COUPLE PEER EDUCATORS' REFRESHER COURSE

TRAINING MANUAL

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Integrated Population and Coastal Resource Management Initiative (IPOPCORM)

The Integrated Population and Coastal Resource Management Initiative (I-POPCORM) is a 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 and support integration of Family Planning (FP)/Reproductive Health (RH) strategies into Coastal Resource Management (CRM) agendas, plans, and models in selected areas in Palawan, Bohol, Cebu, Negros Oriental, Camiguin, and Siquijor where population pressures are threatening critical marine habitats. The rationale is based on the fact that the Department of Environment and Natural Resources (DENR) has identified FP as an intervention to reduce fishing efforts and population pressures to sustainable levels. The developmental framework of the I-POPCORM Initiative dwells more specifically on the food security of the community, with the Local Government Units (LGUs), private organizations, people's organizations (POs), non-government organizations (NGOs) and PATH Foundation Philippines, Inc. working together to implement strategies that address the threats to the food security of the community namely: habitat protection, stopping illegal fishing and reducing 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 STD and AIDS prevention education, contraceptives management, and FP. Similarly, the youth are assisted to become future stewards of the environment, and entrepreneurs who profit from the natural resources, encouraged 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 organizations. 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, Inc. 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 one-day refresher course has been designed for Community Health Outreach Workers (CHOWs) as a guide in conducting refresher training for IPOPCORM Couple Peer Educators (CPEs) previously trained on Reproductive Health/Family Planning and Coastal Resource Management. This curriculum will aid the CHOWs in guiding the CPEs in formulating strategies and recommendations in enhancing their IPC work in the community using analysis of identified issues and concerns, providing accurate information and addressing myths and misconceptions on vasectomy and bilateral tubal ligation (BTL), and enhancing knowledge and skills of CPEs in talking to teenage kids about sexuality and RH. It will also provide an update of project accomplishments in their respective localities.

Content:

This training curriculum contains different sessions as follows:

Topics/Sessions	Duration
Module 1: IPC Issues and Concerns Purpose: To identify IPC issues and concerns and formulate strategies to address them accordingly	75 mins
Module 2. IPOPCORM Project Accomplishments Purpose: To inform CPEs of IPOPCORM Project accomplishments in their locality.	30 mins
Module 3: Myths and Misconceptions about Vasectomy and BTL Purpose: To identify and address myths and misconceptions about vasectomy and bilateral tubal ligation	60 mins
Module 4: Talking About RH to Teenage Kids Purpose: To enhance knowledge on adolescence and youth sexuality and strengthen communicating skills among CPEs in talking about RH to teenage kids in families and communities.	
Exercise 1. Changes Happening During Adolescence Purpose: To enhance knowledge on the physical, socio-emotional, and cognitive changes that happen to adolescents.	60 mins
Exercise 2. Understanding Youth Sexuality Purpose: To enhance knowledge on youth sexuality and awareness on current national situation on youth fertility and sexuality.	60 mins
Exercise 3. Role Play Purpose: To develop communication skills on talking about RH to teenage kids.	60 mins

Conduct of the Training:

Participants

The participants are active CPEs who have been trained previously on the curriculum for IPOPCORM Couple Peer Educators. The ideal number of participants ranges from 12 to 25. The schedule of the training should be adapted to the situations and circumstances of the participants.

Facilitators

The CHOWs from the different organizations involved in the IPOPCORM Initiative can use this training curriculum for CPEs. They should initially have undergone a Training of Trainors on the CPE Refresher Curriculum and are currently doing community health outreach work in their respective project sites. Moreover, they have to employ what they have learned from past trainings.

Methodology

The sessions are both didactic and experiential. This way the participants are able to learn both the information and the skills that would be helpful in implementing Peer Education.

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 should be conducted in the local dialect. The trainors can consider other information, education and communication (IEC) materials that are appropriate to the participants for reference.

Training Schedule

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

An example of a training schedule is shown below:

Time	Activity
8:00 – 8:30 AM	**Registration** Pre-Test
8:30 – 9:00	Introductions and Expectations Course Objectives Schedule **House Rules**
9:00 – 10:15	IPC Issues and Concerns
10:15 – 10:30	Break
10:30 – 11:00	IPOPCORM Project Accomplishments
11:00 – 12:00	**Myths and Misconceptions on Vasectomy and BTL**
12:00 – 1:00 PM	**LUNCH**
1:00 – 2:00	Talking About RH to Teenage Kids Changes Happening During Adolescence
2:00 – 3:00	Understanding Youth Sexuality
3:00 – 3:15	Break
3:15 – 4:30	Role-Play on Talking About RH to Teenage Kids
4:30 – 5:00	Evaluation and Closing Activity

IPC ISSUES AND CONCERNS

Addressing Peer Education Issues and Concerns

Purpose: To identify issues and concerns in doing IPCs in the community and formulate recommendations to address them accordingly.

Time: 75 minutes

Materials needed: manila paper, pentel pen

Instructions:

1. Form three groups among the participants.
2. For each group, ask them to do the following
    a) Identify issues and concerns in relation to their task of doing IPCs or peer education work in the community.
    b) Identify the possible causes or roots of these issues and concerns.
    c) Provide recommendations or strategies where the identified issues and concerns may be addressed.
3. Ask them to input their answers using this matrix:

Issues and Concerns/ Problems	Possible Causes	Recommendations/ Possible Solutions

4. Give them 20 minutes to do the activity. Let each group write their outputs on manila paper.
5. Ask representatives from each group to present their outputs.
6. Process the activity after all three groups have presented. Solicit comments and reactions from the participants. Provide additional comments and recommendations.
7. After processing the outputs, ask them the following guide questions:
    a) What did you learn from the activity?
    b) How can the exercise help you in your tasks as CPEs in the community?
    c) How can CPEs conduct their IPCs/peer education work more effectively?

FACTS TO KNOW

TASKS OF COUPLE PEER EDUCATOR:

1. educate members of the community about the benefits of Family Planning; distribute materials about FP, Reproductive Health, etc.
2. motivate couples to practice Family Planning and responsible sexuality
3. educate couples about the range of contraceptive options particularly Oral Contraceptive Pills, condoms, DMPA and sterilization; clarify myths and misconceptions on side effects of modern FP methods
4. refer individuals and couples to the CHOW, CBD outlet, or the BHW for supply of contraceptives, for in-depth counseling and other Reproductive Health concerns
5. educate one (1) new couple per week on Family Planning and conduct repeat contacts to previously reached couples
6. complete and submit FP reporting forms to the CHOW responsible
7. attend training conducted by PFPI or the NGO partners
8. assist CHOW to recruit individuals to participate in the BMS

IPOPCORM PROJECT ACCOMPLISHMENT

Informing CPEs on IPOPCORM Project Accomplishments

Purpose: To inform CPEs of the outputs of the project

Time: 30 minutes

Materials needed: manila paper, pentel pen

Instructions:

1. Ask the participants how they think the IPOPCORM Project benefits families and communities. Write their answers on a piece of manila paper and process accordingly.
2. Present the accomplishments of the project
3. Invite also the RHU representative to present the following:
    A. Total Population
    B. Population Growth Rate
    C. Maternal Mortality rate
    D. Infant Mortality rate
    E. Malnutrition rate
    F. No. of High-Risk Pregnancies
    G. No. of New Acceptors
    H. No. of Continuing Users
    I. No. of Current Users

    Reproductive health statistics for year 2002, 2003, and 2004 may be presented if available so as to have a comparison of rates over the years.

4. Process the activity. Emphasize the contributions of the CPEs in achieving the results

MYTHS AND MISCONCEPTIONS ON VASECTOMY AND BTL

Counteracting Myths and Misconceptions on Vasectomy and BTL

Purpose: To identify and correct myths and misconceptions on vasectomy and bilateral tubal ligation.

Time: 75 minutes

Materials needed: manila paper, pentel pen,

Instructions:

1. Divide the participants into two groups.
2. Assign one group to discuss about vasectomy and the other group about bilateral tubal ligation.
3. For each group, ask them the following questions:
    a) What do they know about the method?
    b) What are the negative things they hear other people say about the method?
    c) When people in the community have myths and misconceptions, what can be done to address them?
4. Give them 20 minutes to discuss and write their outputs.
5. Let each group present their output.
6. Process their outputs and provide a lecture-discussion on vasectomy and bilateral tubal ligation addressing the identified myths and misconceptions. Provide pointers in addressing myths and misconceptions in general.

FACTS TO KNOW

VASECTOMY

What is it?	**Permanent sterilization for men who do not want any more chil**
How does it work?	Tubes (vas deferens) that carry sperm from the testes to the urethra of the penis are cut
How effective is it?	Highly effective
Advantages	Highly effective Safe Convenient Single procedure
Disadvantages	Surgical Permanent Requires training of provider Does not protect from STD/HIV
Indications	For those who no longer want to have any more children

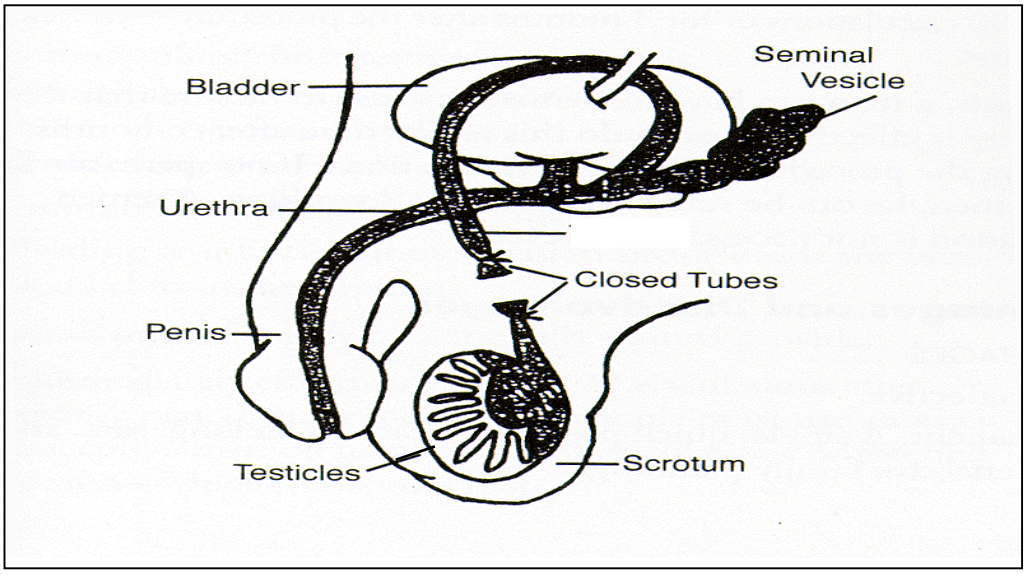

Figure 1. Illustration of a Vasectomy Procedure

Questions and Answers About Vasectomy

How soon after vasectomy can one have sex again?
One can have sex as soon as one is comfortable. Most men start again within a week. Others have sex sooner. Some wait longer. One should remember, however, that it takes about 20 ejaculations or 3 months after the procedure, whichever comes first, to clear sperm out of your system. A laboratory sperm count may also be done to confirm the absence of sperm cells in the semen. Until then, it is advisable to use some other form of birth control like condom.

Will vasectomy affect one's sexual pleasure?
Erections, orgasms, and ejaculations will very likely be the same. Most men say they have greater sexual pleasure because they don't have to worry about an unwanted pregnancy. Erections, orgasm, and ejaculations result from an interplay of signals and responses from the brain, nerves, muscles, and blood vessels, and these structures are not affected by vasectomy.

Will one be as masculine?
Yes. Vasectomy is not castration. Vasectomy mainly involves cutting of the vas deferens and will cause one to become sterile without affecting the sexual drive. On the other hand, castration involves removal of both testicles and will cause one to become both sterile and decreased libido. With vasectomy, there will be no change in client's beard, voice, or any other male traits. The operation will not cause one to lose strength.

Will one still ejaculate?
Yes. But there will be no sperm in the ejaculate. Semen is between 2-5% sperm. The rest is seminal fluid from the prostate and other glands. The change in the amount of fluid is too little to notice.

After vasectomy, what will happen to the sperm?
The testes will continue to make sperm. When the sperm cells die, they dissolve and are absorbed into the body. Dead and unused cells are absorbed by the body throughout life.

How much time will one have to take off work?
That depends on one's general health, attitude and job. Most men lose little or no time from work. A few need a day or two to rest. One will have to avoid strenuous labor or exercise for at least 48 hours after vasectomy.

How long will the operation take?
The surgery takes about 20 minutes.

How is vasectomy done?
Usually, a local anesthetic is injected into the area. Then, to reach the tubes, the doctor makes an incision on each side of the scrotum. Sometimes, a single incision is made in the center. Each tube is blocked. In most procedures, a small section of each tube is removed. Tubes are then tied off and the incision closed with small stitches.

With the no-scalpel method the skin of the scrotum is not cut. One tiny puncture is made to reach both tubes. The tubes are then tied off/blocked. The tiny puncture heals quickly. No stitches are needed, and no scarring takes place.

The no-scalpel method reduces bleeding and decreases the possibility of infection, bruising, and other complications.

Does vasectomy protect against sexually transmitted infection?
No. Sexually transmitted infections can be carried in ejaculate, whether or not it contains sperm. Vasectomy only prevents pregnancy. If one is at risk of infection, the best protection is to use condoms.

Is pregnancy possible after vasectomy?
Some sperm will remain in your system for a short time after the operation. They can cause pregnancy. It is advised to use other birth control prior to 20 ejaculations after the operation. It is recommended that a semen examination be done 3 months after the operation or after 20 ejaculations, whichever comes first, to make it sure that there's no more sperm present in the ejaculate.

BILATERAL TUBAL LIGATION	
What is it?	Permanent sterilization for women
How does it work?	Tubes (fallopian) that carry eggs from the ovary to the uterus is cut
How effective is it?	Highly effective
Advantages	Highly effective Safe Convenient Single procedure
Disadvantages	Surgical Permanent Requires training of provider Does not protect from STD/HIV
Indications	For those who no longer want to have any more children For those whose lives are endangered by pregnancy

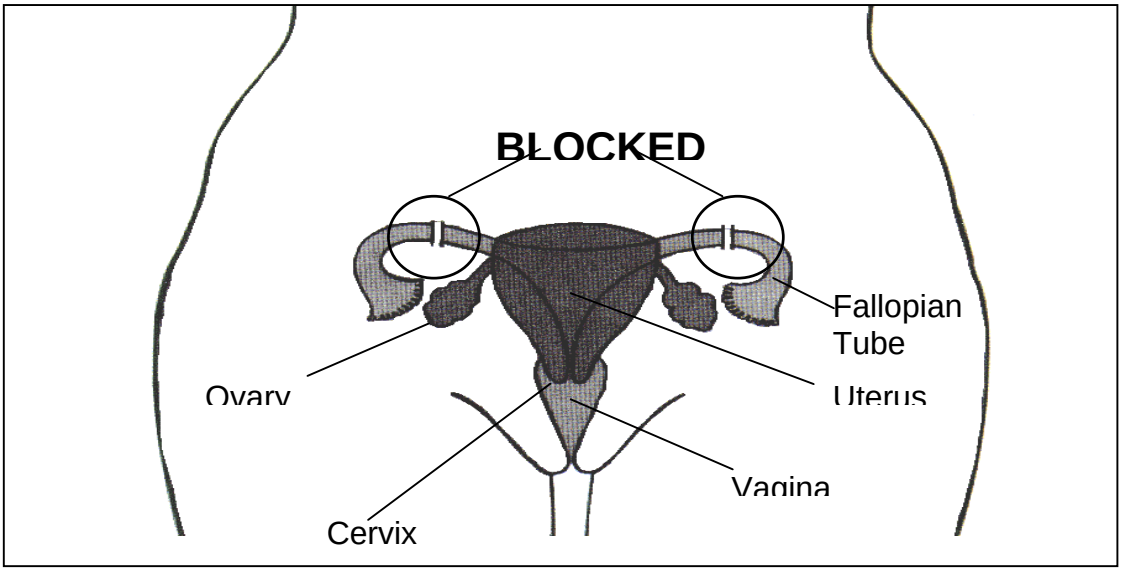

Figure 2. Illustration of a BTL procedure

QUESTIONS AND ANSWERS ABOUT BILATERAL TUBAL LIGATION:

Will sterilization end an existing pregnancy?
No. Sterilization will not be performed if you are pregnant.

Will it cause menopause?
No. Sterilization does not cause menopause or any of its symptoms. One will still experience menstruation after the operation.

Will it prevent menopause?
No. One will still experience menopause later in life.

Will it prevent sexually transmitted disease?
No. One can use condoms to have protection against STD.

Will one still have a menstrual period?
Yes. Most menstrual cycles and flow are the same after the operation as they were before. If one were using birth control pills before the surgery, it may take a while for her cycle to get back to normal.

What happens to the eggs?
An egg is released for each menstrual cycle. It dissolves and is absorbed by the body. Other dead and unused cells are absorbed naturally by the body throughout life.

Will one be as feminine?
Yes. The hormones that affect hair, voice, sex drive, muscle tone, breast size, etc. are still made in one's ovaries. They will still flow throughout the body in the bloodstream.

Will one gain weight or develop facial hair?
No. Sterilization does not cause weight gain or facial hair.

How soon can one have sexual intercourse again?
One is advised not to have intercourse until she feels comfortable about it. It usually takes a week after abdominal sterilization.

Will BTL decrease one's sexual pleasure?
No. In fact, many women report that they have less tension about unwanted pregnancy after the sterilization. They feel that the lack of tension increases their sexual pleasure.

How soon can one go back to work after sterilization?
Recovery is usually complete in a day or two. One may however take it easy for a week or two. In any case, one should avoid heavy lifting for about one week.

Notes on Myths/Misconceptions

What are rumors/gossips?

- Unreliable information passed around the community, mostly by word of mouth
- Often inaccurate or false

What should be done about counteracting rumors/gossips and misconceptions/misinformation?

- Correcting rumors and misinformation is one of the critical roles of PEs.
- It is not enough to simply tell clients that what they heard is not true.
- It is important to provide the right information based on facts.

What are the effective ways to counteract rumors about contraceptive methods?

- Check if there is a basis for the rumor; find out the origin of the rumor
- Use credible and accurate data in counteracting the misinformation
- Explain politely why the rumor is not true; explain what is true in simple ways that the client can easily understand
- Give examples of satisfied contraceptive-users
- Find out what else the client needs to know in order to have confidence in the method
- Always tell the truth; do not hide side effects or probable problems that may occur
- Refer client to other health service providers (ex. physician or midwife) for assistance

TALKING ABOUT REPRODUCTIVE HEALTH TO TEENAGE KIDS

Exercise 1: Changes Happening During Adolescence

Purpose:

To enhance knowledge on physical, socio-emotional, and cognitive changes that happen during adolescence.

Time: 1 hour

Materials: manila paper, pentel pens

Instructions:

1. Divide the participants into two groups. An alternative is to divide the participants according to sex if there is a proportionate number of male and female participants.
2. Provide each group with two separate sheets of manila paper, one sheet containing a figure of a male adolescent and the other sheet containing a figure of a female adolescent.
3. Ask each group to identify or enumerate the changes that happen during adolescence.
4. Ask them to write their answers separately for male and female adolescents using the sheets of manila paper they were given.
5. Give them 10 minutes to finish the activity.
6. Ask them to present their outputs.
7. Summarize their outputs discussing the changes that occur during adolescence.

FACTS TO KNOW

REPRODUCTIVE AND SEXUAL HEALTH for ADOLESCENTS

I. Definition of Adolescence

- Refers to the period between the ages of 10 – 19 years old; (age range of young adults range from 20 – 24 y/o)
- It is a time of rapid changes in physical, emotional, and cognitive development. The 'tasks' of an adolescent are to develop an identity unique from the family, to develop intimate physical and social relationships, and to begin to develop his/her life's work.
- It is generally considered to begin with puberty.

II. Physical Changes in Adolescents

- Adolescence changes are initiated by the onset of puberty. Puberty is defined as the period during which secondary sexual characteristics begin to develop and the capability of sexual reproduction is attained. It results in rapid growth in height and weight, changes in body proportions and form, and attainment of sexual maturity.
- The physical changes accompanying pubertal development result directly or indirectly from maturation of the hypothalamus, stimulation of the sex organs, and the secretion of sex steroids.
- The major determinant of the timing of the onset of puberty is no doubt genetic, however, there is a number of factors that influence both the age and onset and the progression of pubertal development. These factors are:
    1. Nutritional state
    2. General health
    3. Geographic location
    4. Exposure to light
    5. Physiologic state

- The changes associated with puberty occur in an orderly sequence over a definite time frame. Any deviation from this sequence or time frame should be regarded as abnormal. Primary and secondary sexual characteristics mature and develop.

- **Primary Sexual Characteristics** are the organs necessary for reproduction.

Male	Female
Testes Penis Scrotum Seminal Vesicles Prostate Gland	Ovaries Fallopian Tube Uterus Vagina

- **Secondary Sexual Characteristics**: are physical signs of sexual maturation that do not directly involve the sex organs.

Male	Females
Pubic hair	Breasts
Axillary (underarm) hair	Pubic Hair
Muscular Development	Axillary (underarm) hair
Facial Hair	Changes inVoice
Changes in Voice	Changes in Skin
Changes in Skin	Increased width and depth of pelvis
Broadening of Shoulders	Muscular Development

Other changes in puberty include:

- the adolescent growth spurt,
- the beginning of menstruation for girls,
- the production of sperm in males,
- the maturation of reproductive organs,
- the development of pubic hair and deeper voice,
- muscular growth

Usual Sequence of Physical/Physiological Changes in Adolescence:

Male Characteristics	Age of First Appearance
Growth of testes, scrotal sac	10 – 13.5
Growth of pubic hair	10 – 15
Body Growth	10.5 –16
Growth of penis, prostate gland, seminal vesicles	11 – 14.5
Change in voice	About the same time as growth of penis
First ejaculation of semen	About 1 year after beginning of growth of penis
Facial and underarm hair	About 2 years after appearance of pubic hair
Increased output of oil- and sweat-producing glands (which may lead to acne)	About the same time as appearance of underarm hair
Female Characteristics	**Age of First Appearance**
Growth of breasts	7 – 13
Growth of pubic hair	7 – 14
Body growth	9.5 – 14.5
Menarche	10 – 16.5
Underarm hair	About 1 or 2 years after appearance of pubic hair
Increased output of oil- and sweat-producing glands (which may lead to acne)	About the same time as appearance of underarm hair

III. Psycho-emotional Changes in Adolescents

- A central concern during adolescence is answering the question, “Who Am I?” - their search for identity.
- Their search for identity is influenced by: appearance and other physical attributes, cognitive abilities, moral reasoning, school achievement, preparation for the world of work, coming into terms with sexual stirrings, forming romantic attachments, relationships with parents/siblings/peers and sexual activity.
- The search for identity of adolescents is focused on confronting their crisis of identity versus identity (role) confusion so as to become a unique adult with a coherent sense of self and a valued role in society.
- To form an identity, adolescents must ascertain and organize their abilities, needs, interests, and desires so they can be expressed in a social context.

- Identity forms as young people resolve three major issues: the choice of an occupation, the adoption of values to believe in and live by, and the development of a satisfying sexual identity.
- Adolescent period is not really a time for adolescent rebellion, involving emotional turmoil, conflict with family and hostility towards adult values. Adolescent rebellion frequently amounts to just a series of minor faults. Negative moods do increase as boys and girls move through these teen years but they do not typically bring wide emotional swings.
- Age does become a powerful bonding agent in adolescence that they prefer to spend their time with their peers than with parents.
- It is important during this teen period to spot individual characteristics of troubled teens and the influence of the environment – parents, peers, and community - to their behaviors.

Exercise 2: Understanding Youth Sexuality

Purpose:

To enhance knowledge on youth sexuality, and enhance awareness on the current situation of the youth on fertility and sexuality.

Time: 1 hour

Materials: manila paper, pentel pens

Instructions:

1. Divide the group into two and ask the following questions:
    a) What are your observations about the sexuality of teenagers now?
    b) What do you think are common issues and concerns related to youth sexuality? (*Note to Faciliators: Expected answers here will include early pregnancy ,STD, etc.*)
    c) How will these identified sexuality-related issues and concerns be addressed? (*Note to Facilitators: Expected answers here will include providing or enhancing access to RH information, products, and services to the youth.*)
2. Ask them to write their outputs on manila paper. Give them 20 minutes to do the activity.
3. Ask each group to present their outputs.
4. Process and supplement with lecture-discussion on youth sexuality and results of the 2002 Young Adults and Fertility Survey and 2001 Baseline Survey in selected IPOPCORM municipalities.(Supplement with local data if available.). Emphasize the importance of providing youth access to RH information, products, and services. Mention also the methods of contraception appropriate for youth which include abstinence, condom, condom plus, and Paraan Dos.

FACTS TO KNOW

YOUTH SEXUALITY AND REPRODUCTIVE HEALTH SITUATION

The **2002 Young Adults Fertility and Sexuality Study** (YAFS3), is a nationwide survey conducted among 20,000 Filipino male and female aged 15-24 years in 16 regions of the country. It was conducted by the University of the Philippines' Population Institute and the Demographic Research and Development Foundation. The following are some of the initial major findings of the survey:

Premarital and early sex

- About one-fifth or 23 per cent of young people (15-24 years old) reported to have had premarital sex experiences (PMS).
- The prevalence among boys is double that of girls (31.1 per cent vs. 15.4 per cent, respectively).
- In 1994, PMS prevalence rate was 18 per cent for both sexes with a wider gap between boys' and girls' experiences (25 per cent vs. 11 per cent).
- The gap between the premarital experiences of males and females is getting narrower. In 2002, the prevalence of premarital sex among boys is just double that of girls. In 1994, males report of PMS was 2.25 times that of females.
- 57 per cent of the first sex experiences reported by the young people were not planned or were something they did not want to happen at the time.

Abortion

- Abortion is illegal in the Philippines, yet it has been estimated that about 400,000 abortions are performed every year. In a study of hospital cases of abortion complications, 36 per cent of these cases belong to the young women's group (15-24 years old)

Reproductive Health Problems including STDs

- Male and female adolescents experience a number of reproductive health problems.

  The most common among the females are: dysmenorrhea (56.3 per cent), irregular menstrual period (37.5 per cent), painful urination (19.1 per cent), and abnormal vaginal discharge (5.9 per cent).

  The most common among the males are: painful urination (23.2 per cent), itching in the genital area (12.9 per cent), infection from circumcision (9.1 per cent), swollen and reddish testicles (3.2 per cent), abnormal penile discharge (2.7 per cent) and genital warts or ulcers (2.9 per cent).

Commercial Sex

- Adolescents have commercial sex experiences, both as the ones giving sex favor for a fee and as those who pay for a sex favor. Among the sexually-active, more boys are into commercial sex practices. Twenty per cent (20%) among these boys have ever paid for sex and 12 per cent have accepted payment for sex. In contrast, 1 per cent among the girls reported to have paid and been paid for a sex favor.

Homosexuality

- Adolescents also report their homosexual sex experiences. Almost 5 per cent of boys admitted to have had sex with males and less than 1 per cent of females had lesbian sexual relationships

Sexually-active youth face additional risks due to unsafe sex practices

- It is very common for early premarital sex experiences to be unprotected for pregnancy. Forty (40) per cent of first PMS and 70 percent of most recent PMS are without contraception. More females are not using any contraceptive method during their first sex episodes (62.3 per cent vs. 28.2 per cent) and last sex episodes (74.7 per cent vs. 67.5 per cent).

- Among those with commercial sex experiences, 30.6 per cent had ever used a condom. One-third of the boys and a much smaller proportion of girls (5.3 per cent) reported such practice.

Youth knowledge about STDS especially AIDS is inadequate and not helpful at all for prevention and protection purposes

- Almost everyone (94 per cent) has heard of HIV/AIDS.

- Still many youth (23 per cent) think that AIDS is curable.

- Sixty per cent among the youth believe that there is no chance for them to contract HIV/AIDS. There is no significant difference between boys and girls in this perception.

- As a general practice, youth do not seek medical help for their reproductive health problems

- Among the females who have experienced some reproductive health problems, abnormal vaginal discharge was most often brought to the attention of health personnel for medical management (16 per cent). Lower percentages (11 per cent for both) of those who experienced dysmenorrhea and irregular menstruation have sought medical help.

- More males seek health care for their reproductive problems than females, perhaps because the problems they experience are more serious. The percentages of those who went to health personnel and their conditions are as follows, from highest to lowest): Infection from circumcision (21 per cent), painful urination (20 per cent), penile discharge (17 per cent), reddish and swollen testicles (15 per cent), and itching in the genital area (11 per cent).

Youth are having more liberal views about sex and related matters

- Approval of PMS is at substantial levels but the double standard between the genders remains. More than 40 per cent of the youth think that it is alright for young men to engage in sex prior to marriage while the corresponding approval rate for young women is about a half of that for the males (22 per cent). This pattern is true whether it is the males or females are responding to the question.

  In 1994, the approval for premarital sex among women was lower at 13 per cent.

- Live-in arrangements are acceptable to one-fifth of the youth with more males (26 per cent) amenable to this relationship than females (11 per cent).

- Pregnancy without marriage is acceptable to 15 per cent of the youth with higher level of approval among males (18 per cent) than females (12 per cent)

- Approval for women having an abortion is also slightly higher by one percentage point between 1994 and 2002 (from 3.7 to 5 per cent). Males are slightly more open to abortion than the women themselves

- More than a third (37.5 per cent) of the youth will support the bill on legalizing divorce without gender variation.

Social and cultural issues complicate adolescent development

- Filipino youth are in the midst of trying economic times and more challenging social environment. Forty per cent of families are below the poverty line. The Filipino family and therefore the youth are challenged in many different dimensions.

- Meeting the basic requirements of the family has brought about new arrangements in the family setting of the youth. While the majority of the youth grew up with both natural parents, there is a perceptible and increasing occurrence of young people being raised by one parent with another partner.

- Many more young people are living away from home, especially the females. Parents also are increasingly leaving their families to work offshore or in cities.

- Religion is becoming a less important influence in many youth's lives.

- Media, on the other hand, is taking an important part as a surrogate babysitter for many youth. Studies show the preponderance of sex and violence as themes of media materials.

2001 Baseline Survey in IPOPCORM Coastal Municipalities

A baseline survey was also conducted by the Demographic Research and Development Foundation in year 2001 in six (6) IPOPCORM coastal municipalities. Major findings for male and female youth 15-24 years old are as follows:

- The percentage of sexually active adolescents and young adults is about 27.8%. Single males (21%) are much more sexually active than single females (4%).

- Average age for sexual debut for both male and female youth is 18 years old. Average age at first pregnancy is 19 years old.

- Like their adult counterparts, male youth (91%) know that condoms are a contraceptive method and females demonstrate very high knowledge on family

planning methods. However, their behavior is quite different. A negligible percentage (6%)of female youth used a modern contraceptive during last sexual intercourse. Condom use among make youth during last sexual intercourse was equally low (5%). These data indicate very high rates of unprotected sex among sexually active youth.

- In general, sexually active youth in the six coastal municipalities, whether single or married, did not use modern contraceptives, either at sexual debut or at their most recent sexual intercourse. For the single and sexually active, only 10% of males and 6% of female used modern contraceptive at sexual debut. At last sexual intercourse, only 5% of males and no females engaged in protected sex using modern methods.

- Among single sexually active youth, 71% of females have been pregnant and half of these were unwanted pregnancies. Among the married, 90% of females have been pregnant and 25% were unwanted.

CONTRACEPTIVE METHODS APPROPRIATE FOR ADOLESCENTS:

1. Abstinence/ Postponing Sex
2. Condom
3. Condom Plus
4. Paraan Dos

For discussion on abstinence, condom,and Paraan Dos, refer to the CPE Training Manual. Condom plus refers to the use of condom plus another contraceptive, usually pills, to provide protection against pregnancy and STD among adolescents.

Exercise 3: Role Play on Talking About RH to Teenage Kids

Purpose: To develop communication skills on talking about RH to teenage kids.

Time: 1 hour

Materials: Cases

Method: Role-Playing

Instructions:

1. Divide the participants into three groups.
2. Assign a case to each group. Instruct the groups to role play the assigned cases Tell them that they can decide on how they would like to end the story. Give each group 10 minutes to prepare for their role play.
3. Participants who are not actors in the role-plays shall act as observers. Ask them to use the following observer's guide in taking note of the case presentations:

Characteristics of Effective IPC	Evident	Needs Improvement	Evident
1. Speaks clearly and uses words that are simple and easy to understand.			
2. Is knowledgable about the subject			
3. Talks at moderate pace and appropriate volume			
4. Asks questions to make sure "client" understands			
5. Encourages questions and comments			
6. Listens attentively			
7. Makes "client" feel comfortable and interested			

4. Assign one case to each group.
5. Process the role play after each presentation.

CASES

Case 1. Marife, 16, is a 4th year high school student with a lot of suitors. As a parent, you are worried that she might engage into premarital sex due to the influence of media and some of her peers. How would you talk to her about RH?

Case 2. Joel, 16, is a graduating high school student. Knowing that some young people in your community engage into premarital sex, how would you as a parent discuss the issue with him?

Case 3. Mario, 15, 3rd year high school student, has been going out to fish with his father on a more regular basis over the last few months. He told his father one time that he wants to go full time fishing and marry eventually. Anyway, he said, he is old enough already to be a full time fisher and be able to support a family. As a parent, how will you talk to Mario about his plans?

PROCESSING THE ACTIVITY:

After each presentation, ask the participants:

1. What can you say about the presentation?
2. For the actors in the role play who played the role of the parent, how did you feel doing the role-play?
3. For the actors in the role play who played the role of the parent, how did you feel doing the role-play?
4. For the observers, what did you notice about the role-play?
5. If you were the parent, how would you have managed the situation?
6. What did you learn from the case?

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

Wrap up the activity by emphasizing the importance of providing sexuality education to young people in the family and community. Likewise, provide a lecture-discussion on pointers for CPE parents on talking about RH to their teenage kids.

FACTS TO KNOW

TALKING TO YOUTH ABOUT SEXUALITY AND REPRODUCTIVE HEALTH

Why is it important for parents to talk with teens about sexuality and RH?

Studies show that teenagers make better decisions about sex when they have all the information they need and when they are able to talk about it at home. Research also shows that young people often say they want to be able to talk with their parents about reproductive health.

Will taking about sex make teens want to have sex?

No. Many parents fear that talking about sex will make their teens want to have it. But studies show that the teenagers whose parents talk with them about sex are more likely to wait longer to begin having sex and to use contraception when they do begin. The teenagers who are the most sexually active are usually the ones who know the least about sex.

When is the right time to talk with teens about sex?

Talking with children about sex is not a one-time event; it is a life process that will evolve as children grow. Children need to talk at different times about different sexual topics.

Parents should pay attention to teachable moments that occur throughout the day and can trigger important conversations. For example, they may use events that happen on their teen's favorite television show to begin conversation about sex.

What RH information should be given to teens?

Reproductive health education for teens begins with abstinence – the only completely certain way for the youth to protect themselves against pregnancy, STDs, and HIV/AIDS. To successfully practice abstinence, young people need skills, including decision making, communication, negotiation, and refusal skills. However, when abstinence is taught as the only option for young people, youth do not receive information and skills that will help keep them safe when they become sexually active. Without information, young people are less able to make responsible choices.

Abstinence and contraception are the two best ways for youth to protect themselves and stay healthy. Telling young people about both acknowledges the challenges young people face growing up in today's complex world and helps youth act responsibly. Research shows that programs that teach both abstinence and contraception are more effective at reaching youth and promoting healthy behavior than are programs that teach abstinence only.

The effects of RH education are as follows: First, RH programs can help teens remain abstinent by giving them accurate information about their own bodies, raising their awareness of sexually transmitted diseases, and helping them build the skills to resist per pressure. Second, among the youth that have had sex, information and access to contraceptives helps keep young people safe from HIV, other STDs, and unwanted pregnancy. Research has shown that giving with information on sexual health and/or providing them RH services does not make it more likely that they will have sex.

How may one proceed with talking to teens about RH?

All studies indicate that clear strong messages from parents are critical, yet many parents report that talking and discussing sexuality with their teenagers is one of the most difficult tasks they have ever faced. Following are some tips to help get the ball rolling.

1. First, encourage communication by reassuring kids that they can talk to you about anything.

2. Take advantage of teachable moments. A friend's pregnancy, news article, or a TV show can help start a conversation.

3. Listen more than you talk. Think about what you're being asked. Confirm with your child that what you heard is in fact what he or she meant to ask.

4. Don't jump to conclusions. The fact that a teen asks about sex does not mean they are having or thinking about having sex.

5. Answer questions simply and directly. Give factual, honest, short, and simple answers.

6. Respect your child's views. Share your thoughts and values and help your child express theirs.

7. Reassure young people that they are normal—as are their questions and thoughts.

8. Teach your children ways to make good decisions about sex and coach them on how to get out of risky situations.

9. Admit when you don't know the answer to a question. Suggest the two of you find the answer together in the library or other sources of information..

10. Discuss that at times your teen may feel more comfortable talking with someone other than you. Together, think of other trusted adults with whom they can talk.

Occasionally, parents worry that talking to their teenagers about sex will “give them ideas” and make them more likely to go out and have sex. The truth is that teenagers already have “ideas” but young people who talk with their families about sexuality and relationships are much more likely to make wise decisions about sex and how they treat their bodies. The evidence is similar to drugs and alcohol. Teenagers who are well informed about drug and alcohol abuse are less likely to abuse these substances, just as teenagers who are well informed about sex are more likely to have wise choices.

Sample of Pre-/Post-Survey Questionnaire
CPE 2nd Refresher Course

Name: _____ Date: _____
Barangay: _____ Purok: _____

I. Choose the correct answer. Write the letter of the correct choice on the space provided.

_____ 1. The following are true about Bilateral Tubal Ligation EXCEPT:
a) It is a permanent method of contraception.
b) It provides protection against STD.
c) The fallopian tubes are tied and blocked..
d) It is advised for those who no longer want to have any more children..

_____ 2. Which of the following is TRUE about Bilateral Tubal Ligation?
a) BTL prevents STD.
b) BTL decreases libido or sex drive.
c) It is highly effective.
d) It is a temporary method of contraception.

_____ 3. Which of the following is TRUE about Vasectomy?
a) It is a reversible method of contraception.
b) It has a high failure rate.
c) It is for men who no longer want to have any more children.
d) It provides protection from STD/HIV.

_____ 4. The following are physical changes or events in females during adolescence EXCEPT:
a) Growth of breasts
b) First menstruation
c) Growth of pubic hair
d) Growth of facial hair

_____ 5. Physical changes or events occurring in males during adolescence include the following EXCEPT:
a) Deepening of voice
b) Growth of penis and testes
c) Muscular development
d) Increase in width and depth of pelvis.

_____ 6. Contraceptive methods appropriate for adolescents include the following, EXCEPT:

a) Abstinence
b)Condom Plus
c) Vasectomy
d) Paraan Dos

II. TRUE or FALSE. Write on the space provided the word TRUE if the message is correct and FALSE if not correct.

_____ 7. RH information should NOT be provided to teenagers as it will encourage them to have early or more frequent sex.

_____ 8. Today's teenagers are at risk for pregnancy and STDs.

_____ 9. Abstinence is the most effective way to prevent pregnancy and STD.

_____ 10. Access to contraceptives should NOT be given to the youth.

ANSWER KEY

Correct answers to the above questions are as follows:

1. B
2. C
3. C
4. D
5. D
6. C
7. False
8. True
9. True
10. False

Course Evaluation

Course: _____ Date:_____

Will you be able to use the learning from this training in your work/personal life? In what way/s?

What did you learn from this training?

Which part/s of the course did you like most? Why?

Is there any part of the course you did not like? Which one/s? Why?

What more do you think can you do to help the project? What type of assistance will you need to carry this out?

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