TRAINING GUIDE
FOR
YOUNG HEALTH AMBASSADORS

GHANA HEALTH SERVICE
Your Health - Our Concern

MINISTRY OF HEALTH

TRAINING GUIDE
FOR
YOUNG HEALTH AMBASSADORS

ACKNOWLEDGEMENT

This manual was developed by the Adolescent Health and Development Programme of the Ghana Health Service with technical inputs from the School Health Education Programme of the Ghana Education Service. Module two was adapted from the Youth Action Kit developed by the Family Health Division in collaboration with the BCS Project and the Family Life Education and Youth Development Training Manual by the Planned Parenthood Association of Ghana (PPAG) with technical assistance from John Hopkins University/ Population Communication Services (JHU/PCS).

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INTRODUCTION

The material in this manual has been written for training of students as health ambassadors of the Adolescent Health Clubs in their schools. The manual is aimed at increasing knowledge about adolescent reproductive health and other youth development issues as well as changing attitudes and giving young people the behavioural and social skills they ned to become responsible adults in the future.

The manual may be used at general training of facilitators as well as leadership and counselling workshops for adolescents and young people as part of the Adolescent Health Cubs' activities. It may also be adapted for training out-of-school adolescents and young people.

Organisation of the manual:

The manual is divided into different modules and covers Family Life Education and Communication issues. In each module you will find a number of sessions, which address specific topics. Every session also includes:

- Introduction
- A list of materials required
- Learning objectives
- Methodology that describes the teaching process and
- Notes that the facilitator can use or which can be used as handouts

The methodology in each session has been designed to ensure that participants actively participate in the sessions. The participatory learning method is the hallmark of this manual, because when young people actively participate, they can feel a sense of ownership and responsibility towards the programmed. They also often feel committed to sharing information and skills with other peers.

How to use the manual:

Each session can be used individually to meet the needs of a particular target group in different settings such as: classroom discussion, group discussion or lecture. Sessions can be grouped together for a workshop, and a sample workshop schedule is included. The contents of the manual can be adapted to the age group for the training. Note that the needs of young people in their early twenties are different from those of young people just entering adolescence. The needs of girls may also be different from those of boys. Furthermore, the experience of adolescence and young adulthood varies greatly between cultures, therefore role plays and exercises should be adapted to suit local settings.

Out-of-school youth

While the concept remain the same, exercises and activities should be adapted to reflect the interest ad needs of the target group.

What is facilitation?

It is a process of sharing, giving and receiving information based on one's knowledge and understanding of a certain issue.

Who is a facilitator?

A person who guides and directs a group of people to an intended goal without imposing his/her views.

What will you do as a facilitator?

As a facilitator you are the person who will help the participants learn the skills presented in the course materials. You will need to be familiar with the materials being taught. It is your job to answer questions, talk with the participants about exercises, lead group discussions and generally give participants any help they need to successfully complete the course. The three basic things you will do as a facilitator:

1. You will INSTRUCT:

- Making sure that each participant understands how he/she is to work through the materials and what he/she is expected to do in each module and each exercise
- Guiding group activities such as discussions and role plays to ensure the learning objectives are achieved
- Helping participants to understand how to apply what is taught to practical problems or actual situations in his/her life or community

2. You will MOTIVATE

- Complementing the participation on his/her correct answers, improve ments or progress
- Being receptive to each participant's questions and needs
- Staying active yourself, interested and ready to help

3. You will MANAGE

- Avoiding or redirecting discussions not related to the topic during scheduled times
- Sticking to the time allotted for each session
- Monitoring the progress of each participant

General tips for facilitators

- Promote cooperative relationships and respond positively to questions
- Refrain from ridiculing participants' questions or ideas and from using facial expressions that could embarrass participants
- You should not always wait for a participant to ask for your help. Be observant and offer individual help if needed.
- Participants should remember you as a facilitator who wanted to HELP THEM LEARN

PREPARATION FOR A TRAINING SESSION

1. Pre-training preparation

Meet as facilitators to:

- Select objectives
- Select a suitable venue for the target population
- Make arrangements for accommodation if required
- Identify target group and plan strategies applicable for inviting partici pants in your setting (announcements at school gatherings, posters, class-to-class announcements etc.)
- Agree on topics and time schedule for each of them
- Ensure that handouts and other required materials are ready

2. Facilitating the sessions

Seating arrangement

Arrange the room for an active learning environment-arranging the room in a circle or square helps create an environment in which people want to participate.

Introductions

Both facilitators and participants should introduce themselves. You can do this by using communication games.

Participants' expectations and fears

Provide participants with two pieces of papers (preferably sticky notes) for them to write their expectations on one of the papers and their fears on the other with respect to the training session. The information should be anonymous (partici-

pants should not write their names on the papers). Stick the papers at a location where the facilitators can get access to. This is to ensure that facilitators are informed about the general needs of the participants during the training session.

Session norms

Set norms for the training session especially when working together or discussing sensitive subjects. The group should work together in the first sessions to develop norms for their work. Some norms the group could develop are as follows:

- Be patient
- Be confident
- Use language which can be understood
- Be polite
- Be cooperative
- Respect one another
- Do not ridicule or make fun of others
- Exercise good behaviour
- Be frank and open
- Do not dominate
- Be punctual
- Be attentive
- No chewing of gum
- Only one person should speak at a time

Pre and Post Test

Depending on the situation, the facilitators may choose from the sample questions (see annexes) with respect to the topic to be discussed and administered before the session for that particular topic or participants may answer all questions covering all the topics before the training session. The post-test may be done at the end of each topic for corresponding questions relating to the topic discussed or may be done at the end of the entire training session to assess the knowledge gained.

Evaluation

At the end of each session, ask participants if they feel equipped to deal with the topic after participating in the session. Use simple forms to help them evaluate the session and suggest improvements. (See a sample of the evaluation form at the annexes which you can adapt for your setting).

Explanation of teaching methodology or activities

Mini-lecture

A brief explanation on specific topics by a knowledgeable person who will usually be teacher or a health service provider.

Group activity

Interaction between 5-10 participants to share ideas on specific topics.

Plenary

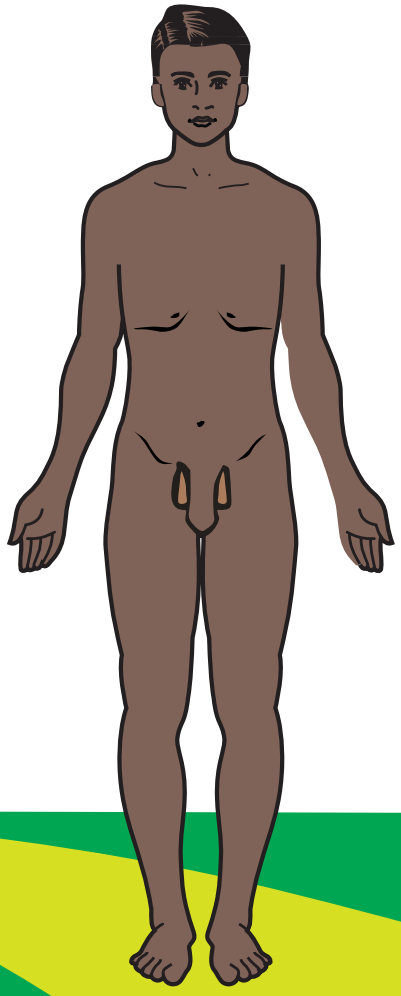
During a plenary session, group leaders present group reports on topics or issues selected for discussions. Other participants make inputs after presentation.

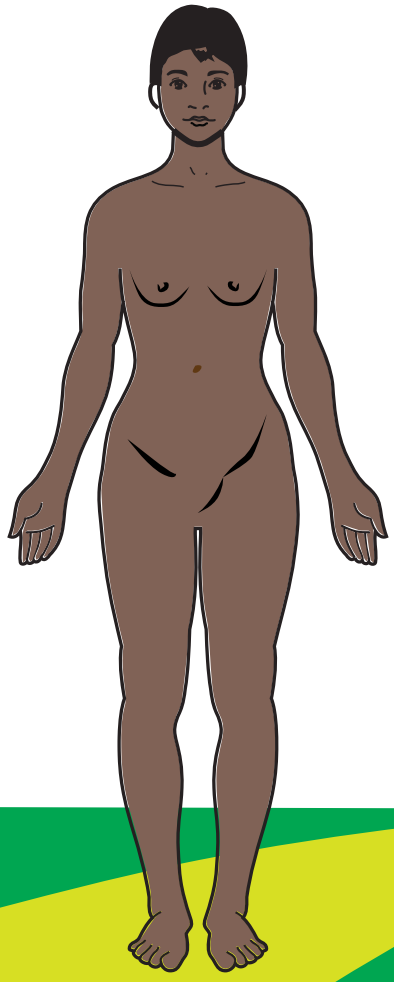
Brainstorming

This is usually led by the facilitator who raises a topic and invites participants to share their ideas. In a brainstorming session all ideas are accepted. The facilitator writes them on the board or chart. The aim is to get as many views as possible to motivate participants to participate and be creative.

Role play

This is an attractive way to deliver information through humour and true-to-life drama. It permits participants to dramatize the myths that people spread and shows how to break them down. During a role play, two or more individuals enact arts in a scenario related to the topic up for discussion. This is done to reinforce a particular issue of interest.





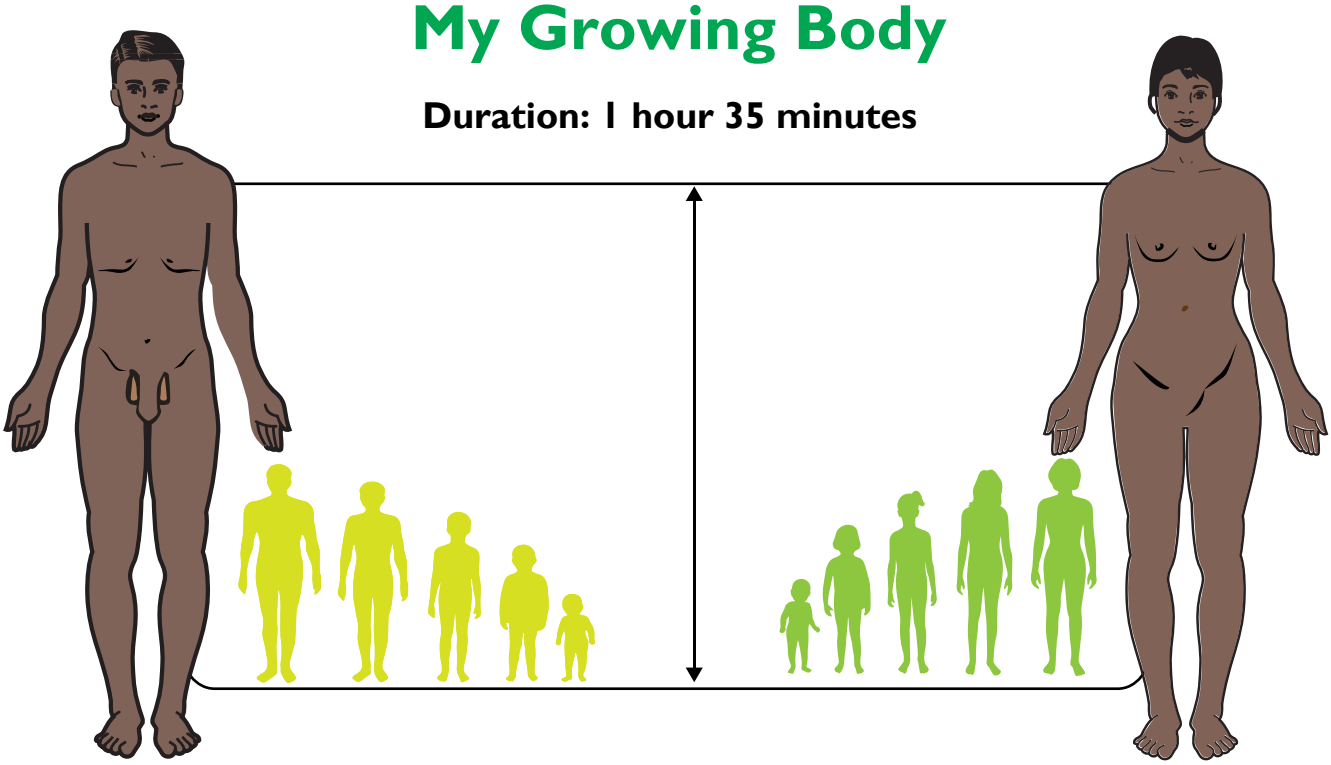
MODULE ONE

ADOLESCENT DEVELOPMENT

Session one:

My Growing Body

Duration: 1 hour 35 minutes



Introduction

Our bodies grow and change throughout our lives. These physical changes are normal and important. During adolescence however, young people including yourself need help understanding and accepting the changes being experienced.

Learning Objectives

By the end of the session, participants should be able to:

- Descrie the physical changes that occur during adolescence
- Describe adolescent growth and development

Materials

- Flipchart/Writing board
- Chalk/Markers
- Info Pack

Methodology

Group Discussions and Plenary

1. Organize participants into small groups
2. Ask participants to describe some of the physical changes that occur during adolescence (not more than 15 minutes)
3. Write changes on the board or flipchart as group leaders report
4. Identify any misconception(s) and table for discussion
5. Organize participants again into small groups (same sex groups if both sexes are present)
6. Distribute the worksheet "changes as I grow" (see Annex III) for partici pants to discuss and fill in their groups (not more than 10 minutes)
7. Moderate group presentations and mark responses on a flipchart-size copy of the worksheet
8. Review correct answers and discuss any misconceptions identified
9. Ask participants to write two changes in their bodies that they feel com fortable about and two changes they feel uncomfortable about. Ensure they do not write their names on the paper
10. Pick responses at random and discuss. Ensure to correct misconceptions with respect to the changes participants feel uncomfortable about

Group activity and plenary

1. Give out the work sheet- "changes as I grow "(Annex III) for participants to complete for 5 minutes.
2. Put participants into small groups to discuss the session on "My growing body" in the Info Pack. Allow group members to choose their leaders (10 minutes).
3. Assist groups to summarise the key points learnt in their discussions and share in a plenary by their group leaders (10 minutes)

NOTES FOR FACILITATORS

Physical changes that occur during the adolescent (refer from info pack page 29)

Human growth and development

Each person grows and changes throughout life, from birth to death. Each child's development (physical, mental and emotional) depends upon the care received from parents and guardians as well as the child's interaction with the environment. Proper nutrition and personal hygiene are important to health growth and development.

When boys and girls reach the ages of approximately 10 and 11, their bodies begin to change from a body of a child to that of an adult. This change is called puberty. It happens between the ages of 10 and 18. Puberty is the start of the period we call adolescence. Chemicals in the body called hormones cause these changes.

As you grow hormones (chemicals in the body) are being produced and this causes the changes you see. In girls the main hormones are called Oestrogen and Progesterone, while in boys the hormone is called Testosterone. These hormones are responsible for the changes that happen to your body and can also affect your emotions

These hormones make the body produce the eggs in females and sperm in males that can make a baby. Both girls and boys develop pubic hair around their private parts and in their armpits.

Adolescence can be divided into two phases:

Early adolescence (10 -14 years)

In this phase the young person starts to move with peers and may fluctuate between clinging to and rebelling against family and community norms. May be preoccupied with his or her body wondering if he or she is normal and may experience with same sex behaviour.

Late adolescence (15-19 years)

The young person in this phase often seeks to establish a separate identity from parents and family. He or she may declare independence. May be more comfortable with bodily changes, more selective of friends and more focused on life's goals.

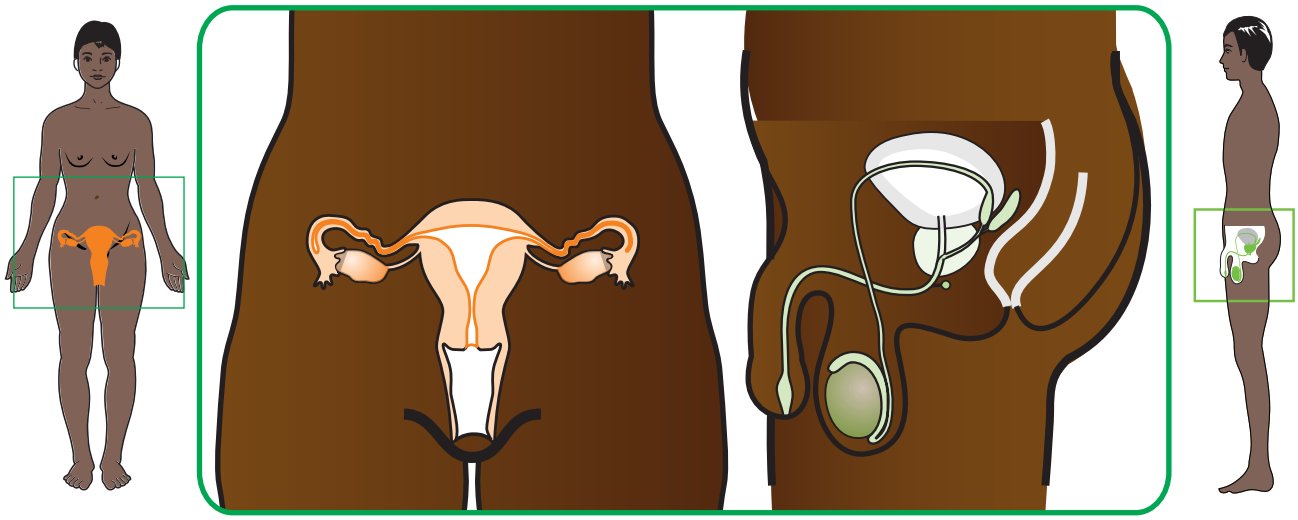
Explain that the changes associated with the transition of childhood to adulthood may not all come in the same sequence.

Refer to the session on "My Growing Body on page 25 " in the Info Pack for additional information.

Session Two:

The Human Reproductive System

Duration: 1hour 15 minutes



Introduction

All living things reproduce. The process by which organisms reproduce offsprings is called reproduction. This is one of the things that sets living things apart from non-living things. The organs involved in human reproduction are collectively called the human reproductive system

Learning objectives

By the end of this session participants should be able to:

- Describe the different male and female reproductive organs;
- Explain the various functions of the different parts of the reproductive organs;
- Know how to keep the reproductive organs clean; and
- Describe how menstruation works.
- Understand the human reproductive system

Materials

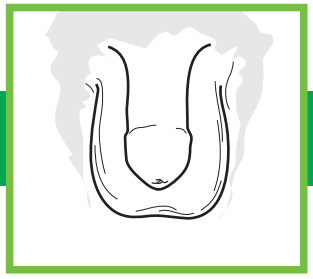
- Flip charts/Writing Board
- Sticky notes
- Material to stick paper up on the walls
- Anatomic models of reproductive organs

  Info Pack

Methodology

Group Activity and Plenary

1. Put participants into smaller groups of 5-6 and give each group copies of male and female reproductive organ diagrams
2. Ask them to discuss the functions of each part indicated in the diagrams and write them down on a flip chart
3. Then ask the groups to present their information to the whole group
4. Use the information provided to make corrections



NOTES FOR FACILITATORS

The Male Reproductive System

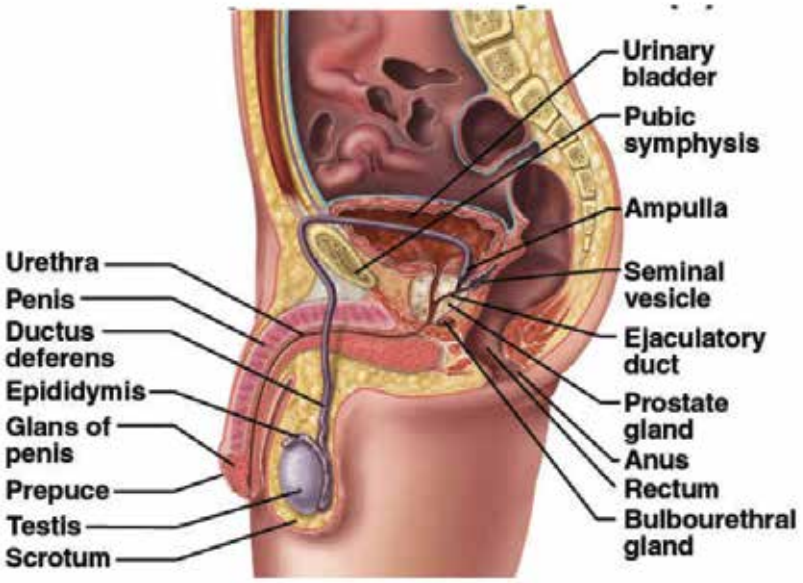


Fig. 1 Male Reproductive System

The male reproductive system is made up of both external and internal organs which include the following:

- **External Organs and thier functions**

Scrotum

A scrotum is a muscular bag that sits behind the penis. The scrotum contains and protects the testicles (testes) and keep them at a temperature below the normal body temperature.

Testes

The testes are two egg-shaped organs found inside the scrotum. They produce male sex hormones known as Testosterone as well as sperms which fertilize the female's eggs for conception.

Penis

The penis is the elongated organ through which males pass urine and semen (fluid which contains the sperms). It consists of a head (glans) and a shaft (body).
The shaft is made up of soft spongy tissue into which extra blood can flow causing the penis to become erect when there is sexual excitement or arousal.

Urethra

The urethra is the tube that carries urine from the bladder to outside of the body. In males, it has the additional function of expelling (ejaculating) semen during sexual intercourse. When the penis is erect during sex, the flow of urine is blocked from the urethra, allowing only semen to be ejaculated.

- **Internal Organs**

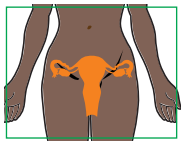
Vas deferens

The vas deferens is a long, muscular tube that leads from the testes in the scrotum through the abdomen to the urethra. It transports mature sperm to the urethra in preparation for ejaculation.

The beginning part of the Vas deferens is coiled up to form the Epididymus which stores the sperms after they are produced in the Testes.

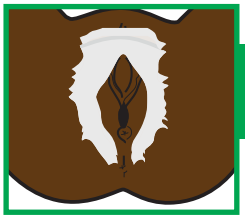
Seminal Vesicles

The seminal vesicles are sac-like pouches that attach to the vas deferens near the base of the bladder which produce a milky fluid known as the Semen. The Semen contains nutrients that provide the sperms with a source of energy and help with their movement. The fluid of the seminal vesicles makes up most of the volume of a man's ejaculatory fluid, or ejaculate.

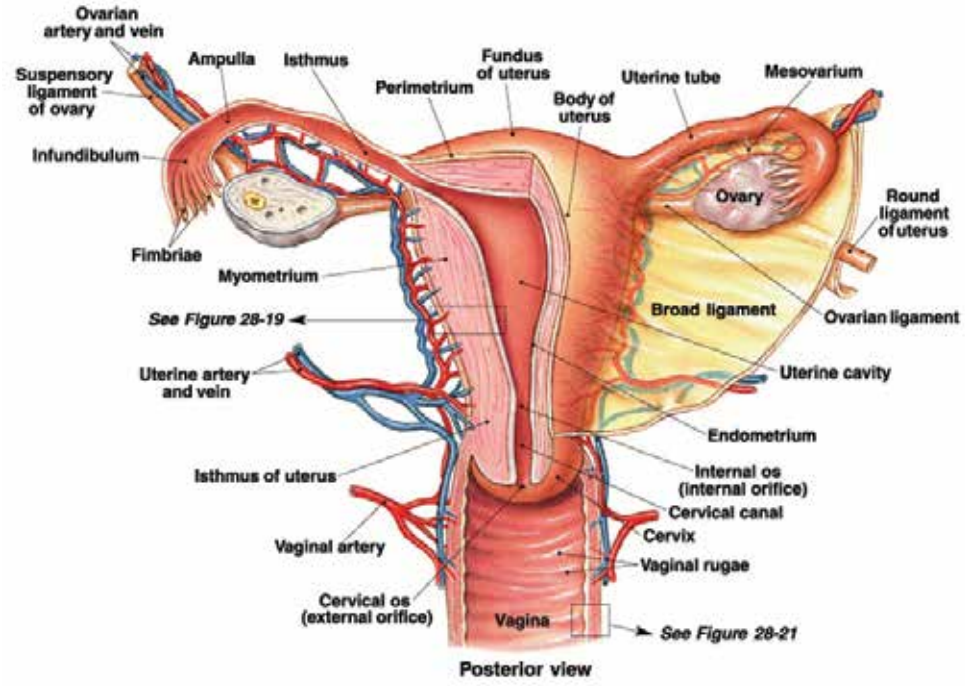


Prostate Gland

This gland is found at the base of the bladder. It produces the liquid that cleans up the tube before semen passes through.



The Female Reproductive System



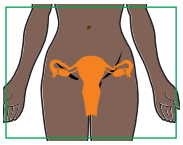
The female reproductive system is immature at bith and develops to maturity at puberty to be able to produce eggs and carry a baby to full term. the female reproductive system is made up of external and internal organs.

The external organs are known as the **VULVA** and they include:

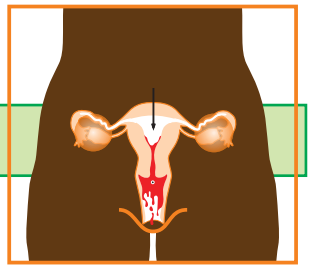
- Labia Majora
- Labia Minora
- Clitoris
- Vaginal Opening
- Urethral Opening

The internal organs include the:

- Vagina
- Cervix
- Uterus



- Fallopian Tubes
- Ovaries



The External Organs

The Labia

There are two pairs of labia or lips, the outer lips and the inner lips. They help to protect the opening to the urethra and the vagina. The outer labia (Labia Majora) may have some pubic hair on them.

Clitoris

The Clitoris is a very small sensitive sexual organ located just above the woman's urethra.

Urethra

A tube leading from the bladder that carries urine out of the body.
Its opening lies between the clitoris and the vaginal opening.

Vaginal Opening

This is the opening of the vagina. It is covered by a thin skin called hymen in a virgin. The hymen can be broken through ordinary exercise.

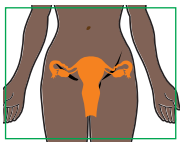
The Internal Organs

The Vagina

The vagina is the hollow tubular channel between the womb and the outside of the body. The walls of the vagina are made of muscles. These muscles have gland cells which produce fluid that keeps the vagina clean. This fluid is normal and healthy and should not be washed off with soap or water.

The amount of fluid produced changes during the menstrual cycle.

When the egg is released from the ovary, the fluid is stretchy, like egg white. This is a sign that a girl could become pregnant if she has sex. The vagina grows and stretches during puberty. The walls of the vagina and the mouth of the womb are not fully-grown



until the girl is about 18 years old. The vagina serve as a passage for menstrual flow and the baby during childbirth.

The Cervix

The cervix is the mouth or opening of the womb. It is a very small opening and nothing can get through except sperm, germs and menstrual blood. During child birth the cervix opens up (dilates) for the baby to pass through. The lining of the skin covering the cervix is different in young women who have not started to have their periods yet. This is important in the transmission of STIs since germs may be able to enter more easily in younger women.

Uterus

The uterus or womb is a pear-shaped organ made up of muscles that stretches. The uterus or womb is lined with a tissue known as the Endometrium with a lot of blood vessels. This blood-rich inner lining provides the needed environment for a developing baby (foetus). The uterus is where a baby develops from an embryo into a foetus. It stretches greatly to hold the developing foetus. It can stretch to about 36 cm or more to accommodate a 3.5 kg baby (foetus) for nine months before it is born.

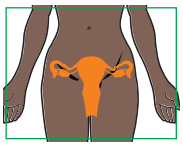
The uterus also contracts during menstruation (the period), which causes cramps that are familiar to most women. One of the openings of the uterus is through the cervix, which opens into the vagina. The other openings are at the other end and open into the fallopian tubes.

Fallopian tubes

On each side of the uterus there is a narrow tube that reaches out towards the ovaries. It is through this tube that the egg travels from the ovary to the uterus every month. Fertilisation also takes place in this tube if the egg meets a sperm along the way. If a girl has a serious sexually transmitted infection that is not treated, the tubes can become blocked. Then the egg will not reach the uterus and the girl cannot fall pregnant.

Ovaries

There are two ovaries and these take turns every month to release an egg that can join with a sperm to make a baby. The other function of the ovaries is to produce the hormones oestrogen and progesterone.



• Egg

The egg (also called an ovum or ova) is what combines with a sperm to form a baby. If the egg travels down the tube without meeting a sperm, it remains non- fertilised and comes out with the monthly menstrual flow of blood.

• Menstruation

One of the early signs of puberty in girls is bleeding from the vagina. This is called menses or a period. If the egg that is released monthly from the ovary is not fertilized by a sperm, the lining of the uterus breaks down and flows out of the uterus as blood through the vagina. This process is known as Menstruation. This is caused by changes in the body's hormones. Many girls begin to have their periods when they are about 11 years old but this can happen between ages of 9 and 18.

Periods often start about a year or two after the breasts appear. A girl can become pregnant before her periods start because she releases an egg before her first period. Some girls experience bad pain and moods in the days just before their periods, while others have no pain at all. It is important to keep clean during a period by bathing and changing the sanitary towels, pads or cloths regularly.

An average menstrual cycle lasts 24-38 days – that is counting from the first day of one period to the day before the next period. Cycles which are shorter or longer than this range are not normal and should be checked by a medical doctor. Bleeding between periods or after sex are also abnormal should also be reported.

For more information on menstrual cycle, ovulation and menstrual hygene refer to pages 7-9 in the Info Pack.

MODULE TWO

LIFE SKILLS

MODULE TWO LIFE SKILLS

Introduction

Life skills are abilities that help the young person to deal very well with the demands and challenges of everyday life. These abilities help to put the knowledge, attitudes and values acquired into positive behaviour. They are important because they give more control to young people to improve their lives.

Common life skills include:

- Communication skills
- Self-esteem
- Assertiveness
- Decision-making
- Negotiation skills
- Goal setting
- Resolving Conflicts
- Overcoming Peer Pressure
- Team Work

Learning Objectives

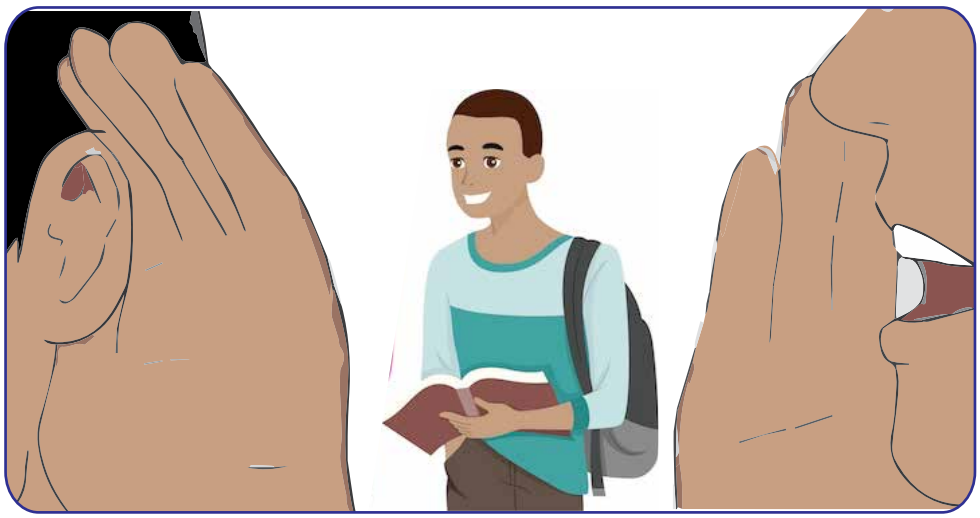
By the end of this session participants should be able to:

- Explian some common life skills
- Describe how to develop some common life skills

Session one:

Communication skills

Duration: 2 hours



Introduction

Communication is an important life skill that enables young people to better understand and connect with people around them. It allows us build respect and trust, resolve differences and foster environments where problem solving, caring affection and creative ideas can thrive. Effective communication seeks to inform, educate, persuade and maintain a cordial relationship between individuals and groups.

Learning objectives:

By the end of this session participants should be able to:

- Define communication
- Explain the different ways of communication
- Differentiate between passive, aggressive and assertive communication

- Explain the types of communication
- Identify and explain at least three communication sills
- Identify at least four communication barriers.

Materials

- Flipcharts/ writing boards
- Pens and markers
- Notebooks and pens

Methodology

Discussions

1. Ask participants to define communication and write down their responses. Call 3 to 5 participants to read out their responses and find out if participants agree or not and their reasons. (5minutes)

* Definition: Communication is a process by which information is exchanged between individuals through words, common system of symbols, signs and behaaviour. It is a two way activity two or more people by which ideas, information, opinions and feelings are shared.

2. Ask participants how communication takes place. Go through the list below as participants share their views and include any additional information which may have not been mentioned. (5 minutes)

- Person to person or Face to face,
- Print media(Written letters, documents,newsletters, journals , books etc)
- Telephone calls
- Using mass media (radio, television, social media etc.)

3. Different Communication Methods: Discuss the three communication methods with participants: (20 minutes)

- Passive
- Aggressive
- Assertive

4. Guide participants to differentiate between the three different methods including their outcomes: *(Put everything in a table)**

Passive Communication

- Take no action to assert yourself
- Put others first at your expense
- Talk quietly
- Give in to what others want
- Remain silent when something bothers you
- Apologise excessively
- Make others feel guilty
- Blame others and be a victim
- Feel regret

Outcomes of passive communication

- You do not get what you want
- Anger builds up
- You feel lonely
- Your rights are violated.

Aggressive Communication

- Stand up for your own rights with no regard for the other person
- Put yourself first at the ex**pense of others**
- Overpower others
- Be rude and disrespectful

Outcomes of aggressive communication

- You dominate people
- You humiliate people
- You win at the expense of others

Assertive communication

- Stand up for yourself without putting down the rights of others
- Respect yourself as well as the other person
- Listen and talk
- Keep focussed on what your position is and are not distracted by other arguments
- Express negative and positive feelings
- Confident but not pushy
- Seek a compromise without compromising your health, safety or values.

Outcomes of assertive communication

- You do not hurt others
- You gain self-respect
- Your rights and the rights of others are respected and every body wins.

Role Play- (15 minutes)

This is to give participants the opportunity to practice the different communication methods

a) You went out with your boyfriend. He paid for food and buys you gifts. He took you home and insisted that you have sex. You do not want to break your virginity but you like him and do not want to lose him. How do you communicate your position assertively?

b) Your aunt always calls you to look after your cousins who are much young er than you whenever she goes out. Sometimes, she comes back very late at night. This means you have to walk home in the dark which is unsafe. She financially sup- ports you and your mother, However, you feel she is taking advantage of you. It is difficult to confront her as she has been good to you. How do you speak to her?

Mini Lecture

(Types/Categories of communication; communication skills- 20 minutes)

5. Discuss with participants the different types of communication:

- Spoken or Verbal Communication: Verbal communication includes uses of spoken words; it deals with talking or voice. E.g. Face-to-face, telephone, radio or television and other media.

- Non-Verbal Communication: This includes a wide range of messages people perceive and assign meaning to, such as body movements, facial expressions, and gestures as well as tone of voices, eye contact, touch and posture. We use non-verbal communication in our interactions with others.

- Written Communication: This is the use of written words to transfer a message. Properly written, the words are read and easily understood. Examples: letters, e-mails, books, magazines, the Internet or via other media.

- Visualizations: Visualizations are things that you can see and read meanings into them. Examples: graphs and charts, maps, logos

6. Discuss with participants skills for effective communication

These are the skills you need in order to communicate effectively. They include being able to express your thoughts, feelings and opinions clearly and appropriately, and being a good listener. Some of the skills that are very important in interpersonal and group communication are:

a. Listening skills:

Active listening means more than just listening. It means listening with the eyes as well as the ears. It means helping people feel that they are being understood, as well as being heard. By helping people feel understood, active listening encourages more open communication of ideas and feelings and so improves relationships.

Active listening includes using body language as appropriate in your culture to show interest and understanding. In some cultures in Ghana, this will include nodding the head and turning the body to face the person who is speaking.

ICE BREAKER

Instruct all participants to line up in such a way that they can whisper to their immediate neighbours, without the next person hearing what was said. Come up with a phrase and whisper it to the first participant in line. Then this participant will whisper it as quietly as possible to his/her neighbour. The neighbour will then pass on the message to the next participant to the best of his/her ability. The passing will continue in this fashion until it reaches the participant at the end of the line, who says to the facilitator the message she received.

NB: The game has no winner: the lesson comes from comparing the original and final messages. Verify if message has been distorted and discuss the possible reasons for this.

b. Questioning skills

Effective questioning skills are also otherr forms of active listening skills. Asking appropriate questions is important. It helps you understand the issues better, encourages discussions for solving problems.

Effective questioning involves:

- Asking open-ended questions, for example using the six key questions (Why? What? When? Where? Who? and How?)
- Asking probing questions by following people's answers with further questions that look deeper into the issue or problem
- Asking clarifying questions by re-wording a previous question
- Asking questions about personal points of view by asking about how people feel and not just about what they know.

c. Speaking skills

Good speaking skill is the act of putting together meaningful words that can be understood by listeners. Good speaking involves more than just pronouncing words.

Speaking can be interactive, partially interactive and non-interactive in the situation of listening. Interactive speaking situations include face-to-face conversations and telephone calls, in which we are alternately listening and speaking.

Non-interactive is when recording a speech for specal media.

Effective speaking involves:

- Showing positive attitude
- Being confident
- Maintaining eye contact with audience
- Staying focused on the issue of interest
- Speaking clearly and loud enough to be heard

NB: In case preparing a speech, ensure to rehearse your speech very well.

Role play (25 minutes)

i. Ask the participants to pair themselves. One person in each pair should begin by describing to the other an event in his or her life that made him/her feel very happy. The listener should say nothing, but should concentrate hard on hearing what is being said.

ii. After two minutes, tell the speakers to continue describing the event, but tell the listeners to stop listening. He/she might yawn, look else where, turn around, whistle, or anything else he/she likes besides listening to the speaker.

iii. After another two minutes, call time. Tell the speaker and the listener to change roles and repeat the exercise.

iv. Ask participants to describe first how they felt as speakers, compar ing the experience of telling their story to a willing listener and tell ing it to a bad listener. Then ask participants to describe and com pare how they felt as good and bad listeners.

v. Ask participants to describe some of the body language that listeners used to communicate interest or disinterest in the story that was being told (examples might include eye contact, body posture, nodding of the head, or smiling to communicate interest; turning away, crossing the arms, lack of eye contact, interrupting, or fidgeting to communicate disinterest).

Discussion (Barriers of communication)

7. Guide participants to discuss barriers of communication

Group the barriers of communication under the following on a flipchart:

- ***Personal Barriers- (e.g. difference in beliefs, negative worldview)***
- ***Physical barriers- (e.g. noise, texting while conversing, poorly arranged desks and uncomfortable meeting places)***
- ***Physiological barriers- (e.g. hearing impairment, vision impairment and speech disorders)***
- ***Language barriers (e.g. using technical words etc.)***
- ***Cultural barriers(eg. gestures etc)***

8. Ask a participant to read the story below and then discuss what barriers are at play in this story. Use the questions following the story as discussion points. (20 minutes)

Ahmed is in SHS 1. At break-time in school, he overheard some of the SHS 3 boys saying that Joe, one of their classmates had an STI. In the evening, Ahmed recounts the story to his mother.

Ahmed: "Mama, I heard one of the bigger boys in school saying that Shaun has an STI. What is an STI?" Mama: "Why are you asking about this? You shouldn't know about such things at your age. Now go and finish your homework!"

The next day Ahmed asks his neighbour, a health worker at the community clinic. Ahmed: "Good morning Auntie Korkor. Can you tell me what an STI is?" Auntie Korkor: "Yes. STI stands for Sexually Transmitted Infections." Auntie Korkor hurries along. Ahmed tries to repeat the phrase without much success.

Ahmed gets to school and tells his friends that he heard Joe had Severe Tribal Infections. One of his friends says he has experience this before and it makes one a real man. They decide to ask their teacher later on.

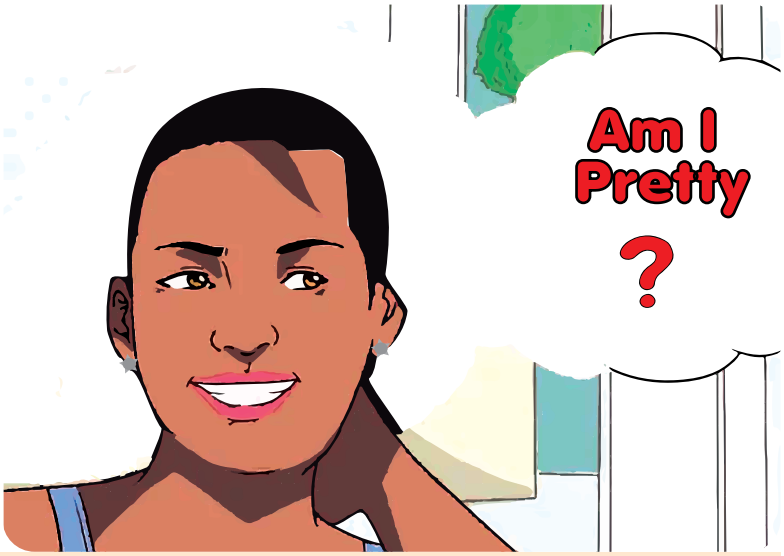
Discuss the following questions:

1. Was the communication effective? (Answer: No, it was not effective)
    i. Between Ahmed and Mama
    ii. Between Ahmed and Auntie Korkor
2. What barriers to effective communication can be identified? (Possible Answers:
    - Complex language
    - age difference
    - Negative attitude
    - feedback not waited for.
3. How can we overcome such barriers?
    - simple language
    - age appropriate
    - posituve attitude
    - wait for feedback

Session two:

Self-esteem
(Believing in yourself)

Duration: 1 hour 15 minutes



Introduction

From the moment adolescents are able to perceive the world around them, they begin to get messages about how the world feels about them. They ask questions such as: am I loved? Or am I beautiful or handsome? Depending on the answers they get or see, they begin to attach meaning and interpret the messages about ourselves. They also start to develop certain beliefs and values.

To meet the challenges of school, work and relationships, young people need to build confidence in themselves by learning about their own strengths and weaknesses and by developing the required skills for interacting with others respectfully.

Learning objectives

By the end of the session, participants should be able to:

- Explain self-esteem
- Distinguish between low self-esteem and high self-esteem
- Identify ways to develop and increase self-esteem
- Distinguish between the positive and negative self esteem

Materials

- Flipchart/Chalkboard
- Chalk/Markers
- Youth Action Kit
- Notebooks and pens

Methodology

Discussions

1. Ask participants to think about the word 'self-esteem"
   - What does it mean?
   - Write a list of their answers on the flipchart/board.
   - Use the following questions to generate discussion:
     - how would someone with a high self-esteem act?
     - What about someone with a low self-esteem?
     - Do you think it's possible for someone to change? How?

2. Give each participant the worksheet (Annex IV)- "how do I see myself?" to complete.

3. Ask if anyone wants to share anything they have written.

   Why is getting to know oneself an important aspect of self-esteem?

4. Divide participants into smaller groups and ask them to answer this question in 5 minutes: "How can we develop high self-esteem and confidence?"

5. Give group leaders the opportunity to present the groups' answers in plenary (2 minutes for each group)

6. After plenary explain the four conditions and self-esteem builders indicated below. (20 minutes)

How can we develop high self-esteem and confidence in ourselves?

There are four conditions that need to be met for an individual to have high self-esteem:

- **Connectedness:** feeling attached and connected to others; feeling as if they belong and are respected.
- **Uniqueness:** the sense that we are special, different from everyone else.
- **Power:** feeling in control of our lives- 'I am competent', 'I have responsibilities'.
- **Role models:** to build self-esteem we need to have good role models.

- ***What builds self-esteem?***

- Tell each other when we have done well, the things we like about each other, and our strengths.
- Know that each of us is special and unique.
- Each of us experiences life in our own way. Try to put ourselves in each other's shoes and accept each other.
- Our family and friends can help us to feel good about ourselves. We can encourage people to praise us by praising them.
- Being good at something helps us to gain confidence.

When you are feeling low, remind yourself what you are good at.

- We all make mistakes, that is how we learn. We do not need to feel bad every time we make a mistake. Let us just admit that we have made a mistake and learn from it.
- We need believe that we can achieve things. One small step can lead to another until we have travelled a long way.

7. Discuss with participnts the difference between positive-based and negative-based esteem

It is important to note that just because a person has high self-esteem that does not automatically mean that he has positive based self-esteem. For example, a drug dealer or murderer can have high self-esteem, but it is certainly not positively based.

Positive based self-esteem improves the physical, emotional and spiritual development of an individual and is evident in the behaviour and character of that individual. Instead of comparing ourselves to others, we should compare with our inner worth/abilities.

NOTES FOR FACILITATORS

Self-esteem is how we feel about ourselves and handle situations in our lives. It can also be explained as the value you place on yourself and deep-seated belief of one's worth. In other words, self-esteem means that you are able to stand up for yourself, know what you want and believe that you can get it.

Self-esteem develops out of:

- The socialisation process by family members, time and place, peers, schools or universities attended, religion, society, the media and associates.
- The interpretations (perceptions) that we develop out of the mes sages we receive from the socializing agents above.
- The beliefs and values that come out of the perceptions/interpretations that we attach to the messages from the socializing agents.

How we see ourselves and feel about our own abilities and character is a very important factor in influencing the choices and decisions we make, goals we set, the effort we put in personal development and achieving a personal goal.

If one believes he/she is intelligent, attractive and competent he/she will set challenging goals, and will aim to achieve more. he/she will not be content with failure because he/she believes that s/he can, will and should succeed.

If one believes that he/she is stupid, unattractive, a failure and not capable of much, he/she will not set challenging goals, will not endeavour to achieve much, and will

be content with failure or mediocrity because that is all he/she believes in.

Low self-esteem is an epidemic that is more widespread and deadly to young people's dreams and ambitions. Many young people never pursue their goals, dreams and ambitions because they do not love themselves, believe in their potential and are not worthy of achieving high levels of success. The deep-down feeling/belief of their self-worth determines whether they will develop their abilities and potential, set a goal or take consistent action.

High self-esteem is a building block for self-fulfilment, freedom, control and achievement. Four conditions must be present for an individual to have high self-esteem:

- Uniqueness – an individual must feel that he or she is special.
- Connectedness – an individual must feel as though he belongs to someone or to something.
- Power - feeling in control of our lives: 'I am competent', 'I have responsibilities'.
- Role model – an individual must have a good role model to look up to.

Factors that contribute to high self-esteem:

- Supportive home environment
- Love and warmth from individuals
- Constant positive encouragement for our achievement
- Positive support/reinforcement

Factors that contribute to low self-esteem:

- Lack of positive environment
- Constant negative feedback or criticism
- Inconsistency in the nature of one's upbringing
- Rejection and attention to failure

Session three:

Assertiveness

Duration: 1 hour 5 minutes

Introduction

Assertiveness is a healthy way of communicating. It is the ability to speak up for ourselves in a way that is honest and respectful. Being assertive means standing up for yourself and being straightforward and honest with yourself and others about what you need and want. Being assertive can help you protect yourself and can help you resist peer pressure to do things that you are uncomfortable doing.

Learning objectives

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

- Explain the difference between aggressive, passive and assertive behaviour.
- State the reason to consider the rights, feelings and values of others.
- Communicate feelings assertively in a conflict situation and consider the consequences.

Materials

- Flipchart/ Writing board
- Chalk/Markers
- Notebooks and pens

Methodology

1. Explain to participants what assertiveness is (5 minutes)
2. Differentiate between being aggressive, passive and assertive (5 minutes)

Discussions- Case studies- (45 minutes)

a) Nana Adjoa has challenges with understanding mathematics and feels very embarrassed when she gets wrong answers in class. Her mathematics teacher offers to give her extra lessons after school. She has seen improvements in her studies and is very appreciative of her teacher's support. But there is a problem, of late her teacher has started making sexual advances at her, though she refuses to give in. Meanwhile she does not want to lose the support the teacher has been giving towards her studies. What should Nana Adjoa do?

b) Kofi has been talking to his friends of late about sex. Most of them claim to have had sex and are teasing him about the fact that he has not. He has learnt about the dangers of premarital sex and wants to share with his friends but feels hurt about the constant teasing from them. He has decided to call them to have a talk with them, how would you help Kofi explain the dangers of pre-marital sex to his friends? What should he say and how should he say it?

c) Your uncle usually sends you to buy a pack of cigarette for him which you do not feel comfortable with. Your peers in the neighbourhood think you smoke and the rumour is spreading quickly. How do you address this? Unfortunately your uncle is your guardian.

NOTES TO FACILITATORS

Assertion is a communication skill that can be learnt and practised. One can choose to be assertive or not according to the situation therefore, it should not be used to describe a person. It enables an individual to express their thoughts, feelings and values about a situation openly and directly with due regard for the other persons feelings and values. The skill focuses on the rights of the individual with consideration of the rights of others. Therefore, it is an important skill to learn in other to deal with social situations that involve pressure to use unwanted drugs, use drugs at an unsafe level or in a harmful way, negotiating safe sexual practices, resisting unwanted sexual advances and dealing with many other real life situations.

Assertiveness, Aggression or Passiveness can be placed in the context of three main types of behaviours a person may choose to adopt depending on the situation.

People who are not assertive are often passive. Being passive means not actively participating in dealing with an unwanted situation and not standing up for yourself. People who are not assertive often lack the confidence and self-esteem to stand up for their own needs and to protect their feelings or body from being hurt. Assertiveness is very different from being aggressive. People who are aggressive are usually rude, unkind and do not care about other people's feelings. Being too aggressive is not very good for your emotional health because, inwardly, you will feel bad being unkind.

Below is a table outlining some ideas about why people choose a type of behaviour and what the result of the choice may mean:

Reasons for being aggressive: - afraid of failure - lack of confidence - previous success with aggression - to demonstrate power - release pent up anger - to manipulate others	***Results of being aggressive:*** - conflict in relationships - loss of respect - increased stress - possible violence - not achieve results - feelings of guilt
Reasons for being passive: - fear of disapproval - fear of criticism - out of politeness - to avoid conflict - to manipulate others - unskilled in assertion	***Results of being passive:*** - loss of confidence - feel angry, hurt, frustrated - lose control in relationships - lead to aggressive response - feelings of low self-worth - never get your way
Reasons for being assertive: - feels good about oneself and other - builds mutual respect - achieves personal goals - minimises hurting others - feel in control of situations - honest to self and others	***Results of being assertive:*** - unpopular for expressing feelings - labelled pushy - perceived as independent - could threaten relationships - strengthen relationships - perceived as in control - thought of as decisive

There is always a choice about whether an assertive response is appropriate or will lead to the desired result, but it is not a guarantee. Consideration of the following aspects should influence the decision whether to choose assertive behaviour or not.

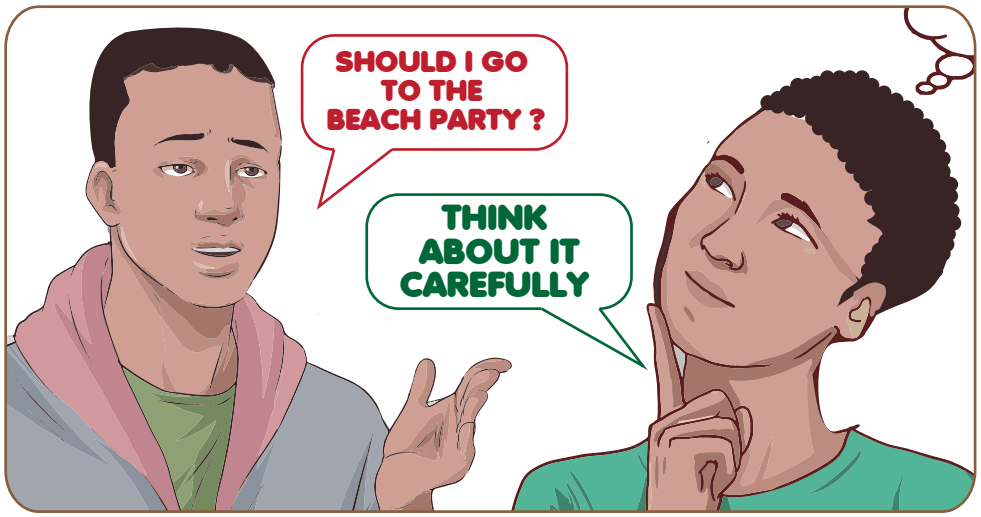
1. ***Situation - how will you feel if you do nothing in this situation?***
2. ***Location - best in a private situation, however, it can save face in front of others to act assertively sometimes. Where appropriate ask to see the person privately in the company of a trusted adult if possible.***
3. ***Timing - as soon as possible after the particular incident is best, before emotions make an appropriate response more difficult.***
4. ***Relationship - usually it is easier to be assertive with more distant relationships than with close friends, superiors or family, this is up to personal judgement.***

Assertion does not have to be used in every situation and it will not always result in a perfect outcome. However, when used, a better outcome is more likely, the relationship may not be harmed as much and conflict may be resolved without one party feeling guilty, let down or emotionally dishonest.

Session four :

Decision-making

Duration: 1 hour 30 minutes



Introduction

As young people we make decisions every day, where to go, what to eat, who to befriend, etc. Some decisions are very important to our lives. We should recognise their importance and think before we act, especially decisions about sexual relationships.

A decision is a choice that we make between two or more possible alternatives. We all make decisions every day. We will need to make more and more decisions as we go through life and some of these decisions will affect us negatively or positively for the rest of our lives.

One of the most important parts of decision-making is to know the consquences of the choices you make. This is called predicting outcomes or understanding consequences. The better you are at predicting outcomes, the better you will be at making decisions that result in the outcomes or consequences you want.

Learning objectives

By the end of this session participants should be able to:

- Define decision-making
- Differentiate between simple and complicated decisions
- **Explain the process of decision-making.**

Materials

- Flipchart/ writting board
- Pens and markers
- Notebooks

Methodology

Discussions

1. Ask participants to define decision making (take about five responses) and write on the flipchart. (5 minutes)
2. Compare with the definition below (as stated in the introduction) and include missing links or emphasise where applicable.

   A decision is a choice that we make between two or more possible alternatives.

3. Discuss the types of decision

   Types of decision making: decision can be simple or complicated (10 minutes)

   a. Simple decisions

   Simple decisions are decisions that are not difficult to make. The outcome may not have any drastic change on your life. Example, what to wear, when to clean your room i.e. morning or evening etc.

b. Complicated decisions

Complicated decisions are those that are usually difficult to make and that are very important to you. The outcome may affect your life for a long time.

Examples of complicated decisions include the following: what career you should pursue, break or maintain your virginity, have unprotected sex, be dating at this stage of your life etc.

4. Discuss with participants the steps in decision making (30 minutes)

Key steps for good decision-making include:

- Describe the problem, situation or issue that needs a decision
- Get more information about the situation
- Identify possible alternatives
- Think about the possible consequences or outcomes of each cause of action consider;
  - your personal and family values
  - which course of action are constistent with these values
  - think about the ways in which your decision may affect other people
- Choose the decision that seems most appropriate based on your knowledge, values, morals, religious upbringing, and present and future goals.
- Re-consider the decision and how you feel about it.
- Be sure you carefully consider all the alternatives and you are comfortable with the choice you made.

Group Activity and Plenary

5. Divide participants into small groups and give out the worksheet on the decision making tool

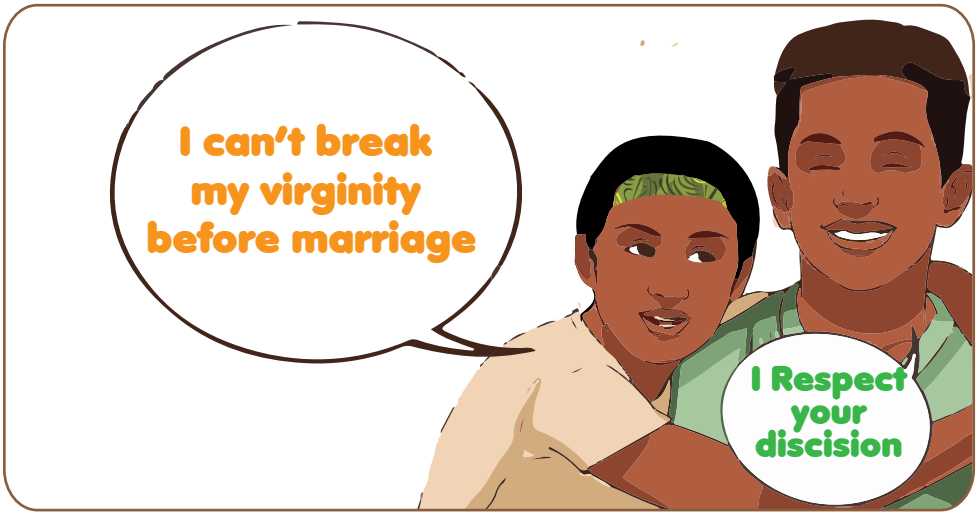
i. Read out the case study of Nana Adjoa discussed during the session on assertiveness and assist groups to make their decisions using the decision making tool and guided by the steps in decision making. (30 minutes)

ii. Group leaders should present their decision making tools and discuss in a plenary **(15 minutes)**

Session five:

Negotiating skills

Duration: 30 minutes



Introduction

Negotiation means reaching an agreement with someone, or reaching of agreement through discussion and compromise. Negotiation involves persuasion and not forcefulness. It involves reaching consensus.

Young people need to be empowered with negotiation skills, especially those that are vulnerable due to their situation. Negotiation skills are the ability to think through the situation and solve a problem at hand. Negotiation skills are a combination of several skills such as:

- assertiveness
- critical thinking
- decision-making
- communication

Learning objectives:

At the end of this session participants should:

- Define negotiation
- Describe how to negotiate
- list the steps in negotiation skills

Materials

- Flipchart/ Writing Board
- Pens and markers
- Notebooks

Methodology

Discussions

1. Brainstorm on the meaning of negotiating (refer to introduction)

2. introduce the concept of negotiation (refer to introduction)

3. Lead participants to discuss key points on successful negotiation: (15 minutes)

- Recognise the other person's point of view- they will become more willing to recognise yours.
- Good negotiation should result in both people gaining something.
- Good negotiation involves putting yourself in place of the other person and understanding their point of view- this means that you appreciate and respect the other person's point of view. This reduces the risk that you will say something that causes conflict and hurt
- To obtain a win-win outcome, it is necessary to understand both your own beliefs, values and objectives and those of the other person.

4. Lead participants to discuss the steps in negotiation (15 minutes)

a. Say what you feel using "I" statements.
b. Listen to what the other person has to say to find out what they need or want
c. Tell the person what you understood, so you are sure you have under stood it
d. Together think about as many ideas as possible that may bring a solution to the problem
e. Agree on a solution
f. Try it. If it does not work, start again!

Session Six:

Goal setting

Duration: 1 hour

Introduction

Setting goals is something we do every day, although we may not always think of this as setting goals. A goal is what you want to achieve or accomplish. It can be something to do, someplace to go or something to have. Goals give us something to look forward to and can motivate us and give us energy. To set a goal, we must gather information and make decisions and choices. We must learn about what we want to achieve.

Learning objectives

By the end of this session participants should be able to:

- Define what a goal is
- Define the SMART principle of setting goals
- Set goals for every area of their lives

Materials

- Flip chart / Writing Board
- Pens and markers
- Sticky Notes
- Notebooks

Methodology

Discussions

1. Ask participants to define what a goal is. Write about 3 responses on the flipchart and compare with the definition below: (5 minutes)

   A goal is a specific, intended result of an action. Setting goals is a way to focus your attention on what you want in the future.

2. Introduce participants to the SMART principle of setting goals by giving the information below: (20 minutes)

   - S-Specific- To set a specific goal you must clearly define what you want. A goal must show you the way. A good way to make your goal specific is to answer the 5 W questions: WHO, WHAT, WHEN, WHERE and WHY.
     - Who is involved?
     - What do I want to achieve and what will I need?
     - Where will this happen?
     - When will this happen?
     - Why do I want this to happen?
   - M-Measurable- You must put in targets which can help you measure the progress you have made
   - A-Attainable- Make sure the goal can be achieved or is doable. Resist the urge to set goals that are too easy to achieve. Your goal must push you to work hard and be a better person
   - R-Realistic-You should be able to achieve the goal within the time framework and your abilities
   - T- Time-bound- Your goal must have a deadline. It helps you focus and gives you a sense of urgency

Example of a SMART goal

- " In ten years I want to study chemical engineering at the University after SHS."
- "In three years I want to manage own business."

3. Share the goal defining worksheet (Annex VIII) for participants to fill and encourage at least five participants to share their responses with the rest of the group

4. Ask participants to think of where they want to be in 5 years' time. Each participant should think of a goal they would like to achieve.
   The goal should be SMART. (5 minutes)

5. Ask participants to make drawings of where they see themselves in 5 years' time. For example they can draw a family, a house, cars, or their workplace. These should be just sketches. (10 minutes)

6. Ask for volunteers who would like to share their goals and drawings with the whole group. (5 minutes)

7. Encourage them to keep their drawings and not throw away.

8. Give some tips for keeping track of your goals: (10 minutes)

- ***Prepare for the next day by doing a to-do-list the night before. This should be the last thing you do before going to bed.***
- ***Do well to rise up early and start your day off by getting organized, and start doing the things on your list. This will help you keep on track with the things you need to do meet your short term goals.***
- ***Make sure to cross them out of your list after you have done each task.***
- ***In case you could not do an activity, do n ot worry just add it to the to-do list for the next day.***
  If you live by making the effort every day, you will see progress.

Principles of Goal setting:

1. ***Set a goal that motivates you***

2. ***Your goal should be SMART***
3. ***Write down your goals***
4. ***Make an action plan***
5. ***Stick to the action plan***

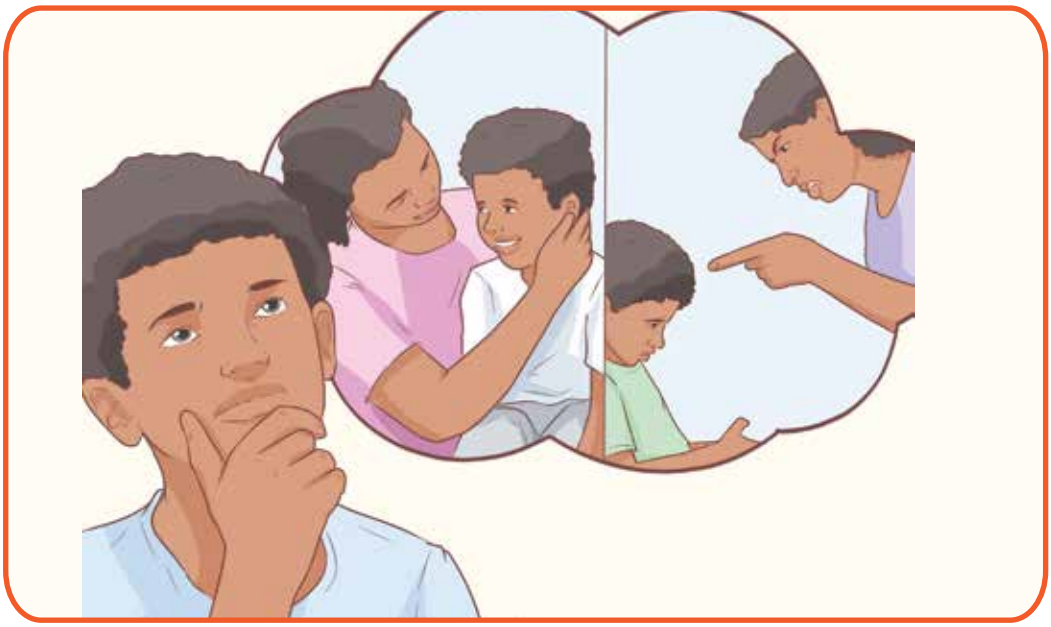
Note For the Facilitator

A goal should be specific, practical and have a deadline. It should be realistic. This makes it easier to be achieved. Thinking about the expected benefits of achieving one's goal can be a motivating factor. To help reach a goal, it is helpful to have a plan with steps to achieve it, and also think about possible difficulties and how to address handle them when the need arises.

Session Seven:

Resolving Conflicts

Duration: 1 hour



Introduction

Adolescents and young people have experienced conflicts in their lives. Conflicts are basically sitatuations which arise as a result of misunderstanding between two or more sides.

Some conflicts can be said to be big and others small. Young people can learn to solve conflicts as much as possible and to live positively with conflicts they cannot do anything about.

As long as young people interact, conflicts are bound to happen. A conflict may lead to further problems if not addressed or it can be solved amicably and lead to a long lasting solution. Learning to solve problems or conflict is a skill any young person must acquire due to the differences that exist between all human beings.

Learning Objectives

By the end of this session participants should be able to:

- Explain conflict situations
- Outline the steps needed to resolve conflicts

Materials

- Flipchart / Writing board
- Pens and markers
- Material to stick paper up on the walls

Methodology

Group Activity and Plenary

1. Divide participants into smaller groups and assist them to discuss the following: (10 minutes)
   - What is conflict?
   - How can you manage a conflict when it arises between you and your parent or guardian or teacher?
2. Give opportunity for group leaders to share the feedback from the group activities. (10 minutes)
3. Discuss the definition of conflict given below and give opportunity for at least 5 participants to share their experiences with conflict and how they managed to solve them. (10 minutes)

Definition of conflict: Conflict may be defined as a struggle or contest between people with opposing needs, ideas, beliefs, values, or goals.

Role Play (20 minutes)

Act out the following conflict scenarios and discuss ways of resolving it

- Musa is upset because his mother told him he will not be allowed to go to a football game with his friends on Saturday afternoon, even though he had already made plans with his friends.
- Judith has a mock exam at school on Friday. On Thursday afternoon, she realizes es that she is not well prepared for the exam and is worried that she will not pass. Judith's sister wants her to help with preparing dinner, but she wants to study. What should she do?
- Kwansema who is 16 years has a sugar daddy. Her mother discovers this

and warns her to stop. Two months later, she realises Kwansema is still seeing this man. She quarrels with her about this but Kwansema refuses to stop seeing him. How do we resolve this conflict or problem between mother and daughter?

4. Take participants through some tips for resolving conflict indicated below. (10 minutes)

   - Respond, do not react. If you keep your emotions under control you have a better chance of hearing what the other person is trying to say.
   - Listen carefully without interrupting. Ask questions and wait for and listen to answers.
   - Acknowledge the other person's thoughts and feelings. You do not have to agree with the other person to acknowledge his or her feelings.
   - Give respect to get respect. Treat people the way you would like to be treated if you were in the same situation.
   - Communicate clearly and respectfully so your viewpoint can be under stood
   - Identify points of agreement and disagreement. Agree wherever you can. Your underlying interests may be more alike than you imagine.
   - Be open to change. Open your mind before you open your mouth.
   - Stay focused on the topic at hand. Do not expand an argument. If there are a number of issues, deal with them, one at a time.
   - Work together. Commit to working together and listening to each other to solve conflicts.
   - Conflicts do not have to end with a winner and a loser. Try to find a solution that is acceptable to both parties

Session Eight:

Peer Pressure

Duration: 1 hour 15 minutes

Introduction

Peer pressure increases during adolescence, but the influence of caring adults can remain strong if a strong relationship has been established during earlier years. Most peer pressure for young people is just as indirect as it is for most adults.

This is why practicing "saying no" to peer pressure is important. Finding creative ways to refuse alcohol, tobacco, drugs, and sex requires lots of practice. Each young person can develop his or her own way of "saying no"

Learning objectives

By the end of this session, participants will be able to:

- Define peer pressure
- Explain effective ways of dealing with peer pressure

Materials

- Flipchart/Writing Board.
- Pens and markers.

- Sticky notes
- Notebooks

Methodology

Discussions

1. Ask the participants to share with the group their understanding of what peer pressure is. (at least three participants)- (5 minutes)

2. Ask them to identify different types of peer pressure and write their responses in their notebooks and share with the group (5 minutes)

3. Go through the definition and types of peer pressure indicated below. (20 minutes)

    - Peer: is a member of a group of people sharing the same characteris tics. For example, people of the same age and background, or who do the same kind of work, have the same or similar lifestyle, experiences or beliefs. The more a peer has something in common with the person they interact with, the more likely it is that person will be influenced by the peer.

    - Peer pressure: is when friends of the same age group persuade you to engage in an act you do not want to do or are unsure about

    - Two types of peer pressure;

        - Bad peer pressure: this occurs when you are being pressured into doing some thing that you don't want to. do Friends have a tendency to think that they know what is best for you, and may offer their opinion whether it is wanted or not.

        - Good peer pressure: This is being pushed into something that you did not have the courage to do or did n ot think about doing it and it turned out well.

          Another form of good peer pressure is walking away from a bad situation/ decision because your friends convince you it is not in your best interests.

4. Take participants through the ways of resisting peer pressure and then share the information provided below. (15 minutes)

   - Think about what you do and do not want to do, and why.
   - Be clear about the facts and values which are guiding you.
   - Seek out further information which may help you make your decisions.
   - Think about the consequences of your choice. Will you feel good about it the next day? Is it a healthy, positive decision? Are you fully in control of the situation and likely consequences?
   - Stand your ground and do not give in to pressure. This means being strong, determined and motivated to stick to your decision
   - Do not give in to threats of emotional blackmail, e.g "if you really loved me you would……" "I will leave you if you do not….." "I will have to get my sex from other girls then…"
   - Stay focused and do not forget your own values.

Group Activity and Plenary(30 minutes)

5. Divide participants into smaller groups of 5 to 6 people and ask them to discuss ways the adolescent could deal with the situation in the case study below then ask each group to give their feedback (2 minutes per group).

"I am having problems with my friends at school. We are a group of five. I enjoy being with them and doing things, but sometimes after school we get together and do things I do not feel good about, like stealing and smoking cigarettes. Another time they found a can of paint and sprayed words on a garden wall. I have sometimes said I do not feel it is right, but my friends have all laughed and teased me and called me names. They say that if I don't want to do these things with them, then I must leave the group. I do not want to be without friends, but I feel bad doing these things. Please help me".

6. Highlight the following in concluding the session: (10 minutes)

   - Peer group is important during adolescence
   - Most people feel the need to belong to a group

- There is often a feeling of having to conform to fit into the group. This may lead to the individual being 'swallowed up' by the group
- The group's behaviour may be harmful to the adolescent, e.g. drinking alcohol, abusing drugs, playing truant
- The group may put pressure on the non-conforming individual
- Adolescents fear the consequences of non-conformity e.g. ridicule, rejection
- Conforming to potentially destructive behaviour is caused by a number of factors such as
  - Low self-esteem
  - lack of assertiveness
  - Poor adult support system
  - Lack of confidence.

Session Nine:

Teamwork

Duration:

Introduction

Team work is the ability to relate with others well and cooperate using the strengths of one another to work towards a common goal. It does not mean everybody doing the same thing or being able to do each other's jobs, but each person doing something differently to comtribute towards achieving a common goal

Learning objectives

By the end of this session, participants will be able to:

- Define teamwork
- Identify why teamwork is important
- Explain team-building skills

Materials

- Flipchart/ Writing Board
- Pens and markers
- Notebooks

Group Activity and Plenary

1. Put participants into smaller groups to discuss the following:
   (15 minutes)

   - What do we mean by the term "teamwork"?

     Teamwork is when you work with those around you successfully and in a cordial manner to meet your goal or target.

   - What are some of the benefits of working as a team in the adolescent health club?

     - We learn from each other
     - Work load is reduced.
     - It creates a sense of belonging

2. Assist group leaders to present feedback in a plenary

3. Emphasise that teamwork involves supporting and helping those around you. Friends and family are part of your team, and you need to support and help each other to overcome challenges.

Discussions the following

4. Lead discussion on ways to build team work
   - All members must understand the goals and objectives of the clubs
   - Share roles and responsibilities
   - Every member should learn to be humble and trustworthy
   - Tolerate each other's weaknesses and allow room for growth
   - Avoid being judgemental
   - Listen to each other's view. Every view is important. Each member should have a voice
   - Acknowledge each other's efforts in the group
   - Have in-person discussions when challenges or sensitive issues need to be discussed before presenting to the larger group

- Encourage transparency and honesty in all dealings especially with club's finances
- Reward yourselves after each accomplishment

5. T-E-A-M can stand for: T-together E-everyone A-achieves M-more!

MODULE THREE

ADOLESCENT SEXUALITY

Session one

ADOLESCENT SEXUALITY

Duration: 2 hours

Introduction

Sexuality in adolescence refers to how an adolescent male or female feels, thinks and behaves as a male or female and what he or she wants in terms of close relationships and physical affections.
It is expressed or experienced in thoughts, fantasies, desires, beliefs, attitudes, values, activities, practices, roles and relationships.

Adolescent sexuality may be healthy or unhealthy. Healthy sexuality in adolescents means:

- Expressing sexual feeling in ways that are harmless to oneself and others
- Non-indulgence in risky sexual behaviors which are detrimental to one's health
- Abstinence - a good protection against pregnancy, HIV and Sexually Transmitted Infections

Learning Objectives

By the end of the session, participants should be able to:

- Describe sexuality in adolescence
- Distinguish between healthy sexuality and unhealthy sexuality
- Explain five (5) components of sexuality in adolescence

Materials

- Flip chart / Writing Board
- Marker / Chalk
- Pens and Pencils
- Note pads

Methodology

Group Activity

- Put participants into smaller groups of five (5) and give each group a list of five (5) components of sexuality
- Ask each group to explain the components of sexuality and write them down on a flip chart
- Ask each group to present the information to the whole group
- Use information provided to make corrections

NOTE FOR FACILITATORS

Components of Sexuality includes:
Body Image: how we look and feel about ourselves and appear to others
Genitals: the parts of our bodies that define sex; part of reproductive and sexual organs
Gender Roles: the way we express ourselves as males and females regarding what society expects of us
Relationships: the way we interact with one another and express ourselves
Intimacy: close sharing of thoughts or feelings in a relationship; it may or may not involve physical closeness
Love: feeling of affections and how we express it to others
Sexual Arousal: feelings of sexual excitement
Social Roles: how we contribute to and fit into society
Sexual Identity: refers to gender identity, sexual orientation and sexual preferences
Sexual Intercourse: sexual contact between individuals involving penetration

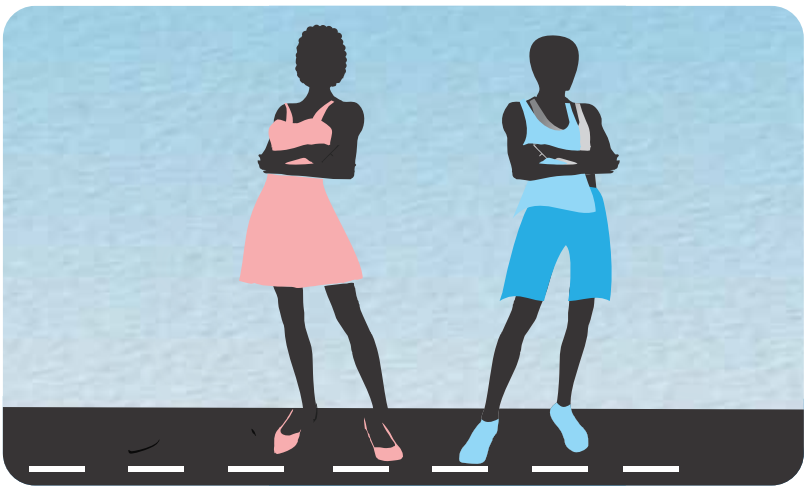
MODULE FOUR

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

Session one:

ABSTINENCE

Duration: 1 hour 35 minutes



Introduction

Abstinence is refraining from vaginal, anal or oral sex. It is the first choice method and most effecve in preventing pregnancy, STIs and HIV infection among adolescents and young people.

Types of abstinence:

The two (2) types of abstinence are:

1. Primary abstainers are those who have not had any sexual experience.
2. Secondary abstainers are sexually experienced persons who have chosen to avoid further sexual activity.

Learning Objectives

By the end of the session, participants should be able to:

- Understand and effectively counsel adolescents on abstinence
- Discuss activities that will help control
- Understand the benefit and challenges of abstinence
- Counsel the adolescent to negotiate for safer sex or to negotiate him or herself out of sex

Materials

- Note pad
- Pens and Pencils
- Info pack

Methodology

Group Activity

- Divide participants into two groups and let them select a leader
- Write for and against on pieces of paper and ask the groups to pick
- Put participants into groups of two (2) to debate for and against the topic " abstinence-only education is the best for young people"
- Give each group 10 minutes to discuss and put their points together
- Allow group members select their principal and supporting speakers
- Give each group ten (10) minutes to make their points
- Use information provided to make corrections

NOTE FOR FACILITATORS

As a young person you have to recognise abstinence as normal, common and acceptable. Abstinence however, requires high motivation, self-control, self- esteem, negotiation skills and partner co-operation. Abstinence will not make you abnormal. It is a wise decision.

Sexual Desire Control Activities

Activities which can help adolescents control their sexual desires include:

- Engaging in sports
- Dancing
- Acquiring vocational skills
- Joining groups which promote health and development like clubs

Benefits of Abstinence

- 100 percent effective in preventing pregnancy and STIs including HIV infection.
- eligibility is 100 percent because everybody can choose to abstain

  enhancement of self-image
- later development of cervical cancer is rare in adolescents who abstain from sex
- Abstainers are able to concentrate on their studies to achieve their full potential
- There is peace of mind with abstaining

Challenges

- Possible loss of a partner in a relationship especially if boy or girlfriend wants sex, leading to unhappiness especially in those with low self - esteem which can be overcome and dealt with if you talk to your club mentor or someone you trust
- Loss of financial support from partner(s) or benefactors in some cases resulting in worries you can talk to your club mentor who can link you up with social supporting systems
- Pressure from partner may cause an abstainer to relent and if no other con traceptive options are used, unplanned unprotected sexual intercourse may result in unintended pregnancy or STIs/HIV infection

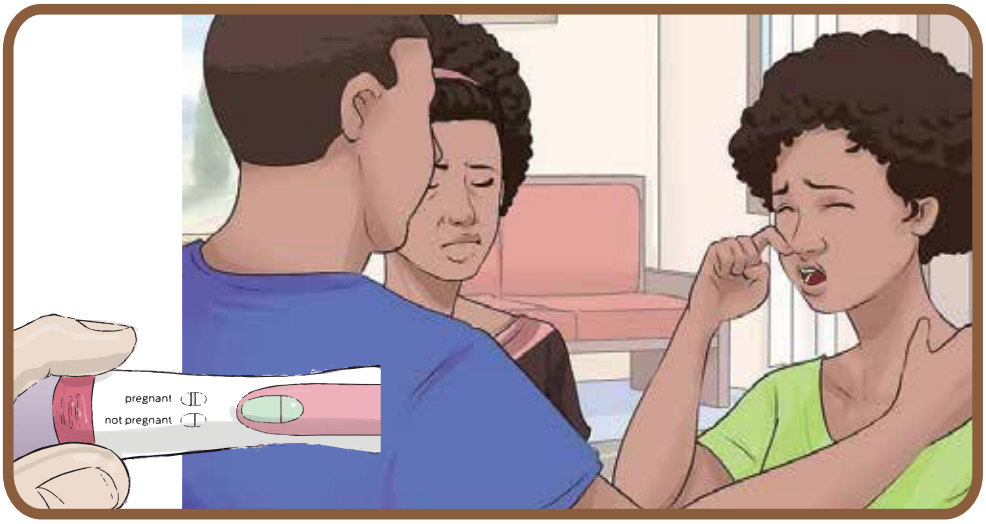
ABSTINENCE IS SMART!

ABSTINENCE IS WISE!

Session Two:

ADOLESCENT PREGNANCY

Duration: 1 hour 35 minutes



Introduction

One of the concerns relating to adolescent health is early pregnancy and childbirth. This concern arises because of the economic, social and health problems for the adolescent and the baby.

Learning Objectives

By the end of the session, participants should be able to:

- recognise problems relating to adolescent pregnancy
- explain factors that influence pregnancy and childbearing in adolescents
- describe risks and complications associated with adolescent pregnancy and childbearing
- counsel an adolescent on abstinence

Materials

- Flip chart / Writing Board
- Marker / Chalk

- Info pack

Methodology

Role Play

- Put participants into groups to carry out a role play on the consequencies of adolescent pregnancy
- Members of each group should discuss among themselves and assign roles
- Give each group five (5) minutes to act
- Pick both negative and positive messages for group discussion

NOTES TO THE FACILITATOR

Factors contributing to Adolescent Pregnancy and Childbearing

Several factors contribute to unintended pregnancies among adolescents.

These include:

- decreasing age at menarche (first menstruation)
- early sexual debut
- social norms e.g. certain cultural practices such as puberty rites put the female adolescent at the risk of sexual exploitation by adults
- low prevalence of contraceptives use among sexually active adolescents
- lack of appropriate knowledge and misconceptions about sexual and reproductive health
- inadequate education and employment opportunities
- low socioeconomic status and poverty
- lack of access to services such as Adolescent and Youth Friendly Health Services (AYFHS)
- sexual coercion and rape - adolescent girls are often coerced into having sex by adults and peers

Risks and Complications Associated with Adolescent Pregnancy and Childbearing

Pregnancy and childbearing in adolescence carry more risks than in adults. The baby born to the adolescent also faces higher risks of sickness/illness and death. Some risks and complications include:

- hypertensive disorders known as pre-eclampsia and eclampsia which can cause convulsions/fits and the adolescent girl may die as a result
- preterm labour
- Difficulty in labour because the birth canal might not be well-developed and this might lead to exhaustion and bleeding which can lead to death due to immature birth canal
- Sometimes the difficult labour can cause the girl's womb to rupture (split) which can lead to bleeding and death
- Injuries to the birth canal and associated organs which can lead to a condition known as obstetric fistula
- After delivery the adolescent girl has increased risk of getting depressed (postpartum depression)

How to Prevent Teenage (adolescent) Pregnancy

- Abstain from sex
- Use protection or contraceptives if you are sexually active
- Avoid compromising situations if you choose to abstain

Types of Contraceptives

You should consider protecting yourself if you are sexually active and do not want to get pregnant.

Modern contraceptive methods can be classified under the following:

A. Non-reversible (permanent) Methods
    1. Male sterilisation (vasectomy)
    2. Female sterilisation

Non-reversible methods are not recommended when you are an adolescent.

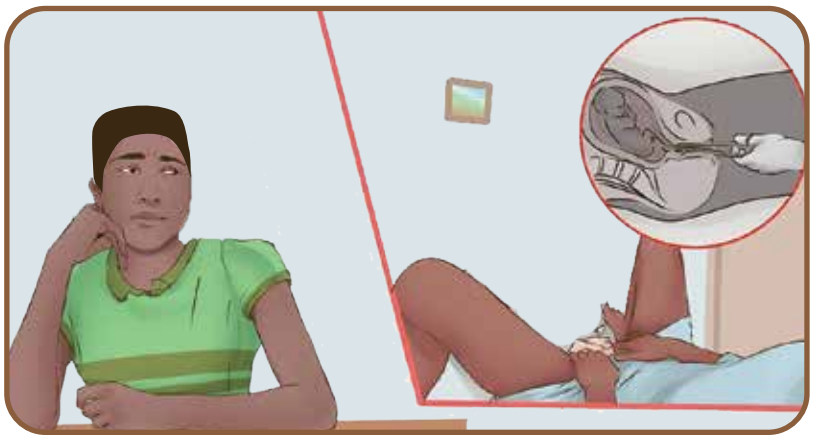
B. Reversible Methods
    1. Long Acting Reversible Contraceptive (LARC) methods
    2. Short Acting Reversible (SARC) methods
        i. Hormonal
        ii. Non-hormonal

Remember no contraceptive is 100 percent effective. If you do not want to get pregnant, abstinence is the best choice. Visit the Adolescent Health Corner for further information!

Session Three:

ABORTIONS AND ITS COMPLICATIONS IN ADOLESCENTS

Duration: 1 hour 35 minutes



Introduction

Abortion is the loss or termination of pregnancy before the baby is born.

Types of abortion

An abortion can either be classified as:

- Spontaneous abortion; this is also known as miscarriage. It is natural termination of pregnancy before the baby is born.
- Induced abortion; this is the intentional termination of pregnancy before the baby is born. In most case it usually follows an unintended or unwanted pregnancy. An induced abortion can be classified as safe or unsafe.

  - Safe abortion; this refers to procedures and techniques for terminating pregnancy carried out by persons with required skills and in an environment which support medical standards and will not cause problems for the girl.

  - Unsafe abortion; this refers to procedures for terminating an unwanted pregnancy, carried out either by persons lacking the required skills or in an environment that does not conform to minimal medical standards or both.

Learning Objectives

By the end of the session, participants should be able to:

- differentiates between the types of abortion
- explain the consequences of abortion
- explain why adolescents decide to terminate pregnancies
- describe complications relating to abortions
- describe strategies for preventing abortion
- outline laws relating to abortion

Materials

- Flip chart / Writing Board
- Marker / Chalk
- Info pack
- Note pad

Methodology

Participatory discussion

- Ask participants to list and discuss complications relating to abortions
- Give a mini lecture on the types of abortion
- Ask participants why they think an adolescent will abort her pregnancy

NOTE FOR FACILITATORS

Why adolescents decide to terminate pregnancies

Some of the reasons for resorting to abortion among adolescents include the following:

- Education: Pregnant girls who fear expulsion from school or the interruption of their studies may believe that they have no choice but to terminate their pregnancy.

- Economic factors: Adolescents have fewer economic resources to care for a child therefore economic pressure influences their decision to seek an abortion.
- Social influence: In societies where a pregnancy before marriage is considered immoral, adolescent girls choose termination of pregnancy to avoid stigma on themselves and their families.
- Unstable relationship: This is encountered more commonly among adolescents than in adults. Adolescents are therefore more likely to terminate pregnancies because of unstable relationships and majority may be unmarried.
- Failed contraception: Contraceptive use among adolescents is often low. Where they are used, this is often done inconsistently and incorrectly. In addition, less effective methods tend to be used.
- Coerced sex (including rape and incest): Cross-cultural data point to the fact that a larger percentage of rape and sex abuse incidents are perpetrated against adolescents than among adults and in such cases abortion may be considered.

Factors Contributing to unsafe Abortion in Adolescents

There are several factors which contribute to unsafe abortion in Ghana and these include the following:

- Ignorance on the availability of Comprehensive Abortion Care (CAC)
- Service-delivery factors including poor access to CAC
- Stigmatisation of clients who access services
- Cost of CAC leading to use of unskilled providers
- Attitudes of health workers to pregnant adolescents

Complications of unsafe Abortion

- Injuries to the reproductive organs
- Bleeding (haemorrhage)

- Infections including tetanus
- Perforation of uterus
- Injuries to abdominal organs
- Infertility
- Chronic pelvic pain

Consequence of abortion

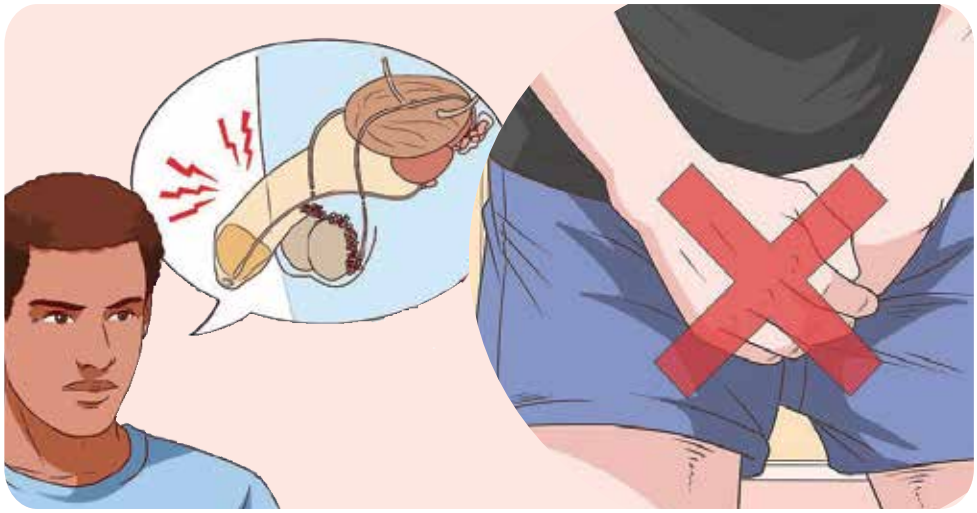
- Regrets
- Grief
- Depression
- Withdrawal
- Dropping out of school
- Stigmatization or Ostracism
- Early marriage
- Vicious cycle of poverty

ABSTAIN OR GET PROTECTED!

Session Four:

SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HIV

Duration: 1 hour 35 minutes



Introduction

Sexually Transmitted Infections (STIs) are infections of the reproductive tract, which spread from one individual to another primarily through sexual intercourse (vaginal, anal or oral) and very intimate contacts.

Other reproductive tract infections also exist, which are not necessarily acquired through sexual intercourse but can affect the reproductive well-being of the adolescent. HIV infection is spread when a person comes in contact with the virus in any of these body fluids - blood, semen, vaginal secretions or breast milk of an infected person. STIs that are not treated may enhance HIV transmission in unprotected sexual intercourse

Learning Objectives

By the end of the session, participants should be able to:

- define Sexually Transmitted Infections and give examples
- explain HIV infection and modes of transmission
- list some contributing factors to acquiring HIV and STIs in adolescents
- describe symptoms of STIs in male and female adolescents.
- outline strategies for preventing STIs and HIV in adolescents.

Materials

- Flip chart / Writing Board
- Marker / Chalk
- Info pack
- Note pad

Methodology

Participatory discussion (ensure to make corrections and add on as participants share their views and thoughts)

- Ask participants to define what STI is
- Describe symptoms of STIs
- Describe the mode of transmission of HIV
- Discuss how STI/HIV can be prevented

NOTES TO THE FACILITATOR

Factors contributing to STIs and HIV infection in adolescents

- Early sexual activity
- Multiple sexual partners
- Rape
- Peer pressure
- Substance abuse
- Economic hardships which may lead to sexual favours for financial support
- Lack of information, education and life skills
- Lack of adolescent friendly health services

General Symptoms of STIs

Most STIs present with:

- Fever
- Vaginal or urethral discharge
- Pain on urination
- Scrotal pain

- Enlarged lymph glands
- Lower abdominal pain

Consequences of STIs among adolescents

STIs are more severe during adolescence than in adulthood. Some of the consequences include:

- infertility
- ectopic pregnancy
- urethral stricture
- cervical cancer
- congenital syphilis

Modes of transmission of HIV

The following are recognised ways of transmitting the virus:

- An HIV infected person is capable of transmitting the infection through unprotected sexual intercourse with other people.
- Through blood and blood products e.g. transfusion of contaminated blood or blood products
- Sharing contaminated cutting and piercing instrument(s) e.g. needles for injections, circumcision knives or blades with an infected person.
- From an infected mother to her unborn or newborn baby

HIV is not spread through:

- Shaking hands
- Living together
- Playing together
- Eating together
- Hugging
- Air
- Food or water
- Articles of an infected person such as cups, spoons and clothes
- Sharing toilet seats
- Bites of insects e.g. Mosquito

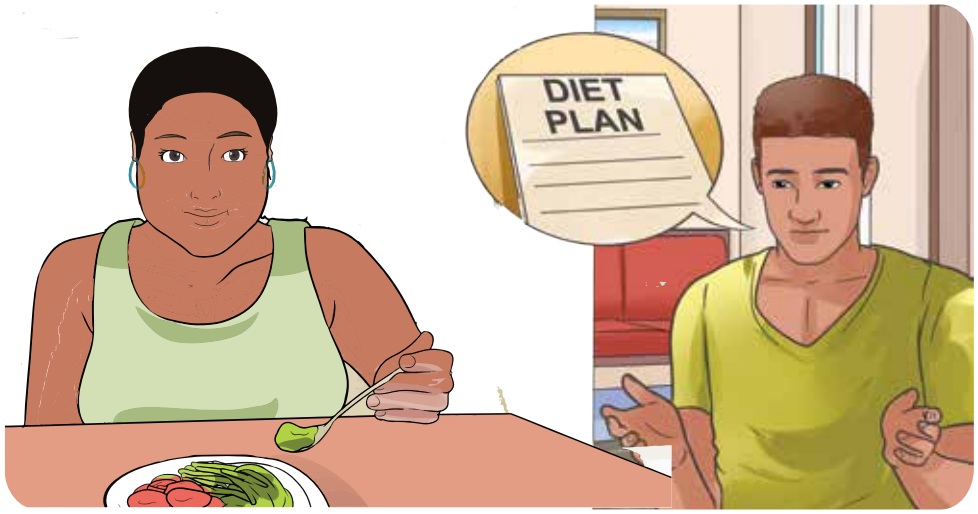
MODULE FIVE

ADOLESCENT NUTRITION

Session one:

ADOLESCENT NUTRITION

Duration: 1 hour 35 minutes



Introduction

The period of adolescence is associated with rapid physical growth and metabolism, reproductive maturation, and cognitive transformations. Good nutrition practices, including diet and exercise patterns during this period have a life-long effect on the adolescent health status and may determine the difference between health and risk of disease in later years.

Learning Objectives

By the end of the session, participants should be able to:

- Explain what nutrition is
- Explain why adolescents need good nutrition
- Outline the causes of nutritional problems
- Explain the consequences of poor nutrition among adolescents
- Know about the three food groups and the four star diet
- Explain the need for and importance of Iron folate supplementation

Materials

- Flipchart/Chalkboard
- Chalk/Markers
- Info Pack
- Notebooks and pens
- Cut out names of food items

Preparation

Write out the names of food items to be used to describe the 3-food groups and the 4-star diet and cut them out. If possible, get pictures of food items as much as possible

Methodology

Group Discussions and Plenary

- Brainstorming: Ask participants what nutrition is. Write answers on flip chart. Discuss and summarize.
- Group participants into small groups of at most six members and assist them to brainstorm on: (10 minutes). Discuss in plenary
  - What good nutrition practices are and
  - What bad nutrition practices are among adolescents
- Explain the 3- food groups and the 4-star diet/meal: group participants into

  3 assign each group one food group and instruct each group to identify food items in the list belonging to their various food groups. Review and explain
- Re-group food items to form the 4-star diet. Explain to participants
- Discuss the need for iron supplements and folic acid

NOTES TO THE FACILITATOR

Adolescence is the transitional period between childhood and adulthood characterized by rapid physical growth, sexual maturity and emotional development. Hence, good nutrition is critical at this stage and optimal nutrition practices are required to make the best of the food and nutrients they take in.

Nutrition is defined as the science which deals with how a human takes in food and how the body uses the nutrients for growth and development. Nutrient requirements in adolescence may be higher for some particularly nutrients like energy, protein and iron because of

I. Hormonal changes accelerate growth during the adolescence period than any other stage in an individual's life making it faster than at any other time in the individual's life (except during the first year of life).

II. Twenty percent (20%) of increase in height and fifty percent (50%) of adult weight gain occurs during the adolescent period.

III. In girls, the growth spurt occurs before menarche (the first menstruation) and there is growth of the pelvis and birth canal as well.

Adolescents therefore need to eat more food and in the right amount and variety so that they can get all the nutrients needed for adequate growth and development. To ensure variety, food items should be selected from the 3-food groups to prepare a 4-star meal. The 3 food groups are described below:

1. Energy Giving (Staples like cereals, grains, roots and tubers)
2. Body building (Animal source foods like meat, fish, eggs, snails, organ meats etc and Legumes (plant source foods) like beans, lentils, agushie etc)
3. Protective foods (Vitamin A Fruits and Vegetables and Other Fruits and Vegetables)

Good nutrition practices of the adolescent include

- Eating at least 3 meals every day
- Eating fruits everyday
- Resting
- Sleeping under LLINs

- Observing proper hygiene and sanitation
- Appropriate disposal of waste

Poor nutrition practices include

- Excessive intake of fast foods, fizzy drinks, fatty foods, candies etc
- Smoking, alcohol intake
- Skipping meals

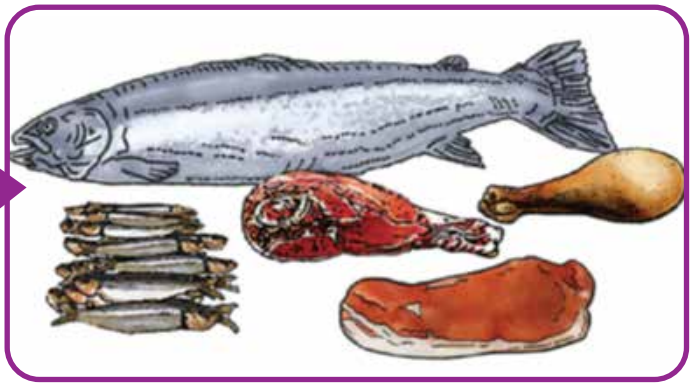
Consequences of poor nutrition practices

1. Underweight
2. Overweight
3. Anaemia/other micronutrient deficiencies
4. Lack of energy for activities
5. Poor attention span during school hours

The Four Star Diet

Animal-source foods including flesh foods such as meat, chicken, fish, liver and eggs and milk and milk products

Note: animal foods should be started at 6 months



Legumes such as beans, lentils, peas, groundnuts, agushie, wrewere, neri and seeds such as sesame

Vitamin A-rich fruits and

vegetables such as mango, pawpaw, passion fruit, dark-green leaves, carrots, yellow sweet potato and pumpkin and **other fruits**

and vegetables such as banana, oranges, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage

NOTE: include locally-used wild fruits and other plants.

Staples: grains such as maize, wheat, rice, millet and sorghum and roots and tubers such as cassava, yam, cocoyam and sweet potatoes, plantain, (and foods from them -kenkey, banku, fufu, tuo etc)

Oil and fat such as oil seeds, e.g. groundnut oil, palm oil, palm kernel oil , margarine and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy.

Iron

Iron is also very important for the adolescent. It is needed for blood development. The adolescent girl needs to make a lot of blood to take care of her monthly menstruation whilst the adolescent boy needs a lot of iron to take care of muscle development and more blood production.

Lack of enough iron intake during adolescence could lead to anaemia. Anaemia causes:

- Apathy and lack of concentration which can affect school performance

- Decrease in the body's ability to fight infections.
- Adolescent girls who are anaemic and pregnant may deliver prematurely or have small babies or their babies may even die as soon as they are born.
- It also reduces endurance of athletic youth.

Good sources of iron are green leafy vegetables, meat, liver and shell foods.

Folic acid

GIFTS PROGRAMME

The Girls Iron-Folate Tablet Supplementation (GIFTS) Programme is a public health intervention designed to provide adolescent girls with weekly iron and folic acid tablets free of charge to prevent anaemia. The Girls' Iron –Folate Tablet Supplementation (GIFTS) Programme aims to provide once weekly Iron and Folic acid in a combined tablet to In-school and Out-of-School Adolescents on a fixed day of the week.

Under the GIFTS Programme, each adolescent girl would receive one tablet of iron-folate supplement each week in school or at the health facility for girls out of school. Find out if the programme is being implemented in your school, and ensure you receive your tablet every week.

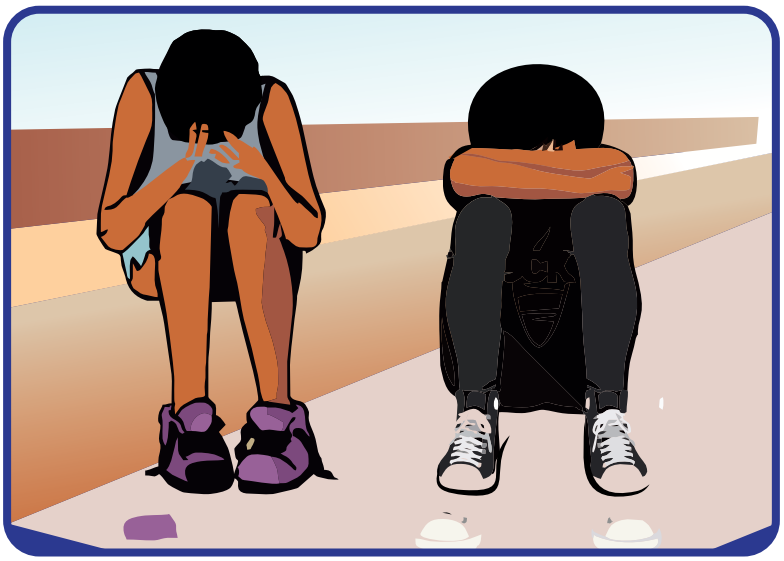
MODULE SIX

MENTAL HEALTH

Session one:

BASIC CONCEPTS IN MENTAL HEALTH

Duration: 1 hour 35 minutes



Introduction

According to the World Healh Organisation (WHO) Mental health is a state of wellbeing in which every individual realizes his or her potential, can cope with the normal stresses of life, can work work productively and fruitfully and is able to make contribution to his or her community.
An adolescent with good mental health has controll over his or her emotions has good cognitive functioning, interacts positievly with people around him or her and perform adequately in school, family and other social relationships.

The following help the adolescent to achieve good mental health:

- good parental and family relationships
- opportunities for growth, development and affirmation

Learning Objectives

By the end of the session, participants should be able to:

- Explain the characteristics of a mentally health person
- Recognize the signs of suicide
- Help a friend contemplating suicide

Materials

- Flip chart / Writing Board
- Marker / Chalk
- Pens and Pencils
- Note pads

Methodology

Mini lecture

Facilitator should prepare adequately and lead this session. He/she should engage participants in discussions and employ strategies to ensure that they enjoy the session as much as possible.

NOTE FOR FACILITATORS

Characteristics of a Mentally Healthy Individual:

- He/she must possess the ability to accept himself or herself and others
- He/she should develop a positive self-concept and relate well to people and the environment.
- He/she should be able to form close relationship with others and be able to display kindness and patience
- He /she should be able to adapt to any given environment
- He/she should be able to cope with loneliness and stressors
- He/she should have the ability to display readiness to listen

Mental Illness

Mental illness is a health problem, just like any heart disease or diabetes. Mental illness is a health condition involving changes in thinking, emotions or behavior. It is associated with distress and/or problems with social and occupational functioning.

Predisposing factors of mental illness

* **Biological factors Infections; malaria, typhoid, HIV/AIDS etc.**
  Chemical; drugs; alcohol, marijuana, cocaine, lead, carbon mono oxide
  Genetics; hereditory; abnormal genes, chromosomal defects
  Neurological/Neurotransmitters; deficiency or excess of neurotransmitter.

* **Psychological factors**
  Developmental conflicts; childhood deprivation, poor family relationships etc.
  Life's negative events; failure, loss of loved one's or job etc.

* **Social And Community factors**
  Focuses on how individual functions in the society and societies impact on his or her personality and life experiences .eg. Negative cultural practices; Female Genital Mutilation (FGM), widowhood rites, trokosi system etc.
  Extreme poverty, unemployment, marital problems; infertility/impotency, spousal abuse, divorce etc.
  Child abuse.

Some signs and symptoms include;

- Withdrawal- There is recent social withdrawal and loss of interest in others and mostly isolated.
- Drop in functioning- An unusual drop in functioning at school, work or social activities such as quitting sports, failing in school or difficulty per forming familiar task.
- Problems thinking-Problems with concentration, memory or logical thoughts and speech that are hard to explain.
- Increased sensitivity-heightened sensitivity to sights, sounds, smells or touch.

- Apathy- Loss of initiative or desire to participate in any activity.
- Feeling disconnected-A vague feeling of being disconnected from oneself or one's surroundings; a sense of unreality.
- Illogical thinking-An unusual or exaggerated beliefs about *persona powers to understand meanings or influence events , illogical magical thinking typical of childhood in adults.*
- *Nervousness- Fear or suspiciousness of others or a strong nervous feeling.*
- *Unusual behaviour-odd characteristics , peculiar behaviour.*
- *Sleep or appetite changes-Dramatic sleep and appetite changes or decline in personal care.*
- *Mood changes-Rapid or dramatic shifts in feelings*

NB: One of these symptoms alone cannot predict a mental illness but if a person is experiencing several at a time , then there is a need to see the mental health practitioner.

Some treatments and management includes:

- Medications (antidepressants, antianxiety, mood stabilizers and antipsy chotics)
- Psychotherapy (psychologist /licensed counselor)
- Brain stimulation treatment (Electroconvulsive Therapy)

Some Preventive measures:

- Pay attention to warning signs
- Get routine medical check up
- Ensure good nutrition and exercise
- Talk to a trusted adult if you have concerns and challenges which over whelm you

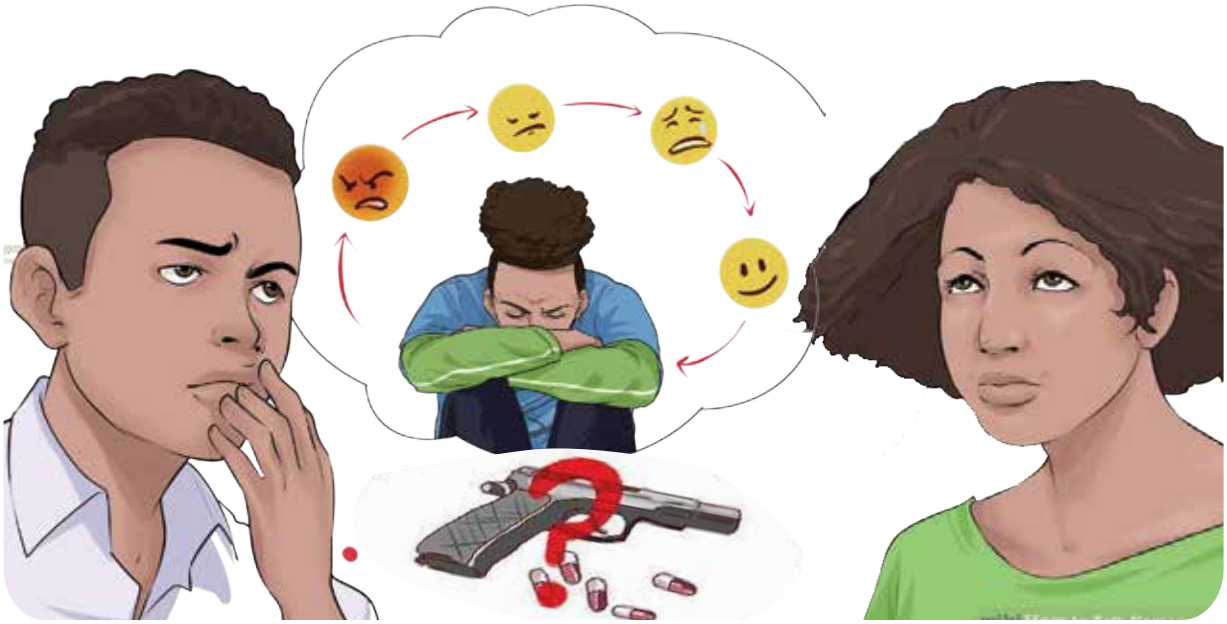
Key Message

Mental illness does not discriminate; it can affect anyone regardless of your age, gender, income, social status, race/ethnicity, religion/spirituality, sexual orientation, background or other aspects of cultural identity.

Session Two:

Suicide

Duration: 1 hour 35 minutes



Introduction

Suicide is the deliberate act of successfully taking one's own life. People commit suicides for various reasons. Some of the reasons may seem lame to the ordinary person but to the person contemplating suicide, it's a big deal; something unbearable which he/she cannot find a solution to or get his/her head around it .

People who attempt suicides mostly have an underlying mental health problem. Chief amongst these mental health problems is Depression.

Depression - This is a mental condition that affects a person's mood resulting in persistent feelings of sadness and loss of interest. It also makes the affected person feel worthless, hopeless and helpless. All these may make the person contemplate taking his/her life in order to put an end to all his/her "insurmountable" sufferings.

Some contributory factors to Suicide

- Rejection or Stigmatisation
- Experience of traumatic event
- Emotional or physical abuse
- Low self-esteem
- Family history of suicide or attempts

Warning Signs of Suicide

The warning signs of suicide includes the following;

- recurrent thoughts of death
- asking for lethal doses of medicines
- making speeches that suggest life is not worth living
- giving out precious belongings
- isolation in a previously outgoing person or worsening withdrawal in an already known introvert or aggressive behaviour
- engaging in dangerous activities like abuse of drugs such as alcohol in a previously calm person or worsening situation in an already known individual.

What one should do when he or she notices any of the above mentioned signs?

- You can help the fellow by encouraging him or her to voice whatever the problem is.
- Make them believe in themselves; that they have the power to overcome whatever problem they're facing.
- Draw them closer to you.
- Monitor them closely and do not take their talks on suicide jokingly
- Do not be afraid to talk to someone contemplating suicide.

Key Message

- Most people who attempt suicide have an underlying mental health problem, hence refer all people who attempt or are contemplating suicide to a mental health practitioner for help.

- For those contemplating suicide, you should know that whatever trouble you are going through is temporal so do not seek a permanent solution to it by ending your life. No matter the situation be willing to talk.

MODULE FOUR

SOCIAL MEDIA

Introduction

"Social media" is a way for people to communicate and interact online. It's called social media because users engage with (and around) it in a social context, which can include conversations, commentary, and other user-generated annotations and engagement interactions.

In this module we will be looking at:

- Introduction and value of social media
- Various social media platforms and finding the right network
- Cyber bullying and social media best practices

Learning Objectives

By the end of the session, participants should be able to:

- Explain some common social media platforms
- Describe how to use some social media platforms
- Understand Social media best practices
- Explain how to use social media for good

Session one

SOCIAL MEDIA

Duration: 2 hours

Introduction

Over the last several years, there has been an explosion of growth in popular social media platforms like Facebook, Twitter, Google+, LinkedIn, YouTube, Pinterest, and many others. It's safe to say that the era of social media is just getting started, and the need for social media will only become stronger over time. The whole world has seen the impact of the expansion and adoption of social media tactics, and the rising statistics speak for themselves.

Learning Objectives

By the end of the session, participants should be able to:

- Define Social Media
- Explain the value of social media
- Differentiate between social media and social media platforms

Materials

- Flipcharts
- Appropriate pens and markers
- Notebooks and pens

Methodology

Discussions

1. Introduction - Start the session by introducing the session topic and objectives. (5 minutes)
2. What is social media? - Ask participants to define social media and write down their responses. Call 3 to 5 participants to read out their responses and find out why participants gave those definitions or reasons for their definitions. (5minutes)

   *Social media is a group of new kinds of online media, which share most or all of the following characteristics: Participation, Openness, Conversation, Community and Connectedness

3. Ask participants to explain the characteristics. Go through the list below as participants share their views and include any additional information which may have not been mentioned by participants. (5 minutes)

   - Participation: social media encourages contributions and feedback from everyone who is interested. It blurs the line between media and audience.
   - Openness: most social media services are open to feedback and participation. They encourage voting, comments and the sharing of information. There are rarely any barriers to accessing and making use of content – password-protected content is frowned on.
   - Conversation: whereas traditional media is about "broadcast" (content transmitted or distributed to an audience) social media is better seen as a two-way conversation.
   - Community: social media allows communities to form quickly and communicate effectively. Communities share common interests, such as a love of photography, a political issue or a favourite TV show.

- Connectedness: Most kinds of social media thrive on their connectedness, making use of links to other sites, resources and people.

4. Basic forms of Social Media: Explain that this session will focus on seven forms: (30 minutes)

- Social networks - These sites allow people to build personal web pages and then connect with friends to share content and communication. The biggest social networks are MySpace, Facebook, WhatsApp etc.
- Blogs - Perhaps the best known form of social media, blogs are online jour nals, with entries appearing with the most recent first. Eg BlogSpot, Word Press etc
- Wikis - These websites allow people to add content to or edit the informa tion on them, acting as a communal document or database. The best-known wiki is Wikipedia4, the online encyclopedia which has over 2 million English language articles.
- Podcasts - Audio and video files that are available by subscription, through services Eg. Apple iTunes.
- Forums - Areas for online discussion, often around specific topics and inter ests. Forums came about before the term "social media" and are a powerful and popular element of online communities. Eg. WhatsApp,Twitter etc
- Content communities - Communities which organize and share particular kinds of content. The most popular content communities tend to form around photos (Flickr, instagram), bookmarked links (del.icio.us) and videos (YouTube).
- Microblogging - social networking combined with bite-sized blogging, where small amounts of content ('updates') are distributed online and through the mobile phone network. Twitter is the clear leader in this field.

5. **Values of Social Media- Explain five values of Social Media. (15 minutes)**

1. To support a worthy cause or an issue you feel strongly about
2. To share and pass valuable information
3. To interact, grow and get a sense of fulfilment, nurture relationships and stay in touch with others

4. To learn and search about issues happening around us
5. To participate and feel involved in things happening in the world

These very reasons have propelled social networks from being used merely as tools for keeping in touch with friends and family to being used to shape politics, business, world culture, education, careers, innovation and much more.

Mini Lecture (Types/Categories of communication; communication skills- 30 minutes)

1. Explain to participants the different types/categories of communication:
A social platform is a web-based technology that enables the development, deploy ment and management of social media solutions and services. It provides the ability to create social media websites and services with complete social media network functionality.

A social platform exhibits a social media network's technological and user-specific characteristics. From a user's perspectives, a social platform enables communities, sharing of content, adding friends, setting privacy controls and other native social media network features.

Session Two

Social Media Platforms and Finding the Right Network

Duration: 2 hours

As discussed in the mini lecture in session one we now know the difference between Social media and social media platforms. There are various social media platforms but they all fall under one of the basic forms of Social media.
The first thing to remember is that not all social media channels are equal. They are all very different because they appeal to different types of people who communicate in very different ways. Some channels are very active and require an active approach from the visitor. Others are very passive, and so people that take in those streams of information will act in a passive manner.

Learning Objectives

By the end of the session, participants should be able to:

- Know some Social Media platforms
- Explain how these platforms work
- Know which platform will be suitable for him or her

Materials

- Flipcharts
- Appropriate pens and markers
- Notebooks and pens

Methodology

Discussions

1. Introduction - Start the session by introducing the session topic and objectives. (5 minutes)
2. What are social media platforms? - Ask participants to identify some platforms from picture below. Call 5 to 7 participants to identify and also mention some social media platforms they know which might not be in the picture and write down their responses and find out if participants use such platforms. (15minutes)

3. -Ask participants to mention some platforms and place them under Basic forms of Social Media. Go through the list below as participants share their views and include any additional information which may have not been mentioned by participants. (30 minutes)

Some Social Media Platforms include:
• Facebook

- Twitter
- Google+
- WhatsApp
- Instagram
- Snapchat
- Youtube
- Blogs
- etc.

This section provides an overview of social media platforms classified by purpose and function.

A. Social Networking

1. Definition: Using websites and applications to communicate informally with others, find people, and share similar interests
    - Allows users to directly connect with one another through groups, networks, and location
2. Examples: **Facebook, Google+**, and **LinkedIn**



B. Microblogging

1. Definition: Posting of very short entries or updates on a social networking sites.
    - Allows users to subscribe to other users' content, send direct messages, and reply publicly
    - Allows users to create and share hashtags to share content about related subjects
2. Examples: Twitter and Tumblr


C. *Blogging (Using Publishing Websites)*

1. Definition: Recording opinions, stories, articles, and links to other websites on a personal website
2. Examples: Wordpress and Blogger


D. *Photo Sharing*

1. Definition: Publishing a user's digital photos, enabling the user to share photos with others either publicly or privately
2: Examples: Instagram, Flickr, Snapchat and Pinterest




E. *Video Sharing*

1. Definition: Publishing a user's digital videos, enabling the user to share photos with others either publicly or privately
   - Allows users to embed media in a blog or Facebook post, or link media to a tweet
2. Examples: YouTube, Vimeo, and Periscope


F. *Crowdsourcing*

1. Definition: Obtaining needed services, ideas, or content by soliciting contri butions from a large group of people, particularly those from the online community
2. Examples: Ushahidi, Inc. GoFundMe


G. Tools for Managing Multiple Social Media Platforms

1. Definition: An aggregator is a tool that can be used to "aggregate social media site feeds in one spot, allowing users to search by keywords."31
2. Examples: Hootsuite

HootSuite supports social network integrations for Twitter, Facebook, LinkedIn, Google+, WordPress, and more. It has a browser-based interface that allows social media profiles to be viewed in tabs, rather than all in one window. It has the ability to filter messages, schedule posts, and manage messages through multiple platforms, as well as provide custom analytics.

Tweetdeck downloadable desktop application made exclusively for Twitter, allows for the organization of tweets through "customizable columns, multiple accounts toggling, scheduling, and automatically refreshing feeds".TweetDeck relies on column-based interface that allows all social media profiles to be viewed in one window.

4. Group Activity and Plenary (30 minutes)

1. Put participants into smaller groups of 5-6 and give each group a Social media Platform
2. Ask them to identify the terminologies based on the platform given
3. Ask them to discuss how these platforms work and let them write them down on a flip chart
4. Then ask the groups to present their information to the whole group
5. Use the information provided to make corrections

FACEBOOK	WHATSAPP	TWITTER	G+	YouTube
Friends	Contacts	Followers	Circles	Subscribers
Post	Send Message	Tweet	Post	Upload
Account/Page/ Groups	Account/ Groups/ Broadcast list	Account/ Lists	Account	Channel
Like	Star	Favorite	+1	Like
Share	Forward	Retweet	Re-Share	Share
Messages	Private Message (PM)	Direct Message (DM)	Mail	Mail
Hashtags	Hashtags	Hashtags	Hashtags	Tags

5. Guide participants to know the right platform for them. (15 minutes)

Ask participants why they would want to use a specific platform and write their responses down

Group the reasons giving above under the following on a flipchart:

A. Communicate
B. Influence
C. Business
D. Entertain
E. Educate

Based on reasons participants give make them understand that Social media should be used for these reasons and the reason defines what platform is suitable for them.

Note: They do not need to be on all platforms. Therefore, they need to identify what they do a lot and find a platform which will help them do that more other than be on all platforms.

Session three

Cyberbullying and Social Media Best Practices

Duration: 2 hours

Introduction

Cyberbullying is the use of technology and digital technologies with an intent to harass, threaten, embarrass, offend, abuse or target another person.

By definition, it occurs among young people. When an adult is involved, it may meet the definition of cyber-harassment or cyberstalking, a crime that can have legal consequences and involve jail time.

Certain people find an outlet for their frustrations through bullying others. In the past, these actions could be better controlled because they were limited to face-to-face interactions. However, in recent years, this age-old conflict has matched the pace of technological evolutions, making it more dangerous and harder to contain. Cell phones, social media sites, chat rooms, and other forms of technology have allowed bullying to expand into cyberspace. This new form of abuse is known as cyberbullying.

Learning Objectives

By the end of the session, participants should be able to:

- Know what Cyber bulling is
- Identify signs of a Cyber bully
- Know some Social media best practices

Materials

- Data
- Smart Device/Laptop
- Flipcharts
- Appropriate pens and markers
- Notebooks and pens

Methodology

1. Ask participants to think about the word 'Cyber Bullying"
   - What does it mean? *The use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature.*
   - Write a list of their answers on the flipchart/board.
   - Use the following questions to generate discussion:
     - How can someone bully you on the internet?
     - What can you do when someone is cyber bulling you?
     - How do you go about it?

NOTES TO FACILITATOR

Bullying is no longer limited to schoolyards or street corners, modern-day bullying can happen at home as well as at school — essentially 24 hours a day. Picked-on kids can feel like they're getting blasted nonstop and that there is no escape. As long as kids have access to a phone, computer, or other device (including tablets), they are at risk.

Sometimes cyberbullying can be easy to spot — for example, if the Adolescents shows you a text, tweet, or response to a status update on Facebook that is harsh, mean, or cruel. Other acts are less obvious, like impersonating a victim online or posting personal information, photos, or videos designed to hurt or embarrass another person. Adolescents can report that a fake account, webpage, or online persona has been created with the sole intention to harass and bully.

Cyberbullying also can happen accidentally. The impersonal nature of text messages, messages and emails make it very difficult to detect the sender's tone — one person's joke could, be another's hurtful insult. Nevertheless, a repeated pattern of emails, texts, messages and online posts is rarely accidental.

Adolescents are reluctant to report being bullied, even to their parents, it is impossible to know just how many are affected. But recent studies about cyberbullying rates have found that about 1 in 4 teens have been the victims of cyberbullying, and about 1 in 6 admit to having cyberbullied someone. In some studies, more than half of the teens surveyed said that they've experienced abuse through social and digital media.

Effects of Cyberbullying

Severe, long-term, or frequent cyberbullying can leave both victims and bullies at greater risk for anxiety, depression, and other stress-related disorders. In some rare but highly publicized cases, some kids have turned to suicide. Experts say that kids who are bullied — and the bullies themselves — are at a higher risk for suicidal thoughts, attempts, and completed suicides.

Certain types of cyberbullying can be considered crimes, and offenders can be jailed for it.

Signs of Cyberbullying

Many Adolescents who are cyberbullied don't want to tell a teacher or parent, often because they feel ashamed of the social stigma or fear that their computer privileges will be taken away at home.

Signs of cyberbullying vary, but may include:

- being emotionally upset during or after using the Internet or the phone
- being very secretive or protective of one's digital life
- withdrawal from family members, friends, and activities
- avoiding school or group gatherings
- slipping grades and "acting out" in anger at home
- changes in mood, behavior, sleep, or appetite
- wanting to stop using the computer or cellphone
- being nervous or jumpy when getting an instant message, text, or email
- avoiding discussions about computer or cellphone activities

Social Media opens up new ways for collaboration and discussion. One of these is persistence, meaning that a great deal of content posted on Social Media sites may remain there permanently by default. Other Characteristics are replicability (content can be copied and shared) and search ability (Content can be found easily using online tools) The characteristic of accessibility is also important: Social media can be used anywhere, at any time, where an internet connection is available.

How One Can Help

If you discover that your friend is being cyberbullied, offer comfort and support. Talking about any bullying experiences you have also had might help your friend not feel less alone.

Let your friend know that it's not his or her fault, and that bullying says more about the bully than the victim. Praise him or her for doing the right thing by talking to you about it. Remind your friend that he or she isn't alone — a lot of people get bullied at some point. Reassure your friend that you will figure out what to do about it together.

Let someone at school (the principal, school nurse, or a counselor or teacher) know about the situation. Many schools, school districts, and after-school clubs have protocols for responding to cyberbullying; these vary by district and region. But before reporting the problem, let your friend know that you plan to do so, so

that you can work out a plan that makes you both feel comfortable.

Encourage your friend not to respond to cyberbullying, because doing so just fuels the fire and makes the situation worse. But do keep the threatening messages, pictures, and texts, as these can be used as evidence with the bully's parents, school, employer, or even the police. You may want to take, save, and print screenshots of these to have for the future.

Other measures to try:

- Block the bully. Most devices have settings that allow you to electronically block emails, messages or texts from specific people.
- Limit access to technology. Although it's hurtful, many adolescents who are bullied can't resist the temptation to check the platform, web sites or phones to see if there are new messages. Put limits on the use of cellphones and games by self-discipline or with help of a friend. Some Telco's allow you to turn off text messaging services during certain hours. And most websites and smartphones include time options that gives you access to your messages and online life.
- Know your friend's online world. Ask to "friend" or "follow" your friend on social media sites, but do not abuse this privilege by com menting or posting anything to your friend's profile. Check their postings and be aware of how they spend their time online. Talk to them about the importance of privacy and why it's a bad idea to share personal information online, even with friends.
- Learn about ways to keep your online space safe. Encourage adolescents to safeguard passwords and to never post their address or whereabouts when online

When You are the Bully

- Finding out that an adolescent or a friend is the one who is behaving badly can be upsetting and heartbreaking. It's important to address the problem head on and not wait for it to go away.
- Talk to the person firmly about his or her actions and explain the negative impact it has on others. Joking and teasing might seem harmless to one person, but it can be hurtful to another. Bullying - in

any form - is unacceptable; there can be serious (and sometimes permanent) consequences at home, school, and in the community if it continues.

- Remind the person that the use of cellphones and computers is a privilege. Sometimes it helps to report to restrict the use of these devices until the behavior of the adolescent in question improves.
- To get to the heart of the matter, talking to teachers, guidance counselors, and other school officials can help identify situations that lead a person to bully others. If someone has trouble managing anger, talk to a therapist about it to learn to cope with anger, hurt, frustra tion, and other strong emotions in a healthy way. Professional counsel ing also can help improve confidence and social skills, which in turn can reduce the risk of bullying.
- And don't forget to set a good example for yourself — model good online habits to help your friends understand the benefits and the dan gers of life in the digital world.

4. Divide participants into smaller groups and ask them to answer this question in 5 minutes: “How can we stay safe on social media?”

5. Give group leaders the opportunity to present the groups’ answers in plenary (2 minutes for each group)

6. After plenary explain the social media best practices outlined below. (20 minutes)
    1. Ask permission to use content – avoid plagiarism
    2. Watch what you put out!
    3. Own what you say- be CREDIBLE!
    4. Manage comments politely. Don’t insult
5. Don’t share or forward something you are not sure of

Note to Facilitator

These are few myths about social media which are not true so try and debunk them

1. "I am not a tech person"
2. I have an account- that's enough
3. "I don't have time- its time wasting"
4. There's nothing interesting to say.
5. "I am far behind"
6. "Social Media is for the youth"
7. "No one is interested or will be interested in what I will share"

ANNEXES

ANNEX I

DAILY EVALUATION FORM

Please complete this form sincerely to enable us provide for your needs at this training. You do not have to write your name.

1. Today I learned:

---

2. Today I had difficulty with:

---

3. In another session I would like to learn about:

---

4. Overall, I found the session to be:

ANNEX II

SAMPLE QUESTIONS FOR PRE AND POST TEST

(TICK AS MANY RESPONSES AS APPLICABLE)

1. Human growth and development can be said to:

   - o start from conception and end at death
   - o depend on good nutrition and emotional care
   - o Involve an interaction between heredity and the environment
   - o Affect relationships in the family
   - o Involve describable stages and associated characteristics

2. If a person has high self-esteem he/she is likely to:

   - o Demand to have his/her way all the time
   - o Express his/her feelings without fear of what others will think
   - o Be able to accept criticisms without aggression or self-pity
   - o Be confident of his/her ability to success
   - o Have been praised and affirmed as he/she grew up

3. During adolescence many young people want to fit in with their friends and feel part of a group. This is often expressed through:

   - o The way they dress
   - o Their hairstyles
   - o Their intellectual ability
   - o Their attitude towards those in authority over them
   - o Their taste in music

4. When a woman reaches menopause:

   - o Her ovaries no longer discharge eggs
   - o She can no longer enjoy sex

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4. When a woman reaches menopause:

   - o Her ovaries no longer discharge eggs
   - o She can no longer enjoy sex

- She no longer menstruates
- She cannot become pregnant
- Her body's production of the hormone estrogen decreases

5. Menstruation:

   - Occurs when the uterus sheds its lining
   - Is a sign that a woman is not pregnant
   - Usually lasts from three to five days
   - Means a woman should avoid social interactions for a while
   - Shows that a girl has reached puberty

6. An erection of the penis:

   - Caused by a quick flow of blood into the tissues of the penis
   - Means a man must have sexual intercourse at once
   - Is usually a sign that a man is sexually aroused
   - Makes it possible for a man to have sexual intercourse
   - Is necessary for a condom to be worn effectively

7. The uterus:

   - Is the place in which the fertilized egg grows into a baby is the same as the stomach
   - Develops a soft lining with good blood supply in which the fertilised egg is implanted
   - Has powerful muscles which help push out the baby during birth
   - Sheds its lining very month if no fertilised egg is implanted

8. The following changes occur as a boy goes through puberty:

   - An increase in the sharpness of his eyesight

- Changes in his voice
- Begins to have wet dreams
- Penis and scrotum gets bigger
- A period of rapid growth

9. While the baby is developing inside the uterus it:

   - Receives nourishment through the umbilical cord
   - Makes its own blood which does not mix with its mother's
   - Is not affected by what its mother eats or drinks
   - Is called an embryo for the first three months
   - Is cushioned and protected in the amniotic fluid

10. Some physical problems that could result from teenage pregnancy are:

    - The growth of the mother is retarded especially if she does not eat nutritious meals
    - High incidence of pre-eclampsia with swelling of the face, hands and feet
    - Babies are often born underweight and premature
    - Increased likelihood of blocking of fallopian tubes
    - Increased likelihood of getting cancer of the cervix

11. If a person wants to abstain from sex the following are important skills to have:

    - Being honest about how you feel about having sex
    - Being able to say no to a loved one firmly and without guilt
    - Being able to avoid all members of the opposite sex you are attract ed to
    - Being able to explain that you can be in love without having sex
    - Being able to tell your partner if you feel pressured by him/her

12. The following indicates correct use of a condom:

- Use a new condom for every sexual intercourse
- Unroll the condom before use to ensure it does not have hole in it
- Squeeze the top of the condom before unrolling it onto the penis
- Penis should be erect before the condom is unrolled onto it
- Remove penis with condom from the vagina while still erect before you remove condom for disposal

13. The following are modern contraceptives

- Condoms
- Intra uterine device (IUD)
- Implants
- Herbal suppositories

14. Female Genital Mutilation (FGM)

- Is a religious practice that make a woman clean
- Describes traditional operations that involves cutting away parts of the external genitalia of women and girls
- Can result in persistent pelvic pain and recurrent urinary tract infec tion
- Can cause pain during sexual intercourse
- Can complicate childbirth

15. The following symptoms may indicate a possible sexually transmit ted disease:

- Sores on or around the sex organs
- Discharge from the penis or vagina
- Pain on passing urine
- Persistent pain in the stomach

- Growth or lumps on the sexual organs

16. HIV is not spread by:

    - Shaking hands with an infected person
    - Sexual relations with an infected person
    - Eating from one plate with an infected person
    - Sharing a common toilet with an infected person
    - Being bitten by a mosquito that has bitten an infected person

17. Some barriers to effective communication are:

    - Technical language that is not understood
    - Differing religious or cultural background
    - Embarrassment at addressing the opposite sex
    - A friendly and warm attitude
    - Inadequate knowledge of the subject content

18. Young people need the following skills to manage stress effectively:

    - Learn to recognise what others feel about them
    - Learn problem solving techniques
    - Learn to recognise their own feelings and stress responses
    - Learn to relax
    - Learn to set realistic goals

19. Good health habits include:

    - Eating nutritious food
    - Having regular exercise and rest
    - Maintaining personal hygiene and clean surroundings
    - Using and drinking clean water
    - Regularly eating well packaged snacks in between meals

ANNEX III

WORKSHEET- ADOLESCENT DEVELOPMENT

CHANGES AS I GROW

Changes	Only happens to boys	Only happens to girls	Happens to both
Voice gets a lot deeper			
Start having periods (menstruation)			
Sweat more			
Get acne			
Have wet dreams			
Get more hair on the face			
Get pubic hair			
Grow very fast			
Vagina gets wet when aroused			
Testes start making sperms			
Ovaries start releasing eggs			
Get more erection			

ANNEX IV

WORKSHEET- SELF-ESTEEM

HOW DO I SEE MYSELF? - PART A

Make a tick in the box you feel applies to you

	Agree	**Undecided**	**Disagree**
I am an interesting person to other people.			
It takes me a long time to get used to anything new.			
I do not like the way I look.			
I have trouble controlling my feelings.			
I want to achieve to the best of my ability.			
If a friend were in trouble I would most likely drop him or her rather than get involved.			
I often do not get really angry.			
I handle most of my problems well.			

ANNEX VII

DECISION MAKING TOOL

The problem or dilemma----------

Signature of Supervisor: ----------

Date: ----------

PART B

1. What activity do you enjoy doing more than any other?

---

2. Which of your physical characteristics do you like the most?

---

3. What quality is most important to you in a friend?

---

4. What accomplishment are you most proud of in your life?

---

5. If you could change one thing about yourself, what would that be?

---

6. If you could learn one new thing, what would that be?

---

7. What piece of advice would you give to someone younger than you?

---

8. If you could fulfil one dream, what would that dream be?

---

9. If you could change yourself into an animal, which animal would you choose and why?

ANNEX V

Health Ambassador's Diary

- Month: ----------
- Name of Health Ambassador: ----------

- Location: ----------
- Name of Supervisor: ----------
- Date: ----------
- Name of activity: ----------
- Place of activity: ----------
- Time of activity: ----------
- Number of peer beneficiaries present: ----------
- Number of male peers present: ----------
- Number of female peers present: ----------
- Give a brief description of the activity: ----------

Signature of Supervisor: ----------

Date: ----------

ANNEX VI

Key steps for good decision-making include:

1. Describe the problem, situation or issue that needs a decision
2. Get more information if you have questions about the situation
3. Think about the possible consequences or outcomes of each course of action
4. Think about your personal and family values, and which courses of action are consistent with these values
5. Think about the ways in which your decision may affect other people
6. Choose the decision that seems most appropriate based on your knowledge values, morals, religious upbringing, and present and future goals.
7. Re-think the decision and how you feel about it.
8. Be sure you carefully considered all the alternatives and feel com fortable with the choice you made.

ANNEX VII

DECISION MAKING TOOL

The problem or dilemma----------

List of Possible Solutions (you could do this)	Positive Consequence (this good thing might happen	Negative Consequence (this bad thing might happen)	How would I feel about it?	How would it affect people around me	Rank solutions from the more desired to the least desired (e.g. 1,2,3…..)

The preferred solution is----------

Reason why I chose this solution----------

What immediate steps are you going to take to put solution into action? (list at least five)

ANNEX VIII

GOAL SETTING

1. What do I want out of life?----------

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2. What do I enjoy doing?----------

---

3. What am I good at?----------

---

4. What gets me motivated?----------

---

5. Who do I admire and why? ----------

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6. Where do I see myself in 5-10-15 years?----------

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