


## UNIT 1: INTRODUCTION

 **UNIT TRAINING OBJECTIVE:**




To introduce participants to each other and provide an overview of the expectations for the training.

 **SPECIFIC LEARNING OBJECTIVES:**

1. Introduce participants to each other.
2. Establish shared objectives for the training.

 **TOTAL TIME: 2 hours 5 minutes**

**UNIT OVERVIEW:**

Session	Methods 	Materials 	Time 
1.1	Ice-breaker Interview activity	Participant Handout 1a Flipcharts and markers	1 hour
1.2	Group brainstorm	Participant Handout 1b Flipcharts and markers	30 minutes
Unit Summary	Pre-test	Participant Handout 1c	35 minutes

 **WORK FOR TRAINERS TO DO IN ADVANCE:**

- Review and prepare Participant Handouts 1a-1c

 **MAJOR REFERENCES AND TRAINING MATERIALS:**

- Amnesty International. (2011). *Facilitation Manual: A guide to using participatory methodologies for human rights education.*

## SPECIFIC OBJECTIVE 1.1: INTRODUCE PARTICIPANTS TO EACH OTHER



### *TIME*

60 minutes



### *METHODS*

- Ice-breaker
- Pair interview



### *MATERIALS NEEDED*

- Participant Handout 0a: Defining Expectations
- Flipcharts and markers



### *STEPS*

**Time: 30 minutes**

1. Introduce yourself. Have participants stand in a circle facing each other.
2. Explain that you'll be playing a game to get to know each other. The point of this game is to learn each other's faces and names.
3. Say that participants will go around the circle in turns and introduce themselves. They should introduce themselves using their first name and the name of an animal that starts with the same letter as their name. For example, if your name is Rosa, you might say "Rosa Rhinoceros."
4. The next person should do the same. For example, if their name is Mohammed, they might say "Mohammed Mongoose."
5. After each participant says their name, they should go back to the person next to them and say their name, and then continue around the circle back to the first person. So, for example, Mohammed would introduce himself, then say "Mohammed Mongoose, Rosa Rhinoceros." If the next person is named Samuel, he might say "Samuel Snail, Mohammed Mongoose, Rosa Rhinoceros."
6. Start with the person next to you and continue around the circle away from you, so that you will be the last participant to go. With each participant, another name is added, so as the last participant you will need to say everyone's name and animal.

**Time: 30 minutes**

7. Once everyone has been introduced, have participants give each other a round of applause. Distribute **Participant Handout 1a: Defining Expectations**.

8. Divide participants into pairs. Give each pair **10 minutes** to interview each other using the handout.
9. Bring participants back to the circle. Have each member of each pair introduce their partner and their partner's expectations to the group. Note the responses on a flipchart.
10. Have participants review the expectations as a group.



## SPECIFIC OBJECTIVE 1.2: ESTABLISH SHARED OBJECTIVES FOR THE TRAINING



### *TIME*

30 min



### *METHODS*

- Group discussion
- Brainstorm



### *MATERIALS NEEDED*

- Participant Handout 1b: Training Schedule
- Flipcharts and markers



### *STEPS*

#### **Time: 15 minutes**

1. Distribute **Participant Handout 1b: Training Schedule** to participants. Review the units to be covered over the course of the training. Allow time for clarifying questions or concerns.
2. Ask participants which units they are particularly interested in. Ask if there are any topics they think are missing or that they want more time with.
3. Ask participants if there are topics or content they think might be challenging or difficult to discuss.

#### **Time: 15 minutes**

4. Remind participants that many topics related to sexual and reproductive health are uncomfortable and even taboo in almost all societies and cultures. To have positive discussions, it will be important to establish ground rules for how to treat each other.
5. Write “GROUND RULES” on the top of the flipchart. Ask participants to think about what agreements they want to make with each other for how they want to behave while in the training together.
6. Volunteer a rule for yourself: say “I promise to leave space for others to speak and express themselves.” Write your rule on the flipchart.
7. Have participants brainstorm other rules for each other. Supplement their brainstorm with **Supplementary Content: Ground Rules** below.

***Supplemental Content: Ground Rules***

- Ensure privacy and/or confidentiality.
  - Use neutral, disability-inclusive and non-judgmental language.
  - Allow space for reaction and emotion.
  - Admit when you do not know.
  - Treat each other with respect.
- 8.** Review the agreed ground rules with the group. Ask if everyone can commit to holding each other accountable to their agreements. Place the ground rules somewhere in the room where they can be accessible to all trainers and participants throughout the training.



*PARTICIPANT HANDOUT 1B: TRAINING SCHEDULE*

Facilitators should prepare a handout with the schedule for the training to share with participants. See the examples provided in the Introduction that can be used as models.

## UNIT 1 SUMMARY



### *TIME*

35 minutes



### *METHODS*

- Quiz



### *MATERIALS NEEDED*

- Participant Handout 1c: SRH Services for Adolescents Pre-Test



### *STEPS*

1. Distribute **Participant Handout 1c: SRH Services for Adolescents Pre-Test**.
2. Remind participants that the purpose of the pre-test is to evaluate the training, not the participants, so there is no need to put their names on the test forms. Allow **30 minutes** for participants to complete the test.





*PARTICIPANT HANDOUT 1C: SRH SERVICES FOR ADOLESCENTS PRE-TEST*

**Instructions: Write in “V” for very young adolescents (10-14) “O” for older adolescents (15-19), or “B” for both.**

1. Identify which of the following more commonly occur near the beginning or end of adolescence:

- \_\_\_ reaches physical and sexual maturity
- \_\_\_ focus on the present with limited ability to plan for the future
- \_\_\_ increased capacity for abstract thought
- \_\_\_ exhibits concern about being “normal” and frequently compares self to others in peer group
- \_\_\_ displays rapidly changing sense of sexuality and gender

**Instructions: Circle all answers that apply. Some questions have more than one correct answer**

2. Providers who are specially trained to serve adolescents are important because:

- a) Communicating with adolescents can require special care with regards to language, tone, and establishing trust.
- b) Understanding the socio-cultural pressures on adolescents can help providers understand and address adolescent risk-taking.
- c) Adolescents may need different services from adults.
- d) Life-long health habits and behaviors are established during adolescence.
- e) Adolescent clients may ask to see a training certificate.

3. Which of the following occur more frequently in adolescents than adults:

- a) Heart conditions.
- b) Anemia.
- c) Depression and self-harm.
- d) Injuries.
- e) Giving birth to low birth-weight babies.

4. Adolescents can be vulnerable to illness or health problems because:

- a) This period of rapid growth has greater nutritional requirements.
- b) Adolescents face sociocultural barriers to health information and services.
- c) Young people have less power to make decisions about their sexual behavior.
- d) Adolescents are more susceptible to colds, flu, and other infections.

- e) Services for adolescents are too expensive.
- f) Services are not accessible

5. Among the most important things a provider can ensure for adolescent clients are:

- a) Privacy.
- b) Popular music playing in the waiting room.
- c) Respect.
- d) A fun atmosphere.

6. Some appropriate prevention strategies for adolescents that reduce their risk of sexually transmitted infections include:

- a) Practicing abstinence from all sexual activity.
- b) Vaccination for HPV.
- c) Consistent and correct use of male and female condoms.
- d) Regular testing between partners.
- e) Douching after sex.

7. The contraceptive methods that are appropriate for all breast-feeding women who are more than 6 weeks post-partum are:

- a) IUD
- b) Combined oral contraceptives
- c) Progestin-only contraceptive (progestin-only pills, implants, injectables)
- d) Lactational amenorrhea method

8. You can assess the ability of an adolescent client to make good health decisions by:

- a) Watching for signs that the client is nervous or refuses to provide information.
- b) Looking for decisions the adolescent has made independently about their health care.
- c) Allowing the adolescent to express their opinion about their health care and considering that opinion in your advice.
- d) Their age alone.
- e) Their disability alone.

9. Which of the following complications of pregnancy are more likely to occur in adolescents under the age of 15 compared with older women?

- a) Giving birth to very large babies.
- b) Premature labor.
- c) Spontaneous abortion.
- d) Stillbirth.
- e) Anemia.
- f) Delivery complications.

10. Which rights do adolescents have?

- a) The right to information and education about sexual and reproductive health.
- b) The right to control and protect ones' own body.
- c) The right to sexual pleasure.
- d) The right to privacy and confidentiality when accessing health services.
- e) The right to choose one's sexual and romantic partners
- f) The right to make decisions about their sexual and reproductive health.

11. What responsibilities does a provider have to disclose an adolescent client's HIV status?

- a) To disclose to the adolescent's parent/guardian.
- b) To disclose to the adolescent.
- c) To disclose to the adolescent's sexual or romantic partners.
- d) To disclose to the parent/guardian of the adolescent with disability

12. Which methods of contraception may not be suitable for an adolescent client?

- a) Emergency contraception
- b) Combined oral contraceptives
- c) Sterilization
- d) Condoms
- e) IUDs

13. Which of the following reactions are appropriate when an adolescent client is struggling with sexual orientation or gender identity?

- a) Suggesting counseling to help "fix" the problem or make it go away.
- b) Offering non-judgmental counseling and support.
- c) Ignoring the issue or telling adolescents they will "grow out of it."
- d) Electro-shock or invasive sexual treatments.
- e) Referring the adolescent to a pastor or priest.
- f) Providing SRH counseling and services with an open clinical manner.

14. Which of the following strategies are appropriate for addressing myths and misinformation about contraceptives?

- a) Using strong scientific facts.
- b) Giving less information so the client is not confused.
- c) Finding where the rumors came from and checking to see if there is any basis for the rumor.
- d) Not telling the client about side effects because it might make them frightened.
- e) Dismissing the rumor as "stupid" or "obviously wrong."

15. Which of the following reactions are appropriate when dealing with adolescent clients with visual

disabilities?

- a) Raising the tone of your voice.
- b) Offering non-judgmental counseling and support.
- c) Focusing on the origin of their impairment.
- d) Providing accessible information and materials.

**Instructions: Write in the correct answers.**

16. Name two common sources of sexual and reproductive health information for adolescents.

17. Name two models of youth-friendly service delivery that are most effective at providing services to adolescents.

18. What does dual protection mean?

19. Name the major barriers to SRH information and services youth with disabilities face.

20. What does universal design mean?

**Instructions: Write "T" for true and "F" for false.**

21. \_\_\_ International policies agreed to by a majority of the world's countries call for sexual and reproductive health information and services to be available to adolescents.

22. \_\_\_ Rape only happens to women.

23. \_\_\_ International conventions signed by a majority of the world's countries call for sexual and reproductive health information and services to be available to persons with disabilities.

24. \_\_\_ STIs cannot be transmitted through oral sex.

25. \_\_\_ Rape does not happen to youth with disabilities.

26. \_\_\_ Young persons with and without disabilities have equal rights to access sexual and reproductive health information and services.

27. \_\_\_ Young persons with disabilities are asexual.

28. \_\_\_ Young persons with disabilities are more vulnerable to contract HIV.

*TRAINER'S TOOL 1A: PRE- AND POST-TEST ANSWER KEY*

**Instructions: Write in "V" for very young adolescents (10-14) "O" for older adolescents (15-19), or "B" for both.**

1. Identify which of the following more commonly occur near the beginning or end of adolescence:

\_O\_ reaches physical and sexual maturity

\_V\_ focuses on the present with little future-planning

\_B\_ increasingly able to think abstractly

\_O\_ has concerns about being "normal" and compares self to others in peer group

\_O\_ has a rapidly changing sense of sexuality and gender

**Instructions: Correct answers appear in bold below.**

2. Specially trained providers serving adolescents are important because:

- a) **Communicating with adolescents can require special care with regards to language, tone, and establishing trust.**
- b) **Understanding the sociocultural pressures on adolescents can help providers address adolescent risk-taking.**
- c) Adolescents need different services from adults.
- d) **Life-long health habits are established during adolescence.**
- e) Adolescent clients may ask to see a training certificate.

3. Which of the following occur more in adolescents than adults:

- a) Heart conditions.
- b) **Anemia.**
- c) **Depression and self-harm.**
- d) **Injuries.**
- e) **Giving birth to low birth-weight babies.**

4. Adolescents can be vulnerable to illness or health problems because:

- a) **This period of rapid growth has greater nutritional requirements.**
- b) **Adolescents face sociocultural barriers to health information and services.**
- c) **Young people have less power to make decisions about their sexual behavior.**
- d) Adolescents are more susceptible to colds, flu, and other infections.
- e) Services for adolescents are too expensive.
- f) **Services are not accessible.**

5. Among the most important conditions a provider can ensure for the adolescent client are:
- Privacy.**
  - Popular music playing.
  - Respect.**
  - Fun atmosphere.
6. Some appropriate prevention strategies for adolescents to reduce risk of STI transmission include:
- Only abstinence from all sexual activity.
  - Vaccination for HPV.**
  - Consistent and correct use of male and female condoms.**
  - Regular testing between partners.**
  - Douching after sex.
7. The contraceptive methods that are appropriate for breast-feeding women who are more than 6 weeks post-partum are:
- IUD**
  - Combined oral contraceptives
  - Progestin-only contraceptive (progestin-only pills, implants, injectables)**
  - Lactational amenorrhea method**
8. You can assess the capacity of an adolescent client to make health decisions by:
- Watching for signs that the client is nervous or refusing to provide information.**
  - Looking for decisions the adolescent has made independently about their health care.**
  - Allowing the adolescent to express their opinion about their health care and considering that opinion in your advice.**
  - Their age alone.
  - Their disability alone.
9. Which of the following complications of pregnancy are more likely to occur in adolescents under the age of 15 compared with older women?
- Giving birth to very large babies.
  - Premature labour.**
  - Spontaneous abortion.**
  - Still birth.**
  - Anemia.**
  - Delivery complications.**
10. Which rights do adolescents have?
- The right to information and education about sexual and reproductive health.**
  - The right own, control, and protect ones' own body.**

- c) **The right to privacy and confidentiality when accessing health services.**
- d) **The right to choose one's sexual and romantic partners.**
- e) **The right to make decisions about their sexual and reproductive health.**

11. What responsibilities does a provider have to disclose an adolescent client's HIV status?

- a) To disclose to the parents/guardians of adolescents without disabilities.
- b) To disclose to the adolescent.**
- c) To disclose to the adolescent's sexual or romantic partners.
- d) To disclose to parents/guardians of an adolescents with disabilities.

(Note: This could vary in some countries. Please ensure you are familiar with standards and guidelines within your country as in some rare circumstances, there may be additional requirements related to disclosure).

12. Which methods of contraception may not be suitable to the adolescent client?

- a) Emergency contraception
- b) Combined oral contraceptives
- c) Sterilization**
- d) Condoms
- e) IUDs

13. Which of the following reactions are appropriate when an adolescent client is struggling with sexual orientation or gender identity?

- a) Suggesting counseling to help "fix" the problem or make it go away.
- b) Offering non-judgmental counseling and support.**
- c) Ignoring the issue or telling adolescents they will "grow out of it."
- d) Electro-shock or invasive sexual treatments.
- e) Referring the adolescent to a pastor or priest.
- f) Providing SRH counseling and services with an open clinical manner.**

14. Which of the following methods are appropriate for counteracting rumors and misconceptions about contraceptives?

- a) Using strong scientific facts to counteract misinformation.**
- b) Giving less information so the client is not confused.
- c) Finding where the rumors came from and checking to see if there is any basis for the rumor.**
- d) Not telling the client about side effects because it might make them frightened.
- e) Dismissing the rumor as "stupid" or "obviously wrong."

**Instructions: Write in the correct answers.**

15. Name two common sources of sexual and reproductive health information for adolescents.



Friends/peers

Family members

Media

Social media

Internet

Library

School

Health care providers

Etc.

16. Name two models of youth-friendly service delivery that are most effective at providing services to adolescents.

Standalone clinic

Separate space for YFS

YFS mainstreamed into existing services

Mobile outreach/mobile services

Community-based services

Drug shops/pharmacies

Non-health settings (workplace, school, etc.)

17. What does dual protection mean?

Dual protection is the use of one or more contraceptive methods to prevent pregnancy, STIs and HIV. Condoms (male and female) are the only method that can provide dual protection against unintended pregnancies *and* STIs. Dual protection can also be achieved by using a hormonal method of contraception, such as oral contraceptives or an implant to protect from unintended pregnancy, along with the use of a male or female condom to protect against STIs and HIV.

**Instructions: Write “T” for true and “F” for false.**

18.   T   International policies agreed to by a majority of the world’s countries call for sexual and reproductive health information and services to be available to adolescents.

19.   F   Rape only happens to women.

20. \_F\_ STIs cannot be transmitted through oral sex.
21. \_T\_ Young persons with and without disabilities have equal rights to access sexual and reproductive health information and services.
22. \_F\_ Young persons with disabilities are asexual.
23. \_T\_ Young persons with disabilities are more vulnerable to contract HIV.
24. \_T\_ Young persons with and without disabilities have similar SRH needs.