UNFPA/ASRH/VIP Youth Training Curriculum

Writers:
Lillith Williams
Elaine Jackson

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The Training Division of the Advanced Training and Research in Fertility Management Unit (ATRFMU) would like to thank UNFPA for the opportunity once again to contribute to the dissemination of useful ASRH information through the timely development and use of this curriculum. The document was used as a tool for sensitising peer educators, health service providers and community development workers under the UNFPA/ASRH VIP Youth Project. Initial impetus for this undertaking was inspired by former UNFPA Representative in Jamaica, Dr. Oyebade Ajayi, who had confidence in the ATRFMU to demonstrate its commitment to the improvement of adolescent/youth sexual and reproductive health and rights status. Dr. Olivia McDonald, Executive Director of the National Family Planning Board (NFPB) and Dr. Ken Douglas, National Co-ordinator for the VIP Youth Project, provided overall governance for both the writing of the curriculum and the actual implementation of the training programme. Special mention must also be made of Professor Hugh Wynter, former Director of the ATRFMU and former Assistant Director, Mrs. Jean Munroe, both of whom effectively mobilised the training team and provided consistent support throughout.

Appreciation is also extended to the Information, Education and Communication division of the NFPB who were our partners in the implementation of the training. Hope Enterprise Ltd., through its baseline survey, provided the training team with relevant background information on the communities that were earmarked for the training intervention. Additionally, we would like to thank all those individuals and project partners, including a large number of adolescents and youth who contributed data and their experiences in the development of this document through facilitating the training and I.E.C. teams during the needs assessment exercises. Our gratitude is also extended to the UNFPA Country Support Team for critiquing and signing off on the document. Finally, we wish to thank Miss Roxaine Smith who edited the final product, which is a compilation of the main curriculum and the related workshop documents.
FOREWORD

I am pleased to have been asked to write a foreword to the “ASRH Training Curriculum”, a companion document to the UNFPA Peer Educator’s Manual. The document contains a wealth of practical ideas, hints and suggestions used in the training of peer educators in Jamaica under the UNFPA/ASRH/VIP Youth Project in 2000. It acknowledges and emphasizes the growing importance of knowledge in decision making, policy formulation and evaluation, and by so doing, continues to provide co-operation to strengthen creative methods, techniques and procedures relating to the dissemination of health information.

Above all, it describes in detail, training interventions that the ATRFMU undertook on behalf of UNFPA in three target communities in Jamaica – Maxfield Park, Clark’s Town and Montego Bay. The target group includes peer educators, health service providers and community development workers. Its underlying assumption is that the design of the training programme must reflect the priority needs of the community that the instrument serves.

I am satisfied that the guide will be useful to caregivers concerned with service delivery and am pleased to introduce it to you. I encourage you to read it carefully and embrace the ideas presented herein. You will find it valuable and truly worthwhile.

Professor Owen Morgan

Dean - Faculty of Medical Sciences, U.W.I. Mona.
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INTRODUCTION

Description of the Curriculum

The ASRH Training Curriculum was the chief instrument that defined and guided the activities of the peer educators' training in the target communities of Clark’s Town, Maxfield Park and Montego Bay, under the VIP Youth Project in Jamaica. The curriculum provides full coverage of the systematic approach that was employed in the didactic and practical workshop training sessions. It reveals the best practices that were incorporated in the training to ensure effective transfer of learning among participants. The document is divided into two main parts.

**Part one** provides a comprehensive foundation that informs the trainer in broad and general terms of the major themes and principal elements that the training programme was designed to address. This is the parent or generic curriculum from which the three sub-curricula were generated. **Part two** contains these sub-curricula that were devised to address the specific training concerns of each target group. As such, these documents describe in precise terms, the specific issues to be emphasised during the training sessions for the respective groups. It is important to note that the sub-curricula are specially designed training guideline documents - not mere extractions from the parent document, since each has its own peculiar character that was strategically shaped by the needs and concerns of the respective target groups.

The main curriculum as well as each training guideline document begins with an overview of the general organisation of the training. This is followed by the content outline comprising individual topics with specific learning objectives. The three training guideline documents in part two contain actual training schedules as well as the methodology and procedure used for different topics in the respective workshops.

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1 Transfer of learning involves the full application of new knowledge and skills by learners and results in effective performance.
Development of the Curriculum

The curriculum was developed by the ATRFMU, in collaboration with UNFPA, the I.E.C. and the Special Projects Division of the National Family Planning Board. The training activities described in the curriculum were designed to strengthen the information base of the target groups. It was expected that the knowledge gained through this intervention should help the participants to experience a higher quality of reproductive health in their own lives as well as the adolescent and youth beneficiaries in each target community.

In terms of methodology, the theoretical and didactic training techniques were carefully fused with very interactive and skills based methods to make the information readily applicable to the participants. These techniques were also intended to allow for quick and effective transfer of information to real life situations, thereby reducing the incidence of inert knowledge problems that can surface in the learning environment. The learning objectives were designed to accommodate adult learners as well as adolescent and youth participants. In addition, relevance was ascertained through due consideration that was given to the socio-cultural environment in which the target groups are located and in which caregivers are engaged in their ongoing service delivery.

The content of the curriculum was primarily informed by the mandate that was prescribed by UNFPA in collaboration with the Government of Jamaica for the ASRH/VIP Youth Project. Based on this mandate, training should have as its general output,

"To have trained/reoriented personnel from the health, social and education sectors from the selected communities in all aspects of adolescent/youth sexuality, SRH and rights issues and interpersonal communication issues (mindful of the gender perspective)."

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2 Inert Knowledge Problem (IKP) represents a situation in which someone knows how to do something, demonstrates proficiency and a belief that he or she can do it, but brings little of this knowledge or skill to the situation in which it is needed.
In order to obtain the relevant information that was needed for the operationalisation of this training mandate and other project activities, the UNFPA/GOJ team commissioned special bio-medical surveys and baseline studies in the three pilot communities. During these investigations, adolescents and youth in these communities were allowed to explain the nature of their sexual and reproductive health needs as well as their concerns and preferences. The data from the baseline study and the bio-medical surveys were documented, disseminated and discussed among the various VIP Youth Project component implementers.

These interactions provided the I.E.C. and training components of the project with the foundational knowledge that would be crucial for the development of the curriculum. Information was also gleaned from important lessons learned from other adolescent and youth related programmes and projects supported by governmental and non-governmental organisations. In addition, the I.E.C. and training components conducted separate needs assessments in the selected communities in order to gather more specific data that would be used to address the existing knowledge gap.

**Technical Inputs**

In its development of the curriculum, the ATRFMU received technical input through regular consultations with the National Family Planning Board and UNFPA. At first, the parent document was pre-tested as a tool for training an interdisciplinary group of professionals from the Maxfield Park community. This initial trial served as a pilot activity and eventually established the basis for an in-depth assessment of the curriculum. The document was then subject to a series of rigorous reviews by the UNFPA Country Support Team (CST). The CST helped to streamline the curriculum’s content and methodology to ensure that they were on par with prevailing international standards in reproductive health training and that the training goals and objectives outlined in the

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curriculum were consistent with UNFPA’s training mandate under the ASRH/VIP Youth Project.

**Challenges**

The main challenge encountered in the final development of the curriculum was the need for the various stakeholders to achieve consensus on emerging controversial issues surrounding methodology, approach to assessment and interpretation of certain key concepts. For example, the CST and the local curriculum team differed in their interpretation of some terminologies used in the document and this, among other things, resulted in delays in the process of development of the curriculum. Initial strains like these had to be eventually resolved through much discussion and deliberation before the document could be finally ratified by UNFPA. Nevertheless, this level of dialogue around the fine-tuning of the curriculum proved to be an enriching learning experience for all concerned. Once the parent curriculum was finished, the respective training guideline documents were duly organised for each target group. These documents were also developed in a consultative environment and focussed directly on addressing the presenting issues of each specific target group.
SECTION A

TRAINING CURRICULUM

WITH CORE AND OPTIONAL MODULES
OVERVIEW

The following describes the training of the respective target groups under the ASRH/VIP Youth Project in Maxfield Park, Montego Bay and Clark's Town. General and Specific Objectives are listed under each module.

Aims

1. To PROMOTE the quality of life, well being and improved sexual and reproductive health education and services for adolescents and youth in the three selected communities in Jamaica.

2. To TRAIN health personnel, counsellors, peer educators, teachers social service providers and parents to deliver sexual and reproductive health, social and educational services which are comprehensive, user-friendly, integrated and multi-sectoral.

3. To PROVIDE a core curriculum in modular form for all target groups and additional specific modules for health service providers, teachers and adolescents.

4. To PROVIDE a curriculum that incorporates baseline demographic and social data on beneficiaries.

Organization of the Curriculum

The Curriculum consists of a core curriculum for all target groups except adolescents. Additionally, there are optional modules for each target group, namely module 5 for social service providers, module 6 for teachers and counsellors and module 7 for Health service providers. Adolescents will be trained in a separate workshop, which can be organized to run either concurrently with the optional modules or immediately after the adult workshop is completed. If resources are adequate to accomplish the latter then the adults will organize the adolescent workshop, write lesson plans, obtain or develop teaching aids and teach the material in Module 8 - Adolescent Concerns in Sexual and Reproductive Health. This will be the adults’ practicum. They will work in
interdisciplinary teams, which may or may not be further stratified according to geographical site to get them accustomed to working as a team on their return to their respective communities. The adolescents have not been included in the Core curriculum as it is too detailed and has been specially designed with the needs of adult professional service providers in mind. In addition, adolescents might be persuaded to give up three days of their summer holidays but it is unlikely that they would be willing to give up three weeks.

The curriculum is designed to be taught in a workshop of three weeks’ duration. It comprises 84 hours of instruction and activities. If this kind of workshop is not possible, and if it can only be taught during one or two sessions per week, then it may be drastically reduced to 24 hours of instruction and activities as it is unlikely that service providers would have the time to attend a weekly 6 1/2 hour session for thirteen weeks. In the event of such a reduction, some of the core curriculum could be taught and a few topics could be selected from the options, as local needs demand. One possible way of delivering this would be to have a four-hour session once per week for six weeks.

**Methodology**

Learner centred and participatory methods of training will be used as far as possible. These will include role-plays, discussions, case studies, individual and group work and other participatory methods. Lectures will be used as sparingly as possible.

**Presenters**

Presenters will be drawn from governmental and non-governmental organizations that currently work directly with adolescents. Academic staff from the University of the West Indies is also available if desired.

**Assessment and Grading**

Participants are required to sit pre-tests and post-tests before and after completing each module and these have been built into the timetable. The tests vary from multiple choice objective questions, a demonstration of counselling skills to the submission of a written programme/project produced by interdisciplinary, site-based teams of participants. These
programmes/projects will be site specific and must strengthen existing ASRH services in the communities. The documents will be graded and will be used to assess the extent to which participants have implemented their training and their projects after a specified interval of time has passed.

Group Referenced Tests will be used whereby individuals will be compared with other members of his/her class. No arbitrary pass marks will be set. Five letter grades will be assigned to students’ grades. These tests will be part of a process of continuous assessment as each module is preceded and followed by a test. The grades which will be used are as follows:

**A:** Outstanding; **B:** Above Average; **C:** Average; **D:** Below Average and **E:** Unsatisfactory.

The class distribution of scores (which form a normal curve) will be used to apportion letter grades.

**Evaluation**

Formative and summative types of evaluation are also included in the workshops, as all participants will be given forms that they have to complete immediately after each class and at the end of the workshops.
OVERVIEW OF THE CORE CURRICULUM

The core curriculum consists of four modules. These are as follows:

Module 1. Introduction to Adolescent Sexual and Reproductive Health

Courses:
1. Orientation
2. The Social and Cultural Context
3. Adolescent Development and Disabilities
4. Human Reproduction and Contraceptive Technology
5. Human Sexuality-Physiological and Psychological Aspects

Module 2. Communicating with Adolescents about Sexual and Reproductive Health

Courses:
6. Understanding Self and Relating to Others
7. Value Issues and Goal Setting
8. Communicating with Adolescents About Sexuality
9. STDS/STIS and HIV/AIDS
10. The Impact of Substance Abuse on ASRH

Module 3. Counselling Adolescents

Courses:
11. Principles of Counselling
12. Principles of Group Counselling
13. Crisis Issues

Module 4. Programme Planning Using the LOG Framework

Courses:
14. Planning
15. Scheduling Activities
16. Costing/Budgeting
17. Quality Control
18. Programme Implementation, Monitoring and Evaluation
Optional Modules for Specific Target Groups

Module 5: Parent Education

Courses:
19. Structure and Functions of Jamaican Families
20. Developing Healthy Children
21. Communicating with Your Adolescent
22. Dealing with Your Child’s Sexuality
23. Building Healthy Communities

Module 6: Teaching SRH to Adolescents and Parents

Courses:
24. Teaching Methodology for ASRH
25. Physical and Emotional Needs and Changes in the Maturing Adolescent
26. Teaching Human Reproduction
27. Exploring Issues Related to Sexual Expression in Adolescents
28. Developing Healthy Relationships with Others

Module 7: The Organization and Delivery of Effective ASRH Services

Courses:
29. Overview of ASRH Services
30. Developing Organizational Skills
31. Communication and Interpersonal Relationships
32. Motivating Staff and Clients
33. Quality Control, Monitoring and Evaluation for Health Providers

Module 8: Adolescent Concerns in SRH

Courses:
34. Who am I? How do I Cope with My Changing Body?
35. Liking Myself and Relating to Others
36. Coping with Conflicting Values
37. Scary Stuff like Pregnancy, Diseases and Contraceptives
38. Keeping Violence out of My Life
39. Coping with Differences and Getting Practical Help
MODULE 1

INTRODUCTION TO ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

General Objectives

At the end of this module participants would have:

1. **DISCUSSED** the research findings which provided a rationale for the implementation of the *Adolescent Sexual and Reproductive Health (ASRH)* programme in each site;

2. **ANALYSED** the social and cultural context pertaining to ASRH, adolescent development and disabilities, human reproduction, contraceptive technology for adolescents and the physiological and psychological context of human sexuality, including male sexuality.

CONTENT OUTLINE OF MODULE 1.

Courses:

Course 1. Orientation

Course 2. The Social and Cultural Context

Course 3. Adolescent Development and Disabilities

Course 4. Human Reproduction and Contraceptive Technology

Course 5. Human Sexuality: Physiological and Psychological Aspects.
SPECIFIC OBJECTIVES FOR COURSES IN MODULE 1

Course 1. Orientation

At the end of this course participants would have:

1. DEFINED the term Adolescent Sexual and Reproductive Health (ASRH);
2. OUTLINED the scope of ASRH;
3. EXAMINED the current status of reproductive health in Jamaica with special reference to the adolescent age cohort including birth rates, reproductive risk factors among this group, rates of cervical cancer, STDs/STIS and HIV/AIDS, and contraceptive use among Jamaican adolescents;
4. DISCUSSED research findings for each of the three sites on the profile of adolescents, their reproductive health needs and community based services which are currently available in each of the three sites;
5. IDENTIFIED areas of unmet need with regard to ASRH in the three sites;
6. SUGGESTED objectives and types of programmes which are needed to fill the gaps, which have been identified.

Course 2: The Social and Cultural Context

At the end of this course participants would have:

1. REVIEWED the types of family structures which exist in Jamaica with particular emphasis on the role of the male;
2. DISCUSSED the impact of the family in socializing and shaping adolescents’ SRH knowledge, attitudes, beliefs and practices including their myths and misconceptions about topics relating to SRH;
3. **DISCUSSED** the impact of other agencies of socialization including the peer group, the church, the media and popular music on adolescents’ SRH knowledge, attitudes, beliefs and practices;

4. **DISCUSSED** the conflicting messages emitted by all of these sources and their implications for educating adolescents about ASRH;

5. **COMPARED** the range of opinions held by service providers themselves and the need to come to a consensus about what is desirable, what the message should be and how it should be delivered.

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**Course 3: Adolescent Development and Disabilities**

*At the end of the course participants would have:*

1. **EXAMINED** the physiological, psychological and cognitive patterns of adolescent growth and development with a view to understanding normal and abnormal patterns of growth and development and the interaction of biological and environmental factors in shaping these patterns;

2. **UNDERSTOOD** how differences in these patterns of development affect Jamaican adolescents’ ability to make responsible decisions about their sexuality and to safeguard their sexual and reproductive health and rights;

3. **EXAMINED** the problems which adolescents with disabilities may have as a consequence of the nature of the disability, the gender and social class of the disabled person and the different responses that these evoke from the society;

4. **BECOME** aware of society’s attitudes to persons with disabilities and the impact of both these attitudes and the disabilities themselves on the self-concept, self-esteem and SRH of disabled adolescents.
Course 4: Human Reproduction and Contraceptive Technology

At the end of this course participants would have:

1. **REVIEWED** the process of human reproduction;

2. **DISCUSSED** the types of contraceptives, including emergency contraceptives, which are appropriate for and available to Jamaican adolescents, the mechanism of action, indications, contraindications, complications, failure rates and the management of these;

3. **DEMONSTRATED**, with appropriate teaching aids, how to put on and take off a condom and where to store unused condoms and how to discard used ones to reduce the transmission of diseases;

4. **SEEN** the variety of condoms which are available in Jamaica and which are appropriate for different sexual lifestyles and needs;

5. **BEEN MADE AWARE OF** strategies which adolescents can use to reduce their embarrassment when obtaining contraceptives from legitimate outlets;

6. **REVIEWED** the decision-making process regarding abortions and the psychological impact of abortion on the couple;

7. **DISCUSSED** medical, legal, ethical and social considerations with regard to induced abortion;

8. **EXAMINED** the process of abortion, the medical techniques of conducting abortions, complications, treatment and management of abortions;

9. **IDENTIFIED** ways of reducing the incidence of abortions.
Course 5: Human Sexuality-Physiological and Psychological Aspects

At the end of the course participants would have:

1. **DESCRIPTED** human reproduction, the physiological aspects of the human sexual response cycle during sexual intercourse;

2. **DISCUSSED** psychological aspects of male and female sexuality including power and self-esteem issues and the ways in which these are manifested culturally in man-woman relationships;

3. **DESCRIPTED** the typology, causes, treatment and management of sexual dysfunctions, homosexuality and bisexuality that may affect adolescents and relationship problems which may affect same-sex couples.
MODULE 2

COMMUNICATING WITH ADOLESCENTS ABOUT

SEXUAL AND REPRODUCTIVE HEALTH

General Objectives

At the end of this module participants would have:

1. **EXPLORED** their own values as well as those of adolescents;

2. **PRACTISED** communication skills for working with adolescents;

3. **KNOWN HOW TO** help adolescents set realistic short-term and long-term goals which can affect their decision-making about sex and sexuality;

4. **EXPLORED** issues relating to interpersonal relationships, adolescent sexuality, STDS/STIS and HIV/AIDS and the impact of substance abuse on ASRH.

CONTENT OUTLINE FOR MODULE 2

Courses

Course 6. Understanding Self and Relating to Others

Course 7. Value Issues and Goal Setting

Course 8. Communicating with Adolescents about Sexuality

Course 9. STDS/STIS and HIV/AIDS

Course 10. The Impact of Substance Abuse on Adolescent Sexual and Reproductive Health
SPECIFIC OBJECTIVES FOR COURSES IN MODULE 2

Course 6: Self-understanding and Relating to Others

At the end of the course participants would have:

1. **RECOGNIZED** that self-concept is influenced by specific factors and is manifested in the way one behaves in all aspects of life, including health;

2. **KNOWN** how to respond positively to opportunities for enhancing self-concept and self-esteem in self, adolescents and others;

3. **IDENTIFIED** elements/criteria necessary to develop healthy relationships with the same and the opposite sex, including the qualities which characterize good and bad friendships;

4. **IDENTIFIED** the critical factors which can positively or adversely affect the relationship between adolescents and their parents and other adults;

5. **DISCUSSED** the responsibilities involved in good parenting and the abilities that indicate readiness for parenting.

Course 7: Value Issues and Goal Setting

At the end of this course participants would have:

1. **BECOME AWARE** of their own values and attitudes with regard to controversial aspects of sexuality which confront adolescents in the area of ASRH such as premarital sex, contraceptive use, sexual ethics and so on;

2. **BECOME AWARE** of the wide range of values and attitudes which adolescents and adults have toward sex, sexuality and reproductive health;

3. **KNOWN HOW TO** help adolescents to discriminate between healthy and harmful beliefs by using the values clarification process;
4. **KNOWN HOW TO** help adolescents set realistic short-term and long-term goals to reduce the possibility of having them compromise their future by engaging in premature sexual activity.

**Course 8: Communicating with Adolescents about Sexuality**

*At the end of the course participants would have:*

1. **EXPLORED** general principles for communicating with adolescents including listening skills, communication barriers, and effective and ineffective ways of communicating with adolescents about sex and sexuality;

2. **DEVELOPED** the ability to discuss without embarrassment topics related to human sexuality and family planning, utilizing the vernacular as well as the scientific vocabulary;

3. **REVIEWS** questions which Jamaican adolescents frequently ask about sex and sexuality in order to practice giving correct and comprehensible information to adolescents;

4. **UNDERSTOOD** how to help adolescents make positive decisions about their sexuality, weigh the options, predict consequences and stick to their principles despite peer pressure and societal pressures which promote promiscuity and female submission to sexual exploitation;

5. **ROLE-PLAYED** sexual negotiation skills in order to help adolescents safeguard their reproductive health and strengthen their control over their own sexuality;

6. **DISCUSSED** ways of preventing and dealing with sexual violence in the form of acquaintance/date rape;

7. **CLARIFIED** some of the issues associated with sexual activity in school-age children and adolescents.
Course 9: Sexually Transmitted Diseases/Infections and HIV/AIDS

At the end of this course participants would have:

1. **BEEN UPDATED** on the prevalence, aetiology, treatment and management of STDS/STIS, HIV/AIDS which are prevalent in Jamaica;

2. **DISCUSSED** the social and psychological impact of these diseases/infections and their own attitudes towards people with HIV/AIDS and genital herpes;

3. **DISCUSSED** myths and misconceptions about these diseases/infections and support groups which exist for people who are infected with HIV/AIDS and how and where to refer these persons;

4. **CLARIFIED** issues relating to confidentiality and the rights of both the persons with HIV/AIDS and their non-infected partners who may not know that they are at great risk of infection.

Course 10: The Impact of Substance Abuse on Adolescent Sexual and Reproductive Health

At the end of the course participants would have:

1. **DISCUSSED** the bio-psycho-social impact of substance abuse on adolescents with emphasis on drugs that are commonly abused in Jamaica, and on the signs, symptoms, diagnosis, treatment and management of substance abuse and their complications;

2. **EXPLORED** the link between substance abuse, prostitution/promiscuity and STDS/STIS and HIV/AIDS in Jamaica;

3. **BEEN MADE AWARE** of ways in which they can assist adolescents who might have an addiction problem and how to alert adolescents to the dangers of substance abuse.
MODULE 3
COUNSELLING ADOLESCENTS

General Objectives

At the end of the module, participants would have discussed the principles of individual counselling, group counselling, crisis intervention, peer counselling and how to counsel special groups using the Rogerian model of counselling.

CONTENT OUTLINE FOR MODULE 3

Courses
Course 11: Principles of Counselling
Course 12: Principles of Group Counselling
Course 13: Crisis Issues: Sexual Abuse, Incest and Rape; Teenage Pregnancy and Domestic Violence.

SPECIFIC OBJECTIVES FOR COURSES IN MODULE 3

Course 11. Principles of Counselling

At the end of the course participants would have:

1. **DISCUSSED** the principles, stages and steps in the process of Rogerian counselling with particular reference to individual counselling;

2. **DISCUSSED** confidentiality and other issues which counsellors face;

3. **PRACTISED** skills for counselling individuals including adolescents;
4. **Known how to** apply these skills when counselling adolescents about SRH and family planning;

5. **Discussed** the application of counselling skills to peer counselling.

**Course 12: Principles of Group Counselling**

*At the end of the course participants would have:*

1. **Understood** the principles, process, stages and skills involved in starting, leading and conducting Rogerian group counselling and the dynamics and roles of group members;

2. **Been made aware** of the variety of activities which can be used in such groups with regard to counselling adolescents on ASRH and simple ways of monitoring and evaluating those groups;

3. **Discussed** confidentiality and other issues as these apply to group counselling;

4. **Known** how to make the necessary administrative arrangements to facilitate group counselling.

**Course 13: Crisis Issues: Sexual Abuse, Incest and Rape; Teenage Pregnancy and Domestic Violence.**

At the end of the course participants would have:

1. **Defined** the term “crisis”;

2. **Reviewed** types of crises and the crisis intervention process;

3. **Practised** selected skills involved in crisis intervention;
4. **DISCUSSED** the factors which contribute to domestic violence, methods of stopping the violence and of working therapeutically with the family, and the services which are available to alleviate domestic violence;

5. **DESCRIBED** the physical and behavioural indicators of child abuse and neglect, sexual abuse, incest and rape and the psycho-social impact of these offences on the adolescent, his/her family and the wider society;

6. **DISCUSSED** a multi-disciplinary approach to the treatment and management of adolescents who have undergone these experiences, and how and where to refer these clients;

7. **INCREASED** their awareness of how the community can treat these adolescents with greater sensitivity;

8. **KNOWN** how to apply these skills when counselling special groups such as persons with HIV/AIDS, pregnant teenagers and their 'baby-fathers'.
MODULE 4

PROGRAMME PLANNING USING THE LOGICAL FRAMEWORK APPROACH

General Objectives

At the end of this module participants would have known how to plan effective ASRH programmes in a health, school or social service agency and how to teach adolescents and parents about ASRH.

CONTENT OUTLINE FOR MODULE 4

Courses

Course 14: Planning ASRH programmes for the Three Sites using the Logical Framework Approach

Course 15: Scheduling Activities.

Course 16: Costing/ Budgeting and Accessing Funds.

Course 17: Quality Control.

Course 18: Programme Implementation, Monitoring and Evaluation.

SPECIFIC OBJECTIVES FOR COURSES IN MODULE 4

Course 14: Planning ASRH Programmes for the Three Sites Using the Logical Framework Approach

At the end of the course participants would have:

1. DIFFERENTIATED between a project and a programme;
2. REVIEWED the techniques used to conduct a needs assessment, prioritize the data, identify and develop a profile of the target groups, and transform needs into programme aims, goals and objectives with specific reference to research conducted in the three sites in Jamaica;

3. REVIEWED the logical framework approach for summarizing project and programme design;

4. IDENTIFIED new or existing ASRH projects/programmes in their respective sites which they could either begin or strengthen, in response to stated needs in their communities;

5. WORKED in site-based, multidisciplinary groups in order to apply the logical framework approach to planning ASRH projects/programmes in their communities.

Course 15: Scheduling Activities

At the end of this course participants would have:

1. LISTED activities and tasks necessary to carry out their project/programme and timelines for its implementation;

2. DEVELOPED objectively verifiable indicators and milestones of progress;

3. IDENTIFIED means of verification, risks and assumptions and staff who would be responsible for the implementation of the various activities;

4. BEEN MADE AWARE of how to use schedules as management and monitoring tools and known how to chart progress and update plans.

Course 16: Costing/Budgeting and Accessing Funds

At the end of the course participants would have:
1. **KNOWN** the basic components of a budget;

2. **BEEN FAMILIARISED** with different approaches to budgeting e.g. line item budget, programme budget;

3. **PRACTISED** costing the various items in their programme budget;

4. **WRITTEN** a budget for their selected programme/project.

**Course 17: Quality Control**

*At the end of the course participants would have:*

1. **IDENTIFIED** the expected standards of service delivery in ASRH programmes/projects;

2. **COMPARED** similarities and differences in these standards as they relate to ASRH service delivery in all three sectors;

3. **DEVELOPED** indicators to judge the quality of the programmes/projects;

4. set standards and put in place mechanisms for achieving them, including strategies for promoting inter-sectoral coordination to improve ASRH service delivery.

**Course 18: Programme Implementation, Monitoring and Evaluation**

*At the end of the course participants would have:*

1. **DISCUSSED** general steps of planning for project implementation and management and the various kinds of information, tools and techniques associated with implementation of the ASRH programmes;

2. **REVIEWED** some of the issues and problems in ASRH programme/project implementation and methods of dealing with them;

3. **IDENTIFIED** some basic monitoring and evaluation strategies and tools, which can be used in their programme/project;

4. **DESCRIBED** how to use these strategies and tools in monitoring and evaluating the programme/project and how to use the results for programme improvement.
OPTIONAL MODULES

The options for specific target groups comprise the following modules:

MODULE 5: PARENT EDUCATION

Option for Social Service Providers

General Objectives

*At the end of this module participants would have:*

1. **EXAMINED** the structure and functions of families and the relationships between men and women;
2. **DISCUSSED** how to promote healthy development in children;
3. **PRACTISED** more effective ways of communicating with adolescents and handling anger and conflicts in the family;
4. **DISCUSSED** issues arising from the adolescent’s developing sexuality including crisis issues such as pregnancy and HIV infection;
5. **IDENTIFIED** specific ways in which parents work with schools and other community groups to build healthy communities and how to plan and conduct parent education workshops;
6. **PRACTISED** teaching small groups of parents selected topics in order to increase their expertise in this area.

CONTENT OUTLINE FOR MODULE 5

Courses

Course 19. Structure and Functions of Jamaican Families
Course 20. Developing Healthy Children
Course 21. Communicating with Adolescents
Course 22: Dealing with Children’s Sexuality and Handling Critical Issues
Course 23. Building Healthy Communities
SPECIFIC OBJECTIVES FOR COURSES IN MODULE 5

Course 19: Structure and Functions of Jamaican Families
At the end of the course participants would have:

1. **DISCUSSED** the structure and functions of Jamaican families, issues of respect, communication and self-esteem in man-woman relationships and problems that prevent an adequate sex life among couples;
2. **DISCUSSED** bio-psycho-social stages of development in children and adolescents with a view to identifying normal and abnormal growth and development and understanding adolescent behaviour.

Course 20: Developing Healthy Children
*At the end of this course participants would have:

1. **EXAMINED** specific ways in which they can build their children’s self-esteem, develop moral values and promote responsible behaviour among both male and female adolescents;
2. **UNDERSTOOD HOW TO** develop their children’s self-discipline and good decision-making skills;
3. **KNOWN HOW TO** discipline their children, establish limits and reinforce good behaviour.

Course 21: Communicating with Adolescents
*At the end of the course participants would have:

1. **IDENTIFIED** frequent sources of conflict between parents and adolescents, specific adolescent behaviour that annoy parents, immediate antecedents that trigger parent-child conflicts and consequences of the behaviour for adolescents;
2. **DISCUSSED** ways of changing the antecedents and the consequences so as to change adolescent behaviour;
3. **PRACTISED** listening and other communication skills in order to improve communication with their adolescents:
4. **PRACTISED** conflict mediation skills and strategies for reducing anger and conflicts in the family.

**Course 22: Dealing with Children’s Sexuality and Handling Critical Issues.**

*At the end of the course participants would have:*

1. **DISCUSSED** the variety of ways in which adolescents may express their sexuality and how to handle issues which may arise such as dating, teenage pregnancy, contraception, promiscuity, homosexuality/bisexuality etc;
2. **DISCUSSED** how to handle other critical issues such as rape, incest, genital herpes and HIV/AIDS in the family and community/society;
3. **IDENTIFIED** sources of help for parents and how they can access these.

**Course 23: Building Healthy Communities**

*At the end of the course participants would have known how to:*

1. **IDENTIFY** specific ways in which parents can work with the schools and other community groups and organizations in order to create healthy communities which are less divisive and violent and which are more supportive of adolescents;
2. **REFER** parents to places/persons who can help them with parenting problems;
3. **PLAN and CONDUCT** parent education workshops;
4. **SENSITISE** parents to gender issues that affect ASRH.
MODULE 6:
TEACHING SEXUAL AND REPRODUCTIVE HEALTH TO ADOLESCENTS AND PARENTS

Option for Educators and Counsellors:

General Objectives
At the end of this module participants would have practised how to teach adolescents and parents about selected topics in the Human Sexuality and Sexual Health module of the Core Curriculum Guide for Strengthening Health and Family Life Education in Teacher Training Colleges in the Eastern Caribbean

CONTENT OUTLINE FOR MODULE 6
Courses
Course 24. Teaching Methodology for ASRH
Course 25. Physical and Emotional Needs and Changes in the Maturing Adolescent
Course 26. Teaching Human Reproduction
Course 27. Exploring Issues Related to Sexual Expression in Adolescents
Course 28. Developing Healthy Relationships with Others

SPECIFIC OBJECTIVES FOR COURSES IN MODULE 6
Course 24. Teaching Methodology for ASRH
At the end of this module participants would have:

1. Briefly REVIEWED how to write objectives, unit and lesson plans;
2. REVIEWED appropriate teaching methods for Health and Family Life Education;
3. DEVELOPED their own lesson plans for teaching Human Sexuality and Sexual Health in the Core Curriculum Guide for Strengthening HFLE in Teacher Training Colleges in the Eastern Caribbean and received lesson plans which have been previously developed by other teachers;
4. PRACTISED teaching parts of these lessons to their peers and to small groups of adolescents and parents in order to develop expertise in teaching ASRH to these target groups;

5. EVALUATED and adapted these lessons to suit their own purposes.

Course 25. Physical and Emotional Needs and Changes in the Maturing Adolescent
At the end of this course participants would have developed lesson plans on this topic and practised teaching parts of it so as to increase their students’ awareness and understanding of the physical and emotional needs and changes in the maturing adolescent.

Course 26. Teaching Human Reproduction
At the end of this course participants would have developed lesson plans on the biological and psychological aspects of human reproduction and practised teaching parts of it so as to:

1. PROMOTE understanding of the structure and function of the male and female reproductive anatomy and related elements of good personal hygiene in adolescence;
2. DESCRIBE the physiology of human reproduction and some implications and accompanying risks of childbirth and pregnancy at early ages;
3. PROMOTE understanding of psychological factors that affect human reproduction with specific reference to the impact of culture, gender and adolescent psychology on human reproduction.

Course 27. Exploring Issues Related to Sexual Expression in Adolescents
At the end of the course, participants would have written lesson plans and practised teaching parts of this topic so as to:

1. DEFINE issues related to adolescent sexuality;
2. DESCRIBE some of the adverse health consequences of adolescent sexual behaviour;
3. IDENTIFY and CLARIFY some of the issues associated with sexual activity in adolescents.
Course 28: Developing Healthy Relationships with Others: Peers, Parents and Others.

At the end of this course participants would have developed lesson plans and practised teaching parts of it so as to:

1. IDENTIFY elements/criteria necessary to develop healthy relationships with the same/opposite sex;

2. IDENTIFY the critical factors that can positively or adversely affect the relationship between adolescents and their parents and other people in the wider community/society.

MODULE 7
THE ORGANIZATION AND DELIVERY OF EFFECTIVE ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Option for Health Service Providers:

General Objectives
At the end of this module participants would have known how to:

1. **ORGANIZE** an effective ASRH service;
2. **SET and MEET** high standards in their provision of these services;
3. **OVERCOME** opposition to such a service;
4. **BUILD and MAINTAIN** teamwork and promote a multi-disciplinary approach in service provision.

CONTENT OUTLINE FOR MODULE 7

Courses
Course 29. Overview of Adolescent Sexual and Reproductive Health Services.
Course 30. Developing Organizational Skills
Course 31. Communication and Interpersonal Relationships
Course 32. Motivating Staff and Clients
Course 33. Quality Control, Monitoring and Evaluating Service Delivery

SPECIFIC OBJECTIVES FOR COURSES IN MODULE 7

Course 29: Overview of ASRH Services
At the end of the course participants would have:

1. **LISTED** the characteristics and components of an effective ASRH service;
2. **IDENTIFIED** administrative requirements for the effective implementation and delivery of ASRH services which meet acceptable standards governing health care delivery in Jamaica;
3. **COMPARED** the planning and delivery of effective ASRH services in the health, education and social service sectors so as to identify similarities and differences in the provision of ASRH services in the three sectors and ways of integrating the three;

4. **IDENTIFIED** factors facilitating and preventing the organization of an effective ASRH service and strategies for strengthening the facilitating factors and weakening the opposing ones;

5. **DISCUSSED** the health provider’s role as a change agent and ways to build effective teams and promote intra and inter-sectoral co-ordination in the delivery of ASRH services.

**Course 30: Developing Organizational Skills**

*At the end of the course participants would have:*

1. **REVIEWED** major issues and problems in the leadership and supervision of ASRH services;

2. **UNDERSTOOD** the general principles of leadership and supervision as they apply to ASRH services;

3. **APPLIED** these principles by examining typical cases in each of the three sites;

4. **DISCUSSED** how leadership styles affect decision making and problem-solving in ASRH services;

5. **REVIEWED** the general principles of decision making and problem solving and applied them to actual cases in the three sites;

6. **KNOWN** how to organize administrative time to deliver effective ASRH services;

7. **DISCUSSED** ways of promoting integrated ASRH services in all three sectors of health, education and social services.

**Course 31: Communication and Interpersonal Relationships**

*At the end of the course participants would have:*

1. **REVIEWED** major issues and problems a) among staff and b) between staff and adolescent clients to identify specific areas of difficulty;

2. **UNDERSTOOD** the general principles of communication as they impact on service delivery;
3. **BRAINSTORM** strategies which can be used to improve communication practices within organizations;

4. **PRACTISED** selected communication skills to improve provider/client relationships.

### Course 32: Motivating Staff and Clients

*At the end of the course participants would have:*

1. **REVIEWED** major issues and problems in motivating staff so as to resolve specific areas of difficulty;

2. **DESCRIBED** the general principles of motivation in order to apply them to staff in ASRH clinics;

3. **REVIEWED** strategies for motivating staff and for promoting greater sensitivity to gender issues in service delivery;

4. **IDENTIFIED** major issues and problems in motivating adolescent clients to become aware of, utilize and not drop out of ASRH services which have been provided;

5. **REVIEWED** strategies for addressing these problems;

6. **PRACTISED** selected communication skills for improving clients’ motivation to use ASRH services.

### Course 33: Quality Control, Monitoring and Evaluation for Health Providers

At the end of this course participants would have:

1. **DISCUSSED** quality assurance standards used in ASRH service delivery;

2. **IDENTIFIED** elements that constitute quality care and similarities and differences in these standards as they relate to ASRH service delivery in health, education and the social services;

3. **DESCRIBED** how to liaise with the other sectors and caretakers to improve the effectiveness of ASRH services;

4. **DISCUSSED** techniques for assessing the extent to which these standards are being observed and techniques for monitoring and evaluating service delivery to improve the service.
OPTION FOR ADOLESCENTS

MODULE 8
ADOLESCENT CONCERNS IN SEXUAL AND REPRODUCTIVE HEALTH
General Objectives
At the end of this module participants would have discussed issues relating to ASRH to clarify their own ideas and change knowledge, attitudes and practices in order to safeguard their physical and emotional health.

CONTENT OUTLINE FOR MODULE 8

Courses

Course 34: Who am I? How do I Cope with My Changing Body?
(Self-understanding, personal identity and gender roles)

Course 35: Liking Myself and Relating to Others
(or how to communicate with peers, parents and other powerful people)

Course 36: Coping with Conflicting Values
(Sexual urges, sexual fears, personal values; sexual rights and negotiating skills; setting goals and making decisions; sexual double standards)

Course 37: Scary Stuff like Pregnancy, Diseases and Contraceptives.

Course 38: Keeping Violence out of My Life
(Acquaintance/date rape, incest, child abuse, domestic violence and substance abuse)

Course 39: Coping with Differences and Getting Practical Help.
(Homosexuality, bisexuality and transvestism; where to get help)

SPECIFIC OBJECTIVES FOR COURSES IN MODULE 8

Course 34: Who am I? How do I Cope with My Changing Body?

At the end of this course participants would have:
1. **IDENTIFIED** personal strengths and weaknesses, identity and gender roles so as to build self-esteem and clarify society’s expectations of them and their own expectations of themselves;

2. **DISCUSSED** gender roles in terms of the tension between African and European expectations concerning masculinity and femininity and the way these concepts have been defined by different segments of Jamaican society;

3. **SHARED** their own perceptions of sex roles, the status of males and females in Jamaica, the relationship between the sexes and the changing roles of males and females;

4. **EXPLORED** their reactions to their changing bodies and any questions relating to puberty, menstruation, ejaculation and other changes, and associated myths and misconceptions;

5. **DISCUSSED** whether puberty has affected how they see themselves and their relationships with the same and the opposite sex.

**Course 35: Liking Myself and Relating to Others**

At the end of this course participants would have:

1. **IDENTIFIED** what qualities or aspects of themselves, their peers, their parents and other powerful people they liked and disliked;

2. **RELATED** these aspects to the concept of the JOHARI window;

3. **EXAMINED** its implications for self-knowledge and interpersonal relationships;

4. **IDENTIFIED** aspects of themselves that they wanted to change and practical steps which they had devised for making these changes;

5. **EXAMINED** ways in which communication skills affected one’s relationship with others;

6. **PRACTISED** specific skills for relating to and communicating with others, such as listening skills, asking questions and treating others with respect and consideration in non-sexual and sexual relationships.
Course 36: Coping with Conflicting Values

At the end of the course participants would have:

1. **IDENTIFIED** some problem areas in relating to the opposite sex such as personal values, value conflicts, sexual urges, sexual pressures, sexual fears and sexual double standards;

2. **CLARIFIED** their own values through value clarification exercises in order to determine all the options which they had in relation to;
   (a) sexual expression;  (b) what values they had;  (c) what the consequences of these options and values were and (d) how to handle value conflicts and prepare themselves for any adverse social reactions which they might have to handle as a consequence;

3. **DISCUSSED** how they could behave in ways that reflected and reinforced their values in order to develop self-esteem, safeguard their health and the health of others;

4. **DIFFERENTIATED** between genuine and counterfeit friendships, infatuation and love and ways of avoiding negative experiences and enhancing positive relationships.

Course 37: Scary Stuff like Pregnancy, Diseases and Contraceptives

At the end of the course participants would have:

1. **REVIEWED** human reproduction, the signs and symptoms of pregnancy and associated myths and misconceptions;

2. **IDENTIFIED** ways in which the mother should take care of herself in order to have a healthy baby;

3. **DISCUSSED** reproductive health risks which adolescent mothers could face particularly if they became pregnant at an early age, had more than one child at short intervals and inadequate ante-natal care;

4. **IDENTIFIED** options which were available in cases of unprotected sex, such as emergency contraceptives, induced abortions in special cases, adoption or keeping the baby and the possible physical, emotional, social and religious consequences of each option;

5. **DESCRIBED** contraceptive methods which were suitable for adolescents;
6. **DISCUSSED** the signs, symptoms, treatment and management of sexually transmitted diseases/infections and HIV/AIDS, the psycho-social impact of these diseases; the possible consequences for themselves and their unborn children and how and where to get help;
7. **ROLE-PLAYED** sexual negotiation skills for condom use and how to select, obtain, store and use a condom properly and dispose of it afterwards;
8. Increased their awareness of the importance of setting goals and making wise decisions about their sexual behaviour in order to avoid negative consequences.

**Course 38: Keeping Violence out of My Life**

*At the end of the course participants would have:*

1. **IDENTIFIED** situations that exposed them to date/ acquaintance rape and strategies for preventing this or obtaining help when faced with acquaintance rape;
2. **DEFINED** child abuse, child neglect, incest and domestic violence and outlined signs and symptoms of these;
3. **EXAMINED** the factors contributing to incest, child abuse or domestic violence, and strategies for preventing and/or dealing with the problem;
4. **IDENTIFIED** the kinds of drugs and substances which adolescents abused in Jamaica, the signs, symptoms, treatment and management of substance abuse, the bio-psycho-social consequences of substance abuse and where to go for help.

**Course 39: Coping with Differences and Getting Practical Help.**

*At the end of the course participants would have:*

1. **DISCUSSED** some of the outcomes of research into possible causes of homosexuality/bisexuality and transvestism, how to cope with such feelings, fantasies
or desires or with friends/acquaintances who were grappling with these problems and where to get help;

2. **DISCUSSED** society’s responses to these sexual preferences and factors which contribute to fear and discrimination against homosexuals, bisexuals and transvestites;

3. **INCREased** their awareness of relationship problems which affect same sex couples and the impact of societal attitudes on these relationships;

4. **INCREased** their awareness of other sexual problems which affect adolescents, regardless of sexual orientation such as fetishes, premature ejaculation, distrust / fear of the opposite sex, a need for multiple partners and a fear of intimacy.
SECTION B

PART ONE

TRAINING GUIDELINE DOCUMENT
FOR THE PEER EDUCATORS’ THREE
DAY RESIDENTIAL WORKSHOP

OVERVIEW

The Advanced Training and Research in Fertility Management Unit (ATRFMU) conducted a three-day residential adolescent reproductive health sensitisation workshop for a group of peer educators at the Madge Saunders Centre in St. Ann Jamaica.
during the period March 30, 2000 to April 1, 2000. The training was implemented at the request of the I.E.C. component of the UNFPA/ASRH VIP Youth Project. The purpose of the workshop was to equip the target group with skills and techniques to impart relevant sexual and reproductive health information to their peers and to make referrals for sexual and reproductive health services. The participants came from the three ASRH/VIP Youth pilot sites, namely Clark’s Town, Maxfield Park and Montego Bay. The themes covered included contraceptive technology, sexual and reproductive health, substance abuse, self development, gender differences in communicating, working with adolescents/youth and referral services in targeted communities for the prevention of unwanted pregnancy and abortion as well as treatment for sexually transmitted infections. A schedule of topics for the individual content areas was jointly developed by the ATRFMU in consultation with I.E.C. in accordance with the themes identified.

**General Objective of Workshop**

To expose the trainees to a variety of concepts, skills and techniques that would assist them in taking a gender sensitive and rights based approach to addressing relevant sexual and reproductive health concerns among adolescents and youth in their respective communities.

**Specific Objectives**

The specific objectives of the workshop were for the participants to:

1. **DISCUSS** key issues relating to understanding the self, values, goal setting and decision-making;
2. **DEFINE** and discuss key concepts relating to adolescent sexual and reproductive health and rights;
3. **BECOME FAMILIAR** with current sexual and reproductive health data emerging from the respective pilot areas as well as at the national level in order to plan suitable programmes/support existing SRH programmes for adolescents and youth in their communities;
4. **EXAMINE** their own attitudes and perceptions toward different reproductive health issues with a view to improving these attitudes and perceptions;

5. **BECOME AWARE** of the application and use of contraceptives as outlined in the minimum training package\(^5\);

6. **ACQUAIN** the participants with the use of the creative arts in presenting useful information on reproductive health;

7. **EXAMINE** different strategies of drug prevention that may be used among the youth in their communities;

8. **DISCUSS** sexual negotiation skills and safe sex strategies (including a demonstration of their ability to administer proper condom use) that will help young people to practice responsible sexual behaviour and maintain good sexual and reproductive health;

9. **DISCUSS** gender differences and gender mainstreaming in relation to the different reproductive health issues that will be dealt with during the workshop;

10. **IDENTIFY** the nature and quality of reproductive health services available to the youth in the respective pilot areas so that they will be able to assist others to assess these services.

**Target Group**

A group of forty out of school youth between the ages of fifteen and twenty-four was targeted for training. The target group was not selected on the basis of high academic achievement although each person had to demonstrate some working knowledge of relevant reproductive health issues. They also had to display a willingness to work among adolescents and youth in their respective communities.

**WORKSHOP SCHEDULE AND CONTENT**

**DAY ONE**

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\(^5\) The minimum level of RH care, information and service support that the adolescent/youth would need in order to experience a healthy reproductive life.
Arrival & Registration

Session One (afternoon commencement)

Orientation


Objectives:

During this session the participants were to:

1. Engage in a welcome and ice breaking exercise
2. Discuss the ground rules and expectations for the workshop;
3. Do a pre-test to ascertain knowledge, attitudes and behaviour regarding reproductive health issues.

Procedure

a) The peer facilitator will engage the participants in energizer games and activities that will allow them to become acquainted with each other;

b) Trainers from ATRFMU and I.E.C. will outline the rules for the workshop and allow inputs from the participants in formulating any other relevant workshop policy. Participants and trainers will discuss expectations for the workshop;

c) The training team will administer the written section of the pre-test after which the peer facilitators will have an interactive session using games and question and answer techniques in order to determine specific attitudes towards relevant reproductive health issues.

Session Two – 90 minutes

Topic: An Overview of Sexual and Reproductive Health Issues and Rights

During this session the participants were to:

1. Define key terms relating to reproductive health, and rights;
2. **DISCUSS** the VIP Youth activities being organized for the three pilot sites.

3. **IDENTIFY** the components of the Minimum Package and its relationship to the improvement of reproductive status of youth in their respective communities;

4. **EXAMINE** recent data that gives an overview of the reproductive health among the youth in the three pilot areas as well as at the national level.

**Methodology**

Slide presentation, discussion, group work, group presentations

**Procedure**

The Presenter made a slide presentation and entertained discussion on the topic. The participants were then divided into site groups. The groups discussed the data relating to the status of reproductive health in their respective sites. All the details for each site were not discussed in the main presentation. Each group identified a specific project that they could work on in order to help impart reproductive health information to youth in their respective communities. Time was allotted for the group presentations and discussions.

**Session Three – 60 minutes (night session)**

**Topic: Understanding Self, Goal-setting and Values**

**Objectives**

*During this session the participants were to:*

1. **DISCUSS** the emotional development that occurs during adolescence;

2. **DEFINE** key terms relating to the topic (e.g. self, self esteem, value, goal)

3. **EXAMINE** how they value themselves as males and as females as well as how they value member of the opposite sex and how this impacts on their attitudes towards sexuality and reproductive health issues and rights;

4. **DISCUSS** the importance of goal setting

5. **PRACTISE** goal setting skills

**Methodology**
Lecture/discussion, group work

Procedure

A Training Officer gave a lecture presentation and invited discussion of the topic. The participants were divided into groups to discuss personal application of the information presented. The Training Officer with the staff spearheaded the discussion groups. The peer facilitators introduced special games to the groups that helped to reinforce the topic. The groups were directed to do simple art work geared at helping them to apply the concepts presented.

Session Four - 15 minutes (night session)

Journal Entry & Evaluation

Objectives:

*During this session the participants were to:*

1. **BE INTRODUCED** to the concept of making journal entries
2. **RESPOND** to a questionnaire designed to examine personal attitudes towards sexual and reproductive health issues;
3. **LEARN** how to make individual "private" and open "journal" entries;
4. **EVALUATE** the day’s proceedings.

DAY TWO

Devotions

Warm up Exercise – 30 minutes
Session Five – 90 minutes

Topic: Understanding Your Body - The Anatomy & Physiology of the
Male and Female Reproductive Systems

Objectives :
During the session the participants were to:

1. **DESCRIBE** the structure and functions of the male and female reproductive organs;
2. **LABEL** diagrams showing the male and female reproductive organs;
3. **IDENTIFY** the common diseases that affect the male and female reproductive systems;
4. **DISCUSS** the care and treatment of the male and female reproductive organs in order to foster healthy lifestyles;
5. **DEVELOP** a programme of care for the reproductive system in either the male or female;
6. **WRITE** a short story entitled the 'The Reproductive System as a Family'.

Methodology
Lecture/discussion, video presentation, short story writing.

Procedure
A Training Officer presented a mini-lecture on the topic and introduced the video “Human Reproduction” which clearly illustrates Anatomy and Physiology concepts. After discussing the video, participants identified the various local names that Jamaicans have assigned to the male and female reproductive organs, and proceeded to label diagrams in their handouts and on the body chart using the correct terminology. The participants were divided into five working groups to do either of the following:

The groups were guided by all the resource persons who were present. They used information from the handouts for the session to inform their activities, after which
they made their respective presentations. Comments, suggestions and discussions followed each presentation.

Session Six - 90 minutes

Topic: Human Sexuality

Objectives:

During the session participants were to:

1. **EXPLAIN** the differences/similarities between the sexual response systems in the male and female;

2. **DISCUSS** youth sexual and reproductive health rights;

3. **IDENTIFY** specific types of practices which represent irresponsible sexual behaviour and lifestyle both in the male and the female;

4. **DISCUSS** sexual practices that represent responsible sexual behaviour and encourage healthy lifestyles;

5. **IDENTIFY** elements /criteria necessary to develop healthy relationships with the same and the opposite sex, including the qualities which characterize good and bad friendships.

Methodology

Team presentation, group discussion, role-play, games

Procedure

A trainer introduced the topic and encouraged open questions to the team by trainees. The participants were then divided into groups for discussion of related material in the handouts prepared for the session; the peer facilitators assisted the participants in analyzing selected Jamaican deejay music in order that the participants would gain insights into cultural attitudes toward sexuality issues. The team also engaged the participants in selected role-plays and games that allowed them to personally apply the information presented.
Session Seven - 70 minutes

Topic: Adolescent Reproductive Health Services

Objectives:

*During the session the participants were to:*

1. **DISCUSS** the health services currently available for adolescents in the three pilot areas;

2. **DISCUSS** the effectiveness of these services for both males and females;

3. **IDENTIFY** at least five(5) resource persons/agencies to which they can refer peers for reproductive health services;

4. **DISCUSS** how they would be able to contribute to the youth friendliness of service provision in their respective sites.

Procedure

The presenter conducted an open discussion on the topic and encouraged questions and comments from participants to clarify issues.

Session Eight – 120 minutes

Topic: Communication with peers about Sexuality, Sexual Health and Reproductive Rights

Objectives:

*During the session participants were to:*

1. **EXPLORE** general principles for communicating with adolescents including listening skills, communication barriers, and effective and ineffective ways of communicating with adolescents about sex and sexuality;

2. **DEVELOP** the ability to discuss without embarrassment, topics related to human sexuality and family planning, utilizing the vernacular as well as the scientific vocabulary;

3. **REVIEW** questions which adolescents frequently ask about sex and sexuality in order to practise giving correct and comprehensible information to adolescents;

4. **PRACTISE** effective communication skills.
Methodology
Discussion, group work, community drama

Procedure
The presenter conducted an open discussion on the topic. The peer facilitators assisted in guiding the respective groups of participants, through relevant community drama, to realise the objectives for the session.

Session Nine – 60 minutes (night session)
During this session the participants:
1. WROTE the information given the previous evening in their journals;
2. EVALUATED the day’s proceedings.

Procedure
Resource persons and peer facilitators worked individually with the participants in helping them to start their journal entries. The participants wrote their individual responses to specific questions that revealed their attitudes towards and perceptions of a number of reproductive health issues that were dealt with during the workshop. They also completed a daily evaluation form.

Session Ten - 30 minutes
“Late Night Extra”

Objective:
During this session the participants were to:
Be engaged in educationally stimulating activities that serve to reinforce the topics dealt with throughout the day as well as introduce them to some of the topics for the following day.

**Procedure**

The peer facilitators got the participants involved in games, mini concerts, role play/drama and musical activities both in the general group setting and among the small groups.

**DAY THREE**

**Devotions**

Warm up Exercise 30 minutes

Session Eleven: 90 minutes
Topic: Creative Teaching Method using Music and Drama

Objectives

*During this session the participants were to:*

1. **IDENTIFY** at least three non traditional teaching methods/approaches which may be used for imparting reproductive health information to their peers;
2. **UTILISE** the methods/approaches identified in role-play;
3. **ASSESS** the effectiveness of these methods in imparting reproductive health information.

Methodology

Group work, discussion, role-play, creation of teaching aids

Procedure

The facilitator discussed with the participants the use of drama and music for conveying reproductive health information in innovative ways. The facilitating team worked with different groups of participants to develop a short drama presentation or musical piece (deejay or song) through which they conveyed a specific reproductive health message. The groups chose concepts that had already been covered in the workshop or related areas. Each group made a presentation of the facts by using flip charts and other educational aids that they created. This was followed by their respective drama/musical presentations. An open discussion on the concepts presented as well as on the effectiveness of the methodologies followed.

Session Twelve: 90 minutes

**Topic 8: The Power of Choice:- CHOOSE, DON’T BE CHosen Preparing Youths to Make Healthy Decisions**

Objectives

*During this session the participants were to:*
1. **IDENTIFY** the various ways of making decisions;
2. **EXAMINE** the results of these decisions;
3. **DEMONSTRATE** knowledge of using problem solving skills especially for teens;
4. **APPLY** effective decision-making strategies to making decisions about sex;
5. **DISCUSS** effective sexual negotiation skills;
6. **IDENTIFY** different types of relationships and discuss specific skills for choosing and building positive relationships.

**Methodology**
Role play/community drama, discussion of situations presented

**Procedure**
The peer facilitators team helped participants to identify specific decisions that youth need to make about their sexual and reproductive health and rights. The team worked with groups to compose short stories to demonstrate steps in problem solving. The team also used community drama to demonstrate how youth can make appropriate decisions in situations of conflict, crisis and managing relationships. A panel comprised of resource personnel encouraged discussion on all presentations and possible alternatives. Some of these activities commenced during the session and was presented during the “Late Night Extra” session

**Session Thirteen: 90 minutes**

**Topic 9: Substance Abuse/Drug Education**

**Objectives**
*During the session the participants were to:*

1. **DEFINE** key terms relating to substance abuse, example, “Addiction”.
2. **LIST** signs and symptoms of substance abuse with emphasis on drugs that are commonly abused in Jamaica;
3. **DETERMINE** the extent to which substance abuse is prevalent among Jamaican youth;
4. **EXPLORE** the link between substance abuse, irresponsible sexual behaviour, prostitution/promiscuity and STDS/STIS, HIV/AIDS in Jamaica;
5. **IDENTIFY** factors which may cause teens to use drugs;

6. **DECIDE** on ways of assisting adolescents who have an addiction problem.

**Methodology**

Panel discussion, case studies, open discussion, narcotics display

**Procedure**

The presenter conducted a brief discussion of the topic, guiding the participants through the information in their handouts. The narcotics division of the Jamaica Constabulary Force was specially invited to set up a display of narcotic drugs. An officer from the force outlined the current position of substance abuse among the youth in Jamaica. A group of pre-selected participants formed a panel to discuss the impact of substance abuse on adolescents.

**Session Fourteen: 45 minutes**

**Topic: Contraceptive Methods**

**Objectives:**

*During this session participants were to:*

1. **DISCUSS** the following methods of contraception, discussing their application, benefits, contraindications, and side effects;
   - hormonal (pills, injectables)
   - barrier (condoms, spermicides, foams)
   - implants, (norplant)
   - Intrauterine Contraceptive Device

2. **IDENTIFY** some of the myths and misconceptions about contraception;

3. **DISCUSS** ways of disseminating correct information about contraception with a view to reducing the effects of myths and misconceptions.

**Methodology**

Video presentation, discussion, use of demonstration packages and models, role play

**Procedure**

The facilitator gave a brief presentation on the topic, after which the video “Teen Contraception” was shown. The participants discussed concepts from the video, saw and
handled different samples of contraceptives and demonstrated correct condom use. The peer facilitators involved the participants in selected role-plays in order to actively reinforce concepts.

Session Fifteen: 45 minutes

Topic: Crisis Issues

Objectives:
*During the session the participants were to:*

Course 13: Crisis Issues: Sexual Abuse, Incest and Rape; Teenage Pregnancy and Domestic Violence.

At the end of the course participants would have:

9. **DEFINE** the term “crisis”;

10. **IDENTIFY** the types of crises that affect adolescents/youth;

11. **DISCUSS** the factors, which contribute to domestic violence, sexual and physical abuse, incest and rape; teenage pregnancy and other forms of crises;

12. **DISCUSS** strategies for helping adolescents/youth and their family members to deal with the onset of crises.

Session Sixteen: 60 minutes (night session)

Topic: STDS/HIV/AIDS

Objectives
*During the session the participants were to:*

1. **DESCRIBE** the signs, symptoms and spread of STDS/STIS including HIV/AIDS;
2. **DISCUSS** the behavioural and relationship factors associated with STDS/STIS and HIV/AIDS;

3. **DISCUSS** the social and psychological impact of these diseases and their own attitudes towards people with HIV/AIDS and genital herpes;

4. **DISCUSS** myths and misconceptions about these diseases and support groups which exist for people who are infected with HIV/AIDS and how and where to refer these persons;

5. **CLARIFY** issues relating to confidentiality and the rights of both the persons with HIV/AIDS and their non-infected partners who may not know that they are at great risk of infection.

**Methodology**

Video presentation, role play, discussion, games

**Procedure**

The presenter gave a short lecture on the topic. This was followed by a video presentation and discussion. The peer facilitators organised teams to perform role plays/community drama highlighting sensitive issues relating to STDS/STIS including HIV/AIDS, prevention strategies and the importance of a healthy lifestyle. An interactive rap session between the peer facilitators and the participants served to strengthen information sharing in this session. Activities from this session were carried over into the ‘warm up’ exercise session on the following morning.

**Session Seventeen: 45 minutes (night session)**

**Journal Entry & evaluation**

*During this session the participants were to:*

1. write relevant information in their journals;

2. evaluate the day’s proceedings.

**Procedure**

The resource team worked individually with the participants in helping them to start their journal entries.

**Session Eighteen: 30 minutes**

“Late Night Extra”
Objective:

During this session the participants were to:
Present their respective group performances on crisis issues.

CONCLUSION

Devotions

Session Nineteen: 30 minutes

Topic 12: Looking Ahead and Planning for Practicum

Objectives

During this session the participants were to:

1. REVIEW the objectives dealt with during the workshop;
2. MAKE decisions concerning the continuation of the training/sensitisation in their respective communities.
3. DISCUSS and develop an outline of their lesson plans for follow up practical sessions;
4. EXAMINE and comment on the terms of reference for their involvement with their communities.

Session Twenty: 75 minutes

Post Test and Evaluation

Closing Exercise: 90 minutes

End of Workshop
OVERVIEW

The Advanced Training and Research in Fertility Management Unit conducted a series of sensitization workshops for forty (40) health workers from Clark’s Town and Montego Bay during the period September to November, 2000. The workshops were organised at
the request of the Service Delivery Component of the UNFPA/ASRH/VIP Youth Project. The training aimed at improving the standard of reproductive health services to adolescents and youth in Clarks Town and Montego Bay, to ensure friendliness and efficiency in delivery through an upgrading of the skills and techniques of a diverse group of health service practitioners.

The main objectives of the training were to:

1. **EQUIP** participants with the knowledge and skills to provide adolescent friendly and efficient reproductive health services;

2. **REINFORCE** positive attitudes among health workers towards service provision to adolescents;

3. **SENSITISE** participants to the current status of adolescent reproductive health in their project sites and the implications of these conditions for the health service provision in that particular community;

4. **STRENGTHEN** alliances between the health services in Clark’s Town and Montego Bay with other agencies and community groups in the interest of promoting healthy living among adolescents in these communities.

**Target Group**

The target group for this workshop comprised a wide cross-section of health workers ranging from medical officers to community health aides. There were forty (40) participants in all, with an almost equal distribution of persons selected from Clark’s Town and Montego Bay. The main requirements for the participants were that they have an interest in the development of adolescent reproductive health and are currently providing services for adolescents.

**Methodology**

A mixture of didactic and varied experiential learning methods was employed in the training. Slide and video presentations as well as case study assessments were also used to enhance the quality of some presentations.
**Workshop Administration**

The workshop activities were co-ordinated by a training officer with the assistance of one of the site facilitators from either Clark’s Town or Montego Bay. All participants as well as the training officer were resident throughout the workshop.

**Workshop Schedule**

The workshop sessions were scheduled to take place over a period of four weekends, from September 29- November 12, 2000.

**Resource Personnel**

A number of resource persons contracted for the training were recommended by the Senior Medical Officer for the Western Health Regional Authority. The other resource persons have a proven track record in their capacities as presenters in previous training programmes at the ATRFMU.

In order to ensure consistency of quality in their delivery, the presenters attended a prior Trainers’ Sensitisation Workshop. The workshop was based on the UNFPA’s standard procedures for trainers in reproductive health. The National Coordinator for the ASRH/VIP Youth Project was the main facilitator for the session. The site facilitators for Clark’s Town and Montego Bay also attended. A copy of the workshop agenda with the workshop objectives is shown as Appendix 1.
Preliminary Session

Arrival and Registration

Pre Test

Orientation

The resource persons:

a) OUTLINED the objectives of the Health Service Providers’ Workshop;
b) IDENTIFIED participants’ goals and expectations;
c) OUTLINED the objectives and purposes of the ASRH/VIP Youth Project;
d) CLARIFIED the relationships between the ASRH/VIP Youth Project and the VIP Youth;
e) SPECIFIED the role of the health service provider viz. a viz. the ASRH/VIP Youth Project.

DAY ONE

Session One: 120 minutes

Topic: Orientation – An Overview of Adolescent Reproductive Health Issues and Rights
Objectives

Participants were to:

a) **DEFINE** the terms "reproductive health" and "reproductive health rights";
b) **EXAMINE** the relevance of these concepts within the context of Jamaica’s culture;
c) **DESCRIBE** the status of reproductive health in Clark’s Town and Montego-Bay, through an examination of survey findings from both communities;
d) **ILLUSTRATE** from the survey findings how the issues of "gender equity" and "equality" may be considered in presenting information on or providing reproductive health services to adolescents in both communities;

Session Two: 15 minutes

**Topic: Understanding Self – Attitudes, Perceptions and Values**

Objectives

Participants were to:

a) **DEFINE** the term “self”;
b) **EXAMINE** how one’s understanding of self can influence one’s attitudes, perceptions and values (APVs);
c) **EXAMINE** personal attitudes, values and perceptions towards reproductive and sexuality issues with a view to changing negative APVs into positive APVs;
d) **OUTLINE** the APVs that are important for the health worker in providing effective adolescent RH services.

Session Three: 45 minutes

**Topic: Understanding the Adolescent**

Objectives

Participants were to:

a) **DEFINE** the terms “adolescent” and “youth”
b) REVIEW the stages of adolescent physical and psycho-social development;
c) EXAMINE the impact of these different developmental characteristics on the formation of adolescent attitudes, perceptions and values (APVs);
d) IDENTIFY characteristic APVs of adolescents and youth;
e) DISCUSS how the health worker’s understanding of adolescent APVs can influence the delivery of services to the adolescents and youth.

Session Four: 60 minutes

Topic: Reorienting the Health Worker – An Examination of the Role of the Health Worker in the ASRH/VIP/Youth Project

Objectives

Participants were to:
a) DISCUSS the reproductive health needs of the adolescent;
b) DEFINE the role of the health worker in addressing these needs;
c) IDENTIFY the skills that health workers need in order for them to be effective service providers, that is:
   Interpersonal and communication skills, decision – making, problem-solving, record–keeping and practical skills e.g. insertion of IUDs and diaphragms, plus support services, openness and flexibility, supplies, ability to make referrals, good management of human and technical resources, knowledge of who the adolescent is and sensitivity to adolescent needs;
d) DISCUSS methods of assuring quality and maintenance of high standards in the delivery of adolescent reproductive health services.

Session Five: 90 minutes

Topic: Provision of Adolescent Friendly Reproductive Health Services

Objectives

Participants were to:
a) OUTLINE the constituents of adolescent friendly reproductive health services;
b) DISCUSS the relevance of these services within the overall health service delivery;
c) IDENTIFY adolescent reproductive health services that are already in place in the respective communities (Clark’s Town and Montego Bay);
d) DISCUSS the strengths and weaknesses of these services, taking into consideration the extent of their youth friendliness as well as the rights and responsibilities of adolescents in utilising these services;
e) IDENTIFY services that are not adolescent friendly, specify the social and other inputs that are needed as well as how these services can be packaged, promoted and delivered to reflect adolescent friendliness, gender equity and equality;
f) DEMONSTRATE examples of effective youth friendly services through role-play.

Session Six: 120 minutes
Interactive Working Session

The participants formed discussion groups to assess case studies relevant to the issues dealt with throughout the day. They also decided on the most effective application of skills and techniques that will be useful in serving the sexual and reproductive health needs of the VIP Youth in both communities.

Session Seven: 150 minutes
Topic: Communicating Reproductive Health Information
Objectives

Participants were to:
a) REVIEW the general principles of communication;
b) IDENTIFY the challenges that health workers, parents, teachers and peer educators are likely to face in communicating reproductive health information to adolescents;
c) OUTLINE strategies for reducing the communication difficulties with adolescents;
d) DISCUSS conventional and non conventional media that may be used to convey information about reproductive health;
e) SUGGEST measures that may be taken to ensure accuracy in conveying reproductive health information;
f) PRACTISE effective communication skills.

Session Eight: 90 minutes
Topic: Adolescent Reproductive Health Counselling (Part 1)
Objectives

Participants were to:

a) DISCUSS alternative client counselling techniques;
b) ASSESS the effectiveness of each technique discussed in (a);
c) DETERMINE the specific counselling skills that the health worker needs when counselling the adolescent on sexual and reproductive health matters;
d) EXAMINE the relevance of confidentiality, ethical and legal issues in clients counselling;

WORKSHOP B

Preliminary Session
Arrival and Registration
Review Session: 60 minutes
DAY ONE

Session Nine: 90 minutes
Adolescent Sexuality Issues and Concerns

Objectives

Participants were to:

a) **DEFINE** the term "sexuality";
b) **IDENTIFY** the concerns that adolescents have with their sexuality;
c) **DIFFERENTIATE** between the sexual response in the adolescent boy and the adolescent girl;
d) **DISCUSS** the cultural and other factors that are responsible for shaping the responses identified in (c);
e) **SUGGEST** ways of helping adolescents to understand and appreciate their sexual feelings and to relate to these feelings in positive ways.

Session Ten: 225 minutes
Topic: Pregnancy Prevention – Contraception (Part One)

Objectives

Participants were to:

a) **DISCUSS** current trends in the following methods of contraception, outlining their application and use as well as benefits and side effects;
  - hormonal
  - barrier
  - implants
  - IUDs
  - abstinence
Session Eleven: 120 minutes

Topic: Adolescent Pregnancy and Child Care

Objectives

Participants were to:

a) **DEFINE** adolescent pregnancy;
b) **OUTLINE** the consequences of adolescents having sex too early;
c) **IDENTIFY** factors influencing adolescent pregnancy and child birth;
d) **EXAMINE** the status of adolescent pregnancy in the respective parishes;
e) **EXPLAIN** risks associated with adolescent pregnancy and how they differ from women of an older age;
f) **DISCUSS** issues relating to the care of the adolescent during pregnancy, delivery and the post partum period;
g) **DESCRIBE** how the adolescent should care for his/her child.

Interactive Working Session: 75 minutes

The participants used specific guidelines to assess videos on relevant adolescent reproductive health issues discussed throughout the day.

DAY TWO

Session Twelve
Topic: Adolescent Risk Taking and Resiliency

Objectives

Participants were to:

a) **IDENTIFY** some of the risks that are commonly taken by adolescents;

b) **DISCUSS** the socio-cultural factors that contribute towards adolescent risk-taking;

c) **ASSESS** the response of peers, parents and other persons within the social environment to risk-taking in boys and in girls;

d) **EXAMINE** the implications of these risks for adolescent reproductive health;

e) **SUGGEST** ways of helping to reduce risk-taking among adolescents.

Session Thirteen: 75 minutes

Topic: Health Promotion Strategies

Objectives

Participants were to:

a) **PRESENT** a typical model of a healthy adolescent;

b) **IDENTIFY** the factors in our culture that militate against the maintenance of healthy living among adolescents;

c) **DEVISE** strategies for empowering the adolescents to make the right decisions about their reproductive health;

d) **IDENTIFY** ways of building and strengthening alliances among adolescents, parents, teachers in an effort to encourage good reproductive health practices among adolescents, for example:

- physical exercises
- healthy eating practices
- medical examinations – cancer screening and breast examination

e) **OUTLINE** the main challenges that the health workers face /encounter in reaching some adolescents and youth;

f) **DEVISE** an integrated strategy for overcoming these difficulties;
g) **EXAMINE** the programmes that are already in place to empower young people to reach out to their peers;

h) **DISCUSS** the current strategies that are in place for promoting healthy living among young people

**Session Fourteen: 120 minutes**

**Topic: The Effects of Substance Abuse on Adolescent Reproductive Health**

**Objectives**

**Participants were to:**

a) **REVIEW** the signs and symptoms of substance abuse;

b) **IDENTIFY** factors which contribute to substance abuse among adolescents;

c) **EXAMINE** the differences and similarities in trends that are evident in the practice of substance abuse among adolescents;

d) **DESCRIBE** how the frequent and inappropriate use of drugs can negatively affect the reproductive health of the adolescents;

e) **DISCUSS** proactive and preventive measures that may be taken in order to reduce the incidence of substance abuse among adolescents;

f) **DISCUSS** the referral for treatment and rehabilitation and appropriate counselling strategies for adolescents who are substance abusers;

**WORKSHOP C**

**DAY ONE**
Registration
Review Session: 90 minutes

Session Fifteen: 60 minutes
Reproductive Health Concerns of the Mentally and Physically Challenged Adolescent
Objectives

Participants were to:

a) **IDENTIFY** the main reproductive health concerns of mentally and physically challenged adolescents;
b) **EXAMINE** the difficulties that these adolescents face in having access to reproductive health services that are appropriate to meeting their needs;
c) **DISCUSS** the challenges that health workers face in responding appropriately to the needs of these adolescents;
d) **SUGGEST** ways of improving reproductive health service to this particular group;

Session Sixteen: 90 minutes
Ethical and Legal Issues
Objectives

Participants were to:

a) **DISCUSS** the issues of ethics and legality in relation to client services provision;
b) **EXAMINE** existing regulations governing clients sexual and reproductive health rights;
c) **EXAMINE** the strengths and weakness of these regulations;
d) **DISCUSS** the challenges or constraints faced by the health worker in conforming to these regulations in providing services for the adolescents;
e) **OUTLINE** the effects of these regulations on the reproductive rights of the adolescent;
f) **CLARIFY** ethical and legal issues relating to the age of consent for sexual activity among adolescents, teenage sexual abuse, abortion, teenage pregnancy and contraceptive use;

g) **SUGGEST** regulations that should be enacted in order to improve the reproductive health standards among adolescents.

**Session Seventeen:**
**Topic: STIS/HIV/AIDS**
**Objectives**

*Participants were to:*

a) **DISCUSS** the prevalence of STIS including HIV/AIDS among adolescents and youth in Jamaica and in their own project sites;

b) **EXAMINE** the signs and symptoms of STIS/HIV/AIDS;

c) **IDENTIFY** the services to which infected adolescents can be referred for treatment and management of STIS/HIV/AIDS;

d) **SUGGEST** ways of empowering the adolescent to take preventive measures against becoming infected with STIS/HIV/AIDS;

e) **DISCUSS** appropriate counselling strategies for persons living with AIDS as well as their family members.

**Session Eighteen: 120 minutes**
**Topic: Counselling (Part Two)**
**Objectives**

*Participants were to:*

a) **DISCUSS** the different techniques involved in counselling the individual and counselling a group;

b) **PRACTISE** selected individual counselling skills.
Session Nineteen: 105 minutes
Interactive Work Session
Objective
The participants were to apply problem-solving techniques to selected case studies relevant to issues discussed throughout the day.

Session Twenty: 120 minutes
Building Alliances in Adolescent Reproductive Health Services
Objectives
Participants were to:

a) DISCUSS the roles played by different agencies and community groups in St. James and Trelawny in addressing adolescent reproductive health issues and concerns;
b) DESCRIBE the relationships and levels of networking that exist among these agencies and groups;
c) EXAMINE the extent to which these relationships and networking are currently serving the interests of adolescents in these communities;
d) DISCUSS how health service providers can build and maintain meaningful alliances among these agencies and community groups so that they can present consistent reproductive health messages, promote healthy living among adolescents and reduce gaps in coverage.

Session Twenty One: 105 minutes
Topic: Training Adolescents to Help Other Adolescents
Objectives
Participants were to:
a) **DISCUSS** the kinds of information and skills that adolescents need in order for them to be good role models;

c) **IDENTIFY** the means by which they may obtain this information and develop these skills;

d) **DESCRIBE** how adolescents who are equipped with relevant information and skills in reproductive health can help other adolescents to:

- build their self confidence and self esteem
- make appropriate decisions about their reproductive health
- prevent physical and sexual abuse of adolescents

**Comment:** A number of peer educators attended this session to represent their adolescent cohorts.

WORKSHOP D

Registration

Review Session: 90 minutes
Session Twenty Two: 60 minutes

Topic: Overcoming Barriers to the Effective Delivery of Reproductive Health Services

Objectives

Participants were to:

a) EXAMINE major issues and problems in organising and supervising ASRH services in Clark’s Town and Montego Bay;

b) IDENTIFY the internal and external factors contributing to these issues and problems;

c) REVIEW problem solving techniques that may be applied to specific cases in both sites;

d) DISCUSS ways of motivating staff to work cohesively in the delivery of ASRH services to adolescents in their respective health departments.

Session Twenty Three: 210 minutes

Topic: Contraception (Part Two)

Objectives

Participants were to:

a) IDENTIFY the issues surrounding adolescent decision-making about contraception;

b) SUGGEST ways in which these issues can be resolved;

c) DISCUSS the issues to be considered when counselling the adolescent boy and girl about contraception.

Session Twenty Four: 210 minutes

Topic: Planning Workshop

Objective
The Participants were to devise a plan of action for improving reproductive health service delivery to adolescents in their respective health departments.

DAY TWO

Workshop Presentations, Assessments and Recommendations: 150 minutes

Post Test: 60 minutes

Evaluation and Closing Exercise

END OF WORKSHOP
SECTION B
PART THREE
TRAINING GUIDELINE DOCUMENT
FOR
COMMUNITY WORKSHOP
OVERVIEW
The Advanced Training and Research in Fertility Management Unit conducted a series of sensitisation community workshops for sixty (60) participants, from December 5 – 8, 2000. The workshops were organized to facilitate the work of the Information, Education and Communication (IEC) Component of the UNFPA Adolescent Sexual and Reproductive Health (ASRH)/VIP Youth Project. The workshop aimed at sensitising the varied community groups to take an integrated approach to addressing adolescent reproductive health issues and to provide support for the peer educator in the project areas. The content delivered constituted a summary of the issues in the Minimum Package outlined for I.E.C. in the ASRH VIP Youth Project document as well as the themes identified among the residents in the communities. Various community intervention strategies, networking, and systems of referral were addressed throughout the workshop. The National Family Board were determined the workshop venues.

**Target Groups**

The workshop targeted different groups of persons in the community, including teachers, guidance counsellors, social workers, police officers, parents, church workers and others. The main requirements for the participants were that they should be literate, have an interest in the promotion and development of adolescent reproductive health and in working with adolescents. They should also be willing to commit the time to working with the peer educators in each site. The I.E.C. component of the ASRH/VIP Youth Project provided the list of persons to be trained.

**Methodology**

The general atmosphere of the workshop was very informal and participants were encouraged to do extensive interaction with each other. A mixture of didactic and varied experiential learning methods were used.

**Certification**

A certificate of participation has been awarded to participants based on an attendance record of at least 80% of all sessions.

**Evaluation**
The participants were required to complete evaluation forms at the end of the workshop. The evaluation was aimed at assessing all aspects of the workshop, including the content, administration, venue/facilities, the participants’ own attitude towards the workshop and the performance of presenters in each session. Lessons learnt from previous training evaluations have been applied to this workshop and recommendations made by participants at this workshop will be useful for the planning and implementation of future workshops.

**Workshop Administration**

The workshop activities were coordinated by a Training Officer from the ATRFMU with the assistance of the site facilitators from Clark’s Town or Montego Bay.

**Workshop Schedule and Document**

The workshop sessions were scheduled to take place over a period of two days in each site, from December 5 –8, 2000. The workshop document which contained the workshop objectives and other details, was developed by the ATRFMU in consultation with the I.E.C. Component of the ASRH VIP Youth Project, the National Family Planning Board and the National Coordinator. This document speaks specifically to the sensitisation of community workers and serves to complement the document used for the Health Service Providers Workshop. It is partly a revision of the original training curriculum that the ATRFMU developed and which was approved by the UNFPA Country Support Team in 1999.

**Resource Personnel**

The presenters for this workshop were selected from the region. A number of them were facilitators in the Health Service Providers’ Workshop. A number of these resource persons were also identified during the site visits conducted by the ATRFMU in June 1999.

In order to ensure consistency of quality in their delivery, the presenters were asked to attend a Trainers’ Sensitisation Workshop on Wednesday October 11, 2000. The workshop was geared at sensitising the presenters to UNFPA’s standard procedures for trainers in reproductive health. The National Coordinator for the ASRH/VIP Youth
Project and the Training Officer from the ATRFMU facilitated the session. The site facilitators for Clark’s Town and Montego Bay also attended. A copy of the workshop agenda with the objectives is shown as Appendix 2.
DAY ONE

Arrival and Registration

Session One: 60 minutes

Orientation

Objectives

During this session the participants were to:

a) **DISCUSS** the objectives of the Community Workshop;
b) **STATE** their goals and expectations for the workshop;
c) **DISCUSS** the objectives and purposes of the ASRH/VIP Youth Project;
d) **DISCUSS** the roles of the VIP Youth and peer educators in communities;
e) **SPECIFY** the role of the community *viz a viz* the ASRH/VIP Youth Project;
f) **DISCUSS** how the community workshops will complement the health service providers’ training;
g) **DEFINE** the terms ‘reproductive health,’ ‘reproductive rights,’ ‘gender,’ ‘equity,’ and ‘gender equality.’
h) **DESCRIBE** the status of reproductive health in Clark’s Town and Montego Bay, through an examination of survey findings from both communities;
i) **DISCUSS** the gender concerns that operate within the context of these community groups.

Session Two: 60 minutes

Topic: Building Networking Relationships among Community Groups

Objectives

During the session the participants were to:

a) **DESCRIBE** the relationships and levels of networking that exist among the different community groups represented in the workshop;
b) **DISCUSS** ways of improving these relationships for the benefit of adolescents in communities;
c) **LIST** the agencies in both communities that are targeting youth, stating their location, access, affordability as well as youth friendliness;

d) **EXPLORE** ways of encouraging adolescents to maximise the use of these services.

**Session Three: 120 minutes**

**Topic: Building Relationships with Adolescents**

**Objectives**

*During the session the participants were to:*

a) **DEFINE** the terms ‘adolescent’ and ‘youth’

b) **DISCUSS** the physical and psychosocial development of the adolescent;

c) **EXAMINE** how adolescent development influences the formation of their attitudes, perceptions and values in relation to sexual and reproductive health issues;

d) **IDENTIFY** their own attitudes, perceptions and values towards sexual and reproductive health;

e) **EXAMINE** how their own attitudes, perceptions and values can influence their relationship with the adolescent;

f) **SUGGEST** how the community groups can improve their relationship with the adolescent and help to foster healthy relationships among adolescents.

**Session Four: 120 minutes**

**Topic: Adolescent Sexuality – Issues and Concerns**

**Objectives**

*During the session the participants were to:*

a) **DEFINE** the term "sexuality";

b) **DISCUSS** the gender concerns as they relate to sexuality issues among adolescents;
c) **IDENTIFY** the kinds of information that adolescents need to have in order for them to understand themselves and their sexuality;

d) **OUTLINE** the risks that adolescents are likely to take in relation to their sexuality;

e) **DISCUSS** the skills that adolescents need in order for them to make appropriate decisions about their sexuality and to avoid sexual and reproductive health risks.

**DAY TWO**

**Arrival and Registration**

Session Five: 120 minutes

**Topic: Counselling Services for Adolescents**

*During this session the participants were to:*

a) **IDENTIFY** the different reasons for which adolescents will need to seek reproductive health Counselling, for example, pregnancy, STIS including HIV/AIDS, contraception, general health, violence/abuse, depression/suicide, abortion, cancer screening, parenting;

b) **STATE** the benefits to be derived by the adolescent as a result of receiving reproductive health Counselling in these areas;

c) **LIST** the Counselling services that are available to adolescents to address the areas of need identified;

d) **SUGGEST** ways to help adolescents to recognise their need for Counselling, and how to access the services that are available;

e) **IDENTIFY** reasons why some adolescents respond negatively to Counselling situations and recommend ways in which improved communication can help them to respond positively to counselling;

f) **IDENTIFY** and discuss the reservations, fears and suspicions that Jamaican males display toward being counseled and consider ways of involving the adolescent boy in the counselling process;
g) **DISCUSS** the need for the community groups to be sensitive, non-judgmental and confidential.

**Session Six: 45 minutes**

**Topic: Communicating Reproductive Health Information to Adolescents**

**Objectives**

*During the session the participants were to:*

a) **NAME** the communication media that most readily reach the adolescent population and review the “street language” of adolescents;

b) **DESCRIBE** how this information can be used in creating effective reproductive health messages that are presented to the adolescent;

**Session Seven: 60 minutes**

**Topic: Making Decisions about Contraceptive Use**

**Objective**

*During the session the participants were to:*

a) **REVIEW** the contraceptive services that are available for adolescents;

b) **DISCUSS** the following issues that relate to adolescent decision-making about contraception:

- Negotiation skills
- Condom use
- Abstinence
- Rights and gender issues
- Risk behaviours

**Session Eight: 75 minutes**

**Topic: Dealing with Violence and Other Crisis Issues**

**Objectives**

*During this session participants were to:*
a) **DEFINE** the terms "violence" and "crisis";

b) **DESCRIBE** the trauma faced by the adolescent and his/her family members in the following situations of crisis:-
- Gender based and domestic violence
- Sexual and physical abuse
- Unwanted pregnancy
- HIV/AIDS

c) **DISCUSS** appropriate legal and other intervention strategies, including referral for counselling and treatment

d) **EXAMINE** the extent to which the treatment of these issues reflect gender equity and equality and adolescent reproductive rights;

**Evaluation and Closing Exercise**
Workshop Objectives

_During this workshop the participants were to:_

1. **BE INTRODUCED** to the ASRH/VIP Youth Project and the concept of the VIP Youth as the beneficiaries of the health service providers’ training;

2. **REVIEW** the content of the Health Service Providers’ Workshop;

3. **IDENTIFY** ways of integrating the topic they will be presenting within the overall training curriculum;

4. **DEFINE** the concept ‘reproductive health’ within the Jamaican cultural context;

5. **DISCUSS** the reproductive health rights of adolescents and how an understanding of these rights may be applied in the presentation of reproductive health information;

6. **EXAMINE** the relevance of gender equity and equality in the presentation of information on reproductive health;

7. **CLARIFY** issues regarding their roles as trainers in the Health Service Providers’ Workshop
APPENDIX 2

Trainers’ Sensitisation Workshop for Community Groups

October 11, 2000

Workshop Objectives

*During this workshop the participants were to:*

1. **BE INTRODUCED** to the ASRH/VIP Youth Project and the concept of the VIP Youth as the beneficiaries of the community groups’ training;
2. **REVIEW** the objectives of the Community Workshop;
3. **IDENTIFY** ways of integrating the topic they would be presenting within the overall training curriculum;
4. **DEFINE** the concept ‘reproductive health’ within the Jamaican cultural context;
5. **DISCUSS** the reproductive health rights of adolescents and how an understanding of these rights may be applied in the presentation of reproductive health information;
6. **EXAMINE** the relevance of gender equity and equality in the presentation of information on reproductive health;
7. **CLARIFY** issues regarding their roles as trainers in the Community Workshops.

*The End*