each group to discuss and list 5 changes in their bodies that they have noticed since they were 10 years old.
3. When the groups are through with their list, ask them to exchange their list to the other group of the same sex.
4. Ask the groups to look at the list and discuss in the small groups the different feelings they experience about each of the physical changes in the list that occurred to them.

### **Processing:**

Wrap up the activity by asking the big group the following:

- What did you feel about the exercise?
- What are the physical changes they have noticed since they were 10 years old? Facilitator can mention other physical changes not included in the list.
- What sorts of feelings came out in your discussions? Do the boys have the same feelings with the girls?
- Are the feelings always sexual? Why or why not?
- What sexual relationships are formed because of these body changes?

Sexual relationships start to become more distinct when adolescents go through the physiological changes and development. They become aware of the changes of their physical appearance and these could start some awareness of their own sexuality. Some of the physical changes could be:

Girls  
first menstruation  
"coca-cola" shaped body  
enlargement of vagina  
breast budding

Boys  
wet dreams  
muscled body  
enlargement of penis  
growth of facial hair

### ***Exercise 3: Expressing Affection And Intimacy***

**Purpose:** To help participants identify expressions that can be engaged into by adolescents without putting themselves in danger of pregnancy or sexually transmitted diseases.

**Time Required:** 45 minutes

**Materials:** Old magazines with many photographs, coupon bond, pencils, coloring pens

**Instructions:**

1. Ask the participants to scan the old magazines and look for pictures that depict how one can express affection and intimacy.
2. Ask them to cut out the pictures that they think would show how a person can express his/her feelings to another person without necessarily having sexual intercourse. Ask the participants to draw if they want to.
3. When everyone has finished the task, ask the participants to show to the big group their cut outs/drawing and explain their choice of picture/drawing. Do this until everyone has presented their cut outs/drawing.

**Processing:**

1. Ask the big group the following questions:
  - Is sexual intercourse the only way we can express our affection? Why or why not?
  - What other ways can we express our affection to a loved one other than sexual intercourse?
2. Wrap up the activity by discussing the consequences of early sex:
  - Teenage parents have less time for education and community action.
  - Teenage pregnancies lead to larger families and more dependence on marine resources.
  - Early childbearing may lead to unwanted pregnancy, unsafe abortion and STD/HIV/AIDS that can threaten health and future fertility.
  - Young parents face social and economic barrier.

## ***Exercise 4: Girl Power***

**Purpose:** To assist teenage girls to resist early sex with their boyfriends

**Time Required:** 45 minutes

**Materials:** manila paper/worksheets, pens

### **Instructions:**

Ask the girls to provide answers to their boyfriends' persuasions. The girls can choose whether to work alone or in a group. This activity could also be done as a role-play if the group has equal number of male and female participants.

- 1. We are the only ones who have not done it yet. Everyone in school has done it already.*

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- 2. We've been going out for a year now. Don't you trust me?*

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- 3. You know I will take care of you if something happens.*

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- 4. We can do it now. We are at the age when we can make our own decisions already.*

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**Processing:**

1. When everyone has finished answering the questions, discuss their answers in the bigger group.
2. Ask the girls:
  - How they felt while answering the questions/persuasions?
  - What could be the most difficult to answer?
  - What could be the possible consequences if they were not able to resist their boyfriends' persuasions?
3. Ask the boys:
  - What they feel about the girls' answers?
  - What could be the possible consequences if the girls were not able to resist their persuasions?
4. Ask the bigger group what did they learn from the exercise.

## ***Exercise 5: Earning Your Pogi Points***

**Purpose:** To make teenage boys understand how their actions register with the girls feelings and thoughts

**Time Required:** 45 minutes

**Materials:** manila paper/worksheets, pens

### **Instructions:**

Have teenage boys write down what they would do for each of the following situations and then ask the girls to score each item. For scoring, the girls will give a score of 1 to 5 for each answer, 5 being the highest. Girls will discuss how they would score the boys' answers, for example, more points for boys who will not force them to have sex.

1. Girl is alone in a waiting shed and waiting for the rain to stop.

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2. Alone in the park together with girlfriend.

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3. Girlfriend agreed to go to a hotel.

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4. Girl had too much to drink in a party.

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5. You learned that a certain girl in the neighborhood has a big crush on you.

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**Processing:**

1. Ask the girls what sort of actions would endear them to the boys. Ask them also what sort of actions would turn them off.
2. Ask the boys what they think of the girls' scoring system.

# References

- AHRTAG. Working With Young People on Sexual Health and HIV/AIDS. AHRTAG, London, UK. 1996
- APROFAM. When your Trainees Don't Read, A Manual for Reproductive Health Trainers. Development Associates, Inc. VA, USA. 1996
- Coastal Resource Management Project. Coastal Resource Management for Food Security. Bookmark, Inc. Makati City, Philippines. 1999
- IPAS. Gender, Adolescents and Reproductive Health Skills Building Workshop. IPAS, NC, USA. 2000
- Margaret Sanger Center International. Human Sexuality Training for PO7-NGOs. Department of Health, UNFPA, Manila. 1997
- Refresher Training Manual for CPE/MPE. Manila, Philippines: PATH, 2003
- Schamberg, Laurence. Human Development. McMillan Publishing Co. NY, USA. 1990
- University of the Philippines Population Institute. Young Adult Fertility and Sexuality Study III, Initial Findings. Quezon City, Philippines: UPPI, 2002.
- WHO. Counseling Skills Training in Adolescent Sexuality and Reproductive Health, A Facilitator's Guide. WHO, Geneva, Switzerland. 1993.
- Youth Sexuality, Reproductive Health and Environmental Education, Training Curriculum for Youth Peer Educators. Manila, Philippines: PATH, 2001.