Ethiopian TVET-System

# Health Extension Service

## Level III

### Based on Jan.2018G.C Occupational Standard

| Module Title | Promoting and Providing Adolescent and Youth Reproductive Health. |
|---|---|
| TTLM Code | HLTHES3 M16 TTLM 0919v1 |

## This module includes the following Learning Guides

**LG59: Plan adolescent and youth RH services**

**LG60:Promote adolescent and youth RH services**

**LG61:Provide RH service packages**

**LG62:Register and document RH records**

| Instruction Sheet | LG59: Plan adolescent and youth RH services |
|---|---|

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- Introduction to Adolescent and Youth Reproductive Health
- Planning Adolescent and Youth RH Program

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to**:

- Introduce Adolescent and Youth Reproductive Health
- Plan Adolescent and Youth RH Program.

**Learning Instructions:**

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 4.
3. Read the information written in the information "Sheet 1, Sheet 2.
4. Accomplish the "Self-check 1, Self-check t 2.

| Information Sheet-1 | Introduction to Adolescent and Youth Reproductive Health |
|---|---|

## 1.1 Adolescent and Youth Reproductive Health

**Concepts, Principles, and Importance of Adolescent and Youth Reproductive Health.**

The World Health Organization (WHO) Defines an adolescent as an individual in the10-19 years age group and usually uses the term young person to denote those between 10 and24years. In this Module we will use these Definitions and also the terms early adolescence (10-14), late adolescence (15-19) and post-adolescence (20-24), because they are helpful in understanding the problems and designing appropriate interventions for young people of different ages.

Adolescence is a period of transition from childhood to adulthood during which adolescents develop biologically and psychologically and move towards independence. Although we may think of adolescents as a healthy group, many die prematurely and unnecessarily through accidents, suicide, violence and pregnancy-related complications. Some of the serious conditions of adulthood (for example, sexually transmitted infections (STIs), like HIV; and tobacco use) have their roots in adolescent behavior.

Studies show that young people are not affected equally by reproductive health problems. Orphans, young girls in rural areas, young people who are physically or mentally impaired, abused or have been abused as children and those migrating to urban areas or being trafficked are more likely to have problems.

Despite their numbers, adolescents have not traditionally been considered a health priority in many countries, including Ethiopia. While the country has been implementing major interventions to reduce child mortality and morbidity, interventions addressing the health needs of young people have been limited. Young people often have less access to information, services and resources than those who are older. Health services are rarely designed specifically to meet their needs and health workers only occasionally receive specialist training in issues pertinent to adolescent sexual health. It is perhaps not surprising therefore that there are particularly low levels of health-seeking behavior among young people. Similarly, young people in a variety of contexts have reported that access to contraception and condoms is difficult.

The negative health consequences of adolescents can pass from one generation to the next. For example, babies born to adolescent mothers have a high risk of being underweight or stillborn. They are also likely to suffer from the same social and economic disadvantages encountered by their mothers. That is why addressing the need of adolescents is an intergenerational investment with huge benefits to subsequent generation

If the nation is to address its rapid population growth, it is crucial to acknowledge the importance of the reproductive health concerns of adolescents and young people, particularly in their decisions related to avoidance of unwanted pregnancy.

## 1.2 Importance of Adolescent and Youth RH

- Services intended to be provided in adolescent and youth-friendly services

- Information and counseling on sexual and reproductive health issues
- Promotion of healthy sexual behaviors through various methods including peer education
- Family planning information, counseling and methods including emergency contraceptive methods
- Condom promotion and provision
- Testing services: pregnancy, HIV counseling and testing
- Management of STIs
- Abortion and post-abortion care
- Antenatal care (ANC), delivery, postnatal care (PNC) and pregnant mother-to-child transmission (PMTCT) services
- . Appropriate referral linkage between facilities at different levels

### 1.3 Strategies for Promoting Adolescent and Youth RH.

The Government of Ethiopia has adopted policies and strategies to address some of the social, economic, educational and health problems faced by young people. Currently, national programs are guidedbya10-year plan which is based on the 'National Adolescent and Youth Reproductive Health Strategy 2006-2015'.Other key documents indicating government commitment include the Young People Policy issued in 2000, the Policy on HIV/AIDS launchedin1998, the Revised Family Laws amendedin2000 to protect young women's rights, (for example against forced marriages), and the Revised Penal Code, which penalizes sexual violence and many harmful traditional practices.

When developing and implementing interventions you need to take into account that while many adolescents and young people share common characteristics, their needs vary by age, sex, educational status, marital status, migration status and residence. When developing and implementing interventions you need to appreciate that you will have to work indifferent ways with different age group

An activity that is suitable for those in early adolescence (10-14 years old) may not be suitable for those in post-adolescence (20-24 years old). For instance, those in their early adolescence are more likely to be in primary schools, not yet married and hence less likely to have started sexual relationships, all of which determine the type of information and services that would be appropriate for them.

You need to give special attention to these vulnerable young adolescents (aged 10-14) and those at risk of irreversible harm to their reproductive health and rights (e.g. through forced sex, early marriage, poverty-driven exchanges of sex for gifts or money, and violence).As has already been mentioned, some groups are more vulnerable than others and it is to vulnerable individuals that you need to offer most help. In this Module you will gain an understanding of who these vulnerable individuals are and insight in to their difficulties and you will learn how you can help them.

### 1.4 Protecting adolescent sexual and reproductive health

Adolescent sexual and reproductive health refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and all forms of sexual violence and coercion. One of the important concerns of young people is their sexual relationships. In particular, young people need to know how they can maintain healthy personal relationships. It is important to keep in mind that sex is never 100% 'safe', but you can advise young people on how to make sex as safe as they possibly can. That is why you should always talk about 'safer' sex and

not 'safe sex'. Sexual activities may be defined as high risk, medium risk, low risk, or no risk based on the level of risk involved in contracting HIV or other STIs.

**No risk**

There are many ways to share sexual feelings that are not risky. Some of them include hugging, holding hands, massaging, rubbing against each other with clothes on, sharing fantasies, and self-masturbation.

**Low risk**

There are activities that are probably safe, such as using a condom for every act of sexual intercourse, masturbating your partner or masturbating together as long as males do not ejaculate near any opening or broken skin on their partners.

**Medium risk**

There are activities that carry some risk, such as introducing an injured finger into the vagina. Note that having sexual intercourse with improper use of a condom also carries a risk of HIV/STI transmission.

**High risk**

There are activities that are very risky because they lead to exposure to the body fluids in which HIV lives. This refers to having unprotected sexual intercourse.

### 1.5 Reproductive Health Risks of Adolescents or Vulnerabilities

**Physical Vulnerabilities**:

- Adolescence is a time of rapid growth and development, creating the need for a nutritious and adequate diet.
- Adolescents often have poor eating habits which put them at risk of Under nutrition as they may not be able to meet the increased demand of nutrition for growth.
- Poor health in infancy and childhood, often resulting from impoverished conditions, can persist into adolescence and beyond.
- Repeated and untreated infections and parasitic diseases, frequent diarrhea and respiratory diseases, malnutrition, physical defects and disabilities can affect their physical and psychological development.
- Some young women may have undergone female genital cutting, which can result in significant physical and/or emotional difficulties, especially concerning sexual and reproductive matters

**Socioeconomic Vulnerabilities:**

- . During adolescence, young people's need for money often increases, yet they typically have little access to money or money-making employment.
- Poverty and economic hardships can increase health risks owing to poor sanitation, lack of clean water, and the inability to afford healthcare and medications.
- Disadvantaged young people are also at a greater risk of substance abuse and may feel forced to resort to work in hazardous situations, including commercial sex work, (prostitution) which makes them likely to contract STIs, including HIV/AIDS, and have an unwanted pregnancy.
- . Young women also face gender discrimination that affects access to healthcare, the ability to negotiate safer sex, and opportunities for social and economic wellbeing.
- . Some young women marry very young to escape poverty, but as a result may find themselves in another difficult and challenging situation.
- . Many young people are also at risk because of diverse socioeconomic and political reasons. These especially vulnerable young people include street children, child labourers, the internally displaced or refugees, those in war zones, young criminals, those orphaned because of AIDS and other circumstances, and other neglected and/or abandoned youth.

Reproductive health rights refer to those rights specific to personal decision making and behavior, including access to reproductive health information and services with guidance provided by trained health professionals.

## 1.6 .Reproductive health rights of adolescents and young people

Reproductive health rights refer to those rights specific to personal decision making and behavior, including access to reproductive health information and services with guidance provided by trained health professionals, includes.

- The right to information and education about sexual and reproductive health (SRH) services.
- The right to decide freely and responsibly on all aspects of one's sexual behavior.
- The right to own, controls, and protect one's own body.
- The right to be free of discrimination, coercion and violence in one's sexual decisions and sexual life.
- The right to expect and demand equality, full consent and mutual respect in sexual relationships.

The right to the full range of accessible and affordable SRH services regardless of sex, creed, belief, marital status or location. **These services include:**

- Contraception information, counseling and services.
- Prenatal, postnatal and delivery care.
- Healthcare for infants.
- Prevention and treatment of reproductive tract infections (RTIs)
- Safe abortion services as permitted by law, and management of abortion-related complications.
- Prevention and treatment of infertility& Emergency services
- Emergency services.

**1.7Development Changes in Adolescence**

✓ **Biological and psychosocial changes during adolescence**

For young people, adolescence is all about change: in the way they think, in their bodies and in how they relate to others. As a Health Extension Practitioner it is important for you to know these changes in order to understand the special needs of young people and provide appropriate eservices.

✓ **Changes in thinking and reasoning (cognition)**

Children tend to be concrete thinkers, mostly relying on literal, straight forward interpretation of ideas. In adolescence they become abstract thinkers, as they begin to be able to think abstractly and to conceptualize

Abstract ideas such as love, justice, fairness, truth and spirituality. They start to analyse situations logically in terms of cause and effect, think about their futures, evaluate alternatives, set personal goals and make mature

Decisions. As their abilities to think and reason increase, adolescents will become increasingly independent, and take on increased responsibilities.

✓ **Physical changes**

Puberty is the time in which sexual and physical characteristics mature The exact age a child enters puberty depends on a number of different things, such as genes, nutrition and sex. Most girls and boys enter puberty between 10-16 years of age although some start earlier or later. Girls tend to enter puberty two years before boys.

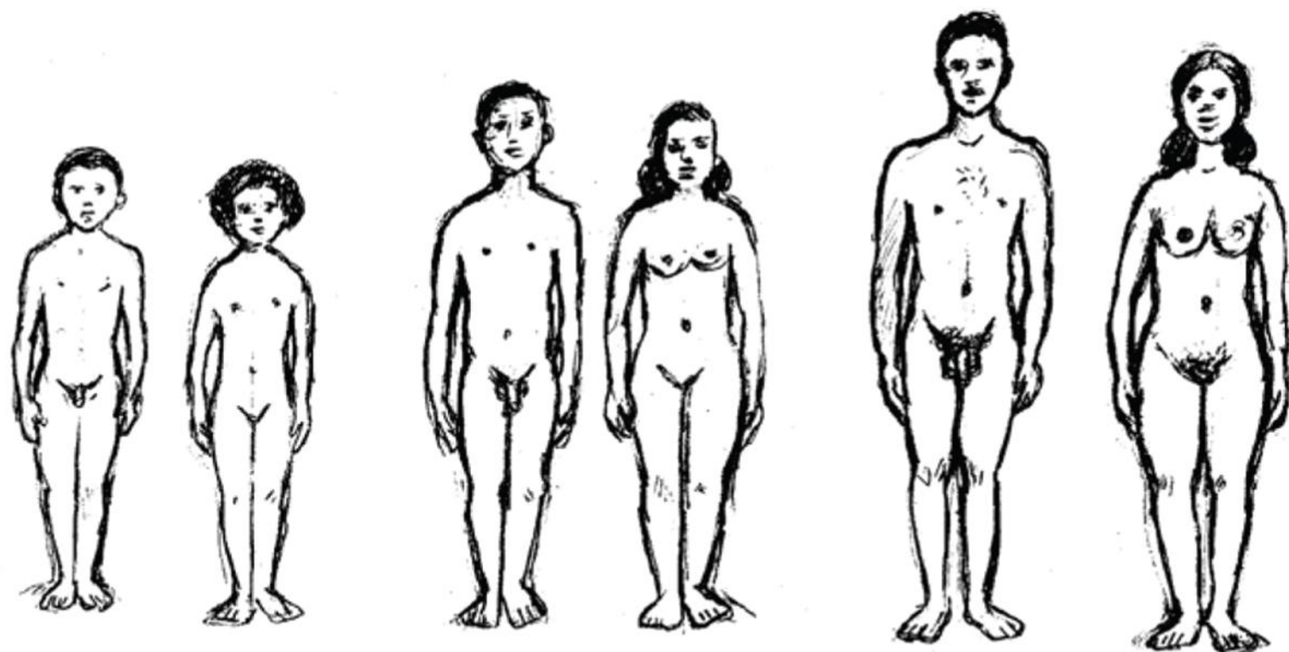


Figure- 1Young people at different age groups (showing physical changes) at ages 10-14, 15-19 and 20-24 from the left to the right

### Physical changes during adolescence

Physical changes observed in females:

- . Skin becomes oily, sometimes with pimples and acne
- Hair grows under arms, pubic area, legs
- Breasts grow
- Hips broaden, weight and height increase, hands, feet, arms, and legs become larger
- Perspiration increases and body odour may appear
- Voice deepens
- Menstruation begins, more wetness in the vaginal area.

Physical changes observed in males:

- Skin becomes oily, sometimes with pimples and acne
- Hair grows under arms, pubic areas, legs, chest, face
- Muscles especially in legs and arms get bigger and stronger
- Shoulders and chest broaden, weight and height increase, hands, feet, arms and legs become large
- Perspiration increases and body odor may appear
- Voice cracks and then deepens
- Penis and testicles grow and begin to hang down
- Wet dreams and erection occur frequently
- Ejaculation occurs during sexual climax.

### Social and emotional changes

As adolescents grow physically they also think and feel differently details the main social and emotional changes that take place. Some of these changes in the way they think are a consequence of growing older and learning more about the world and the way other people think and behave. But changes in the way they feel are more likely to be a consequence of the hormonal changes in their bodies. These changed feelings can often be a source of confusion and unhappiness. In this Module you will learn how you can help young people to prepare for these changes and to understand them.

### Social and emotional changes during puberty

- . Starting to think independently/make decisions for themselves
- Starting to have sexual feeling

- Experimentation and curiosity (sexual intercourse, alcohol, drugs and other stimulants)
- Friends may matter more than they used to (what they wear, do, how they speak and use language – e.g. slang and informal speech)
- Mood changes
- Need for privacy
- Concern about body image, need to be seen as attractive and able to sexually attract people
- Need to break social sanctions and laws
- Disrespect for authority including parental supervision
- Argumentative and aggressive behaviors become evident and often disturb parents and teachers
- Delinquency/law-breaking activities
- Political extremism.

| Self-Check -1 | Written Test |
|---|---|

**Directions:** Choose the best answers from the given alternative.

1. Importance of Adolescent and Youth RH

   A. Condom promotion and provision
   B. Testing services: pregnancy, HIV counseling and testing
   C. Management of STIs
   D. Abortion and post-abortion care
   E.ALL

2. Hugging, holding hands, massaging, rubbing against each other with clothes on, sharing fantasies, and self-masturbation describe in?

A. High risk B .No risk C. Low risk D.ALL

3. During adolescence, young people's need for money often increases, yet they typically have little access to money or money-making employment.

A. Physical Vulnerability B. Socio economic C. Both

4. Reproductive health rights of adolescents and young people?

A. The right to information and education about sexual and reproductive health (SRH) services.
B. The right to decide freely and responsibly on all aspects of one's sexual behavior.
C. The right to own, controls, and protect one's own body. D.ALL

5. NOT Social and emotional changes?

   A-Starting to have sexual feeling
   B- Experimentation and curiosity
   C-Friends may matter more than they used to
   D-Mood changes
   E-Wet dreams and erection occur frequently

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ____________
Rating ____________

Name: ___________________________ Date: ________________

| Information Sheet-2 | Planning Adolescent and Youth RH Program |
|---|---|

### 2.1 Planning Adolescent and Youth RH Program

#### Calculating the size of your target group

AYRH services could be delivered through various outlets such as the health post, household, community, schools, and other social institutions such as religious institutions, as well as areas frequented by young people. Before you provide services it is important that you know the size of your target group and what specific services they need and through which outlets you could provide the services.

For example, suppose you found that the total population of your kebele was5,000 and the total number of young people in the age group 10-24 years was 1,500 you should assume that half of these are females and each age group is one third of the total.

This is shown in  Table 1.

- What is the percentage of young people in your community?
- The percentage of young people in your kebele = (1,500 ÷ 5,000) x 100= 30%

Young people in the kebele by age and sex.

| Age | Sex | | Total |
|---|---|---|---|
| | Female | Male | |
| 10–14 | 250 | 250 | 500 |
| 15–19 | 250 | 250 | 500 |
| 20–24 | 250 | 250 | 500 |
| Total | 750 | 750 | 1,500 |

Calculating the number of young people in the kebele by age and sex is Important for:

- . Planning tailor-made RH information and services
- Calculating the utilization of services by age and sex
- Monitoring progress and evaluating achievements

#### Calculating AYRH service coverage

It is important to understand the common indicators for calculating service Coverage; these are shown in Box 13.1.

Box 13.1 AYRH indicators

Proportion of young people using condoms (for age groups 15–19 and 20–24 years)
Contraceptive prevalence rate among sexually active young people For age groups 15–19 and 20–24 years (contraceptive prevalence = proportion of adolescents using contraceptives)
Prevalence of STIs among female and male young people in age groups 15–19 and 20–24 years (prevalence of STIs = proportion of young people with STIs)
Proportion of pregnant women aged 15–19 and 20–24 years old seeking antenatal care (ANC)
Proportion of young women aged 15–19 and 20–24 years old delivered at the health post
Proportion of young women who delivered with the assistance of a trained health service provider
Proportion of young people referred for HIV counseling and testing
Proportion of young women referred for abortion-related services
Proportion of young women counseled on sexual abuse.

If we want to calculate ANC coverage among young pregnant women aged15–19 years we divide the total number of young pregnant women aged 15–19 years who use ANC by the total number of young pregnant women aged15–19 years in the kebele and multiply by 100.
ANC coverage among young women 15–19 =
Number of young pregnant women15-19 who use ANC divided
Number of young pregnant women15 -19in the kebele multiply by *100

### 2.2Organizing adolescent and youth friendly RH services

Steps in organizing AYFRH services
1 Conduct a needs assessment of adolescent and youth services provided at the health facility
2 Assess whether the health workers are trained to provide AYFRH services and find out what materials are available in the health facility
3 Identify existing problems in providing RH service for young people
4 Develop proposals to solve the problems identified
5 Present an action plan to implement the proposals
Step 1: Conducting a needs assessment of existing services at the health post Figure 13.2 on the next page, is a needs assessment tool. You use it to collect the required information on the services already provided. It will help you identify existing problems and the people and materials available to provide RH services for young people. In addition, the needs assessment tool will help you collect information on how the health post keeps track of data on AYRH services provided. Overall, the tool will help you determine whether the facility has youth-friendly characteristics.

- Convenient hour
- Convenient location
- Adequate space and sufficient privacy
- Availability of peer education and a counseling program.
- Affordable fees for the service
- Involves young people in the provision of information and services

Figure -2

- Informs the community about services for AYRH
- Availability of health workers trained in AYFRH services
- Materials available for AYFRH service provision
- Materials/supplies and services
- Training of health worker
- Involvement of the young people and the community
- Convenience of the location and service hours

## AYFRH service needs

**General Information:**

Name of *Woreda*___________ Name of *Kebele* _____________ Name of health facility___________

**About Materials/supplies and services**

1 Does the health facility meet the "Standards on Youth Friendly Reproductive Health Services" when providing services to young people? Yes No

2 Are Health Education materials on the different components of AYRH services currently available at the health facility?
- Sexually transmitted infection Yes No
- HIV/ AIDS Yes No
- Unwanted/unplanned pregnancy and contraceptive use/family planning Yes No
- Maternal health care (antenatal care, delivery care postnatal care) Yes No

3 Does the health facility have referral forms for young people? (could be the same for all clients/patients, but need to verify that it is appropriate for young people)
- Referral (one way only) Yes No
- Referral and Feedback (back referral) Yes No

4 Does the health facility have case management guidelines for the following services?
- STIs Yes No
- HIV/AIDS Yes No
- Sexual abuse Yes No
- Contraception/family planning Yes No
- Antenatal, delivery, postnatal Yes No

5 Does the facility have the following supplies and services?
- Contraceptives Yes No
- Emergency contraceptives Yes No
- Pregnancy test Yes No
- Syndromic management of STIs Yes No
- HIV testing Yes No

**Training of health workers**

6 Are any of the health workers in the facility trained in the case management guidelines? Yes No

7 Are any of the health workers in the health facility trained on AYFRH services? Yes No

**Involvement of young people and the community**

8 Are young people involved in providing information and services to their peers in the community? Yes No

9 Does the facility inform the community about their AYFRH services available? Yes No

**Convenience of the location and service hours**

10 Are the service hours of the facility convenient for young people? Yes No

11 Do the consultation rooms for young people ensure?
- Privacy (visual and auditory) Yes No
- Confidentiality? (records locked and not accessible to other people) Yes No

Figure 1.1An AYFRH needs assessment tool for use in a health facility

Step 2: Assess whether the health workers are trained to provide AYFRH services and find out what materials are available in the health facility

- How will you carry out step 2?
- The information that you want has been gathered using the needs assessment tool (Figure 13.2).

Step 3: Identifying problems related to AYFRH

Table 1.1 Problems identified.

| **Materials and services** | **Training of health workers** | **Involvement of the young people and the community** | **Convenience of the location and service hours** |
|---|---|---|---|
| | | | |

Steps 4: Developing a proposal

Now you should develop a proposal to show how you are going to solve the problems you identified in your assessment. You may not be able to respond to all of the problems you have identified. Therefore you should prioritise the problems based on the importance of the problem and the resources you have or you could acquire. If you can't address the problems at your level, the proposal would help you request support from the health centre or woreda health office. The proposal should have the problems identified (it is good if you have prioritized the problems and put only two or three priority problems in your proposal). You need to include in your proposal what you want to achieve by addressing the identified problem-we usually call this the objective. You may have different ways of achieving your objectives — we call these ways strategies — and it is good also to indicate your strategies in your proposal.

Table 1.3 Form for developing a proposal

| | **Problem: Materials and services**<br><br>**No health education materials on contraception available at the health post** |
|---|---|
| **Objective** | Make health education materials on contraceptives available at the health post |
| **Strategy** | Mobilise support from the *woreda* health office, health centre and NGOs working in the *kebele* |
| **Activity** | Collect available health education materials |
| **Resource** | Transport and perdiem cost to travel to the *woreda* health office and health centre |
| **Time** | One month |

Step 5: Developing an action plan With the proposal it is useful to develop an action plan for each problem that you have identified. The action plan is a very simple tool which will help you organize yourself to respond to the problems to AYFRH service provision at your health post. In the action plan you put very specific actions. The activities you have put in the proposal may be more general activities. Table 13.4 shows a form that you can use to help you develop an action plan. You need to indicate in your action plan by whom and when the specific action will be carried out. Just as for the proposal Table 13.4 has been completed for the problem identified in the needs assessment.

Table 1.4Action plan

| Problem | Action Required | Person responsible | Date to be carried out |
|---|---|---|---|
| Lack of health education materials on contraceptives at the health post | Collecting health education materials<br>Request both orally and through formal letter that<br>(i) the *woreda* health office Or<br>(ii) the NGO working in the kebele (if any<br>Or<br>(iii) the health centre provides you with health education materials on contraceptives | Health Extension Practitioner | September 1st 2005 (E.C.) |

## 2.3 Resource mapping

| Tool Name: Community Resource Mapping | |
|---|---|
| What is it? | ➢ Community resource mapping is a method of showing information regarding the occurrence, distribution, access to and use of resources; topography; human settlements; and activities of a community from the perspective of community members. |
| What can it be used for? | ➢ identifying and examining relationships between a community's resources, topography, settlements, and activities<br>➢ enabling people to picture resources and features and to show graphically the significance attached to them<br>➢ identifying problems, possibilities, and opportunities |
| What does it tell you? | ➢ how people within a community view their environment<br>➢ community members' analysis of the natural resources found in their community and how they are used |
| Complementary tools | ➢ Transect walks, social mapping, time line, seasonal calendar |
| Key elements | ➢ This participatory data generating process uses local perceptions of resources and territories. |
| Requirements | |
| Data/information | ➢ This tool generates data and information; the only prior information required is for sampling analysts. |
| Time | 1.5 to 2 hours |
| Skills | ➢ Good participatory facilitation and social analytical skills; a natural resource disciplinary background is useful. |
| Supporting software | ➢ No software needed |
| Financial cost | ➢ This tool will cost Birr30,000 to Birr100,000 when conducted as part of a participatory study, |

| | |
|---|---|
| | depending on the number of communities sampled and the geographical scope of the study. |
| Limitations | ➢ A community resource map is usually spatially limited to the social, cultural, and economic domains of the local analysts who produce it so for larger geographical areas (such as a protected area or national park) and areas with several different administrations, producing a sufficient number of community-specific sketch maps might be politically unrealistic. |

**Community Resource Mapping: Procedures and Examples**

**Time, Materials, and Skills Needed**

Two to three hours should be allowed to produce and analyze a community resource map and to ensure that a full discussion occurs with local analysts.

Markers and large sheets of paper are required. Notebooks/paper and pens are needed to make a copy of the diagram and for the note-taker to record the discussion generated during the diagram development. The map can be drawn on the ground; if this is the case, then a large area will be needed as well as various objects such as sticks, stones, leaves, seeds, colored powder, and so on, which the analysts can use to represent features on the map.

The discussion group will include a facilitator, observer/note-taker and selected local analysts. The facilitator and observer/note-taker should be experienced in the principles behind the use of participatory tools and methods as well as in their practical use. Knowledge of the social structure of the community is required by the facilitator because community members might consider resource distribution, use, and access to be sensitive issues.

**Possible Approach**

The following approach is a general example that can be adapted to suit the local context, views of local analysts, and the research objectives.

**Step 1: Select Local Analysts.** Identify the groups of people to talk to about their perceptions of their local resources. These decisions will be based on the objectives and depth of information required for the **AYRH.** For example, separate groups of men and women might be useful because women and men might use different resources: women will map the resources they think are important (such as water sources, firewood sources, and so on) and men will map the resources they think are important (such as grazing land, infrastructure, and so on). However, it might be necessary to break down the population into further categories (such as ethnicity, well-being category, or caste). Groups of five to ten local analysts should reflect any relevant and important social divisions.

**Step 2: Provide Introductions and Explanations.** When working with each group, the facilitator and observer/note-taker should begin by introducing themselves and explaining carefully and clearly the objectives of the discussion. Check that the local analysts understand and feel comfortable with what will be discussed.

**Step 3: Produce a Community Resource Map.** First decide what type of area the map will show or any limitations, such as a village, an indigenous ancestral domain, a watershed, and so on. (Social maps, which show households, begin as physical maps of the residential area, but are treated separately in another section.)

With the help of local analysts, select a suitable place and medium such as on the ground using objects such as stones, seeds, sticks, and colored powder; on the floor using chalk; or directly on a large sheet of paper, using pencils and pens.

Ask the local analysts to start by preparing the outline or boundary of the map. It might be helpful for them start by placing a rock or leaf to represent a central and

Important landmark. Although it might take some time to get going, the process should not be rushed.

Ask the analysts to draw other landmarks on the map that are important to them. It is not necessary to develop an absolutely accurate map; the goal should be to get useful information about local perceptions of resources. Local analysts should develop the content of the map according to what is important to them, which might include infrastructure and services (such as roads, houses, bridges, schools, health clinics); water sites and sources; agricultural lands (such as crop varieties and locations), forest lands, and grazing areas; soils, slopes, and elevations; shops and markets; churches; and special places (such as sacred sites, cemeteries, and bus stops).

Once the map is underway, sit back and watch; only interrupt when absolutely necessary or if the analysts stop drawing. Alternatively, it might be helpful to go away for a time and come back later.

If the map is being drawn on the ground, ask the local analysts to start making a copy on to paper (indicating which direction is north) once the broad outline has been established. This process is important because extra information and corrections can often arise as a result. Also ensure that a copy or permanent record of the map is available if they want it.

Once the local analysts stop, ask whether anything else of importance should be added. When the map is completed, facilitators should ask the analysts to describe it. Ask questions about anything that is unclear.

A further stage that might be useful involves transposing the information from the community resource map onto a conventional topographic map (see http://www.iapad.org/two_stage_resource_mapping.htm for details). This process creates two outputs by local analysts: a community resource map rich in local people's perceptions regarding their resource base and a more detailed topographic map that adds precision in the location of the information.

**Step 4: Analyze a Community Resource Map.** Once the map has been completed, use it as a basis for conducting semi-structured interviews on topics of interest (such as how land use patterns have changed and why) or for collecting more statistical data (such as how crop yields vary from one area to another) and for enabling local analysts to conduct their own discussions and analysis. These discussions should be noted or recorded.

It might be useful to have a list of key questions to guide a discussion about community resources. Key questions might include the following examples:

- What resources are abundant or scarce?
- Which resources have the most problems?
- How does access to land (or another specified resource) vary between households or social groups?
- Who makes decisions about land (or another specified resource) allocation?
- Where do people obtain water and firewood?
- Who collects water and firewood?
- Where do people take livestock to graze?

If local analysts have sufficient time, it might be useful to ask them to draw a series of maps to illustrate changes over time.
If there are several different groups, ask each group to present its map to the others for their reactions and comments. Are there serious disagreements? If so, note these and whether a consensus is reached.
**Step 5: Conclude the Activity.** Check again that the analysts know how the information will be used. Ask the analysts to reflect on the advantages, disadvantages, and the analytical potential of the tool. Thank the local analysts for their time and effort.
**Points to Remember**
Good facilitation skills are key. The approach outlined above is a general guide; be flexible and adapt the tool and approach to local contexts and needs.

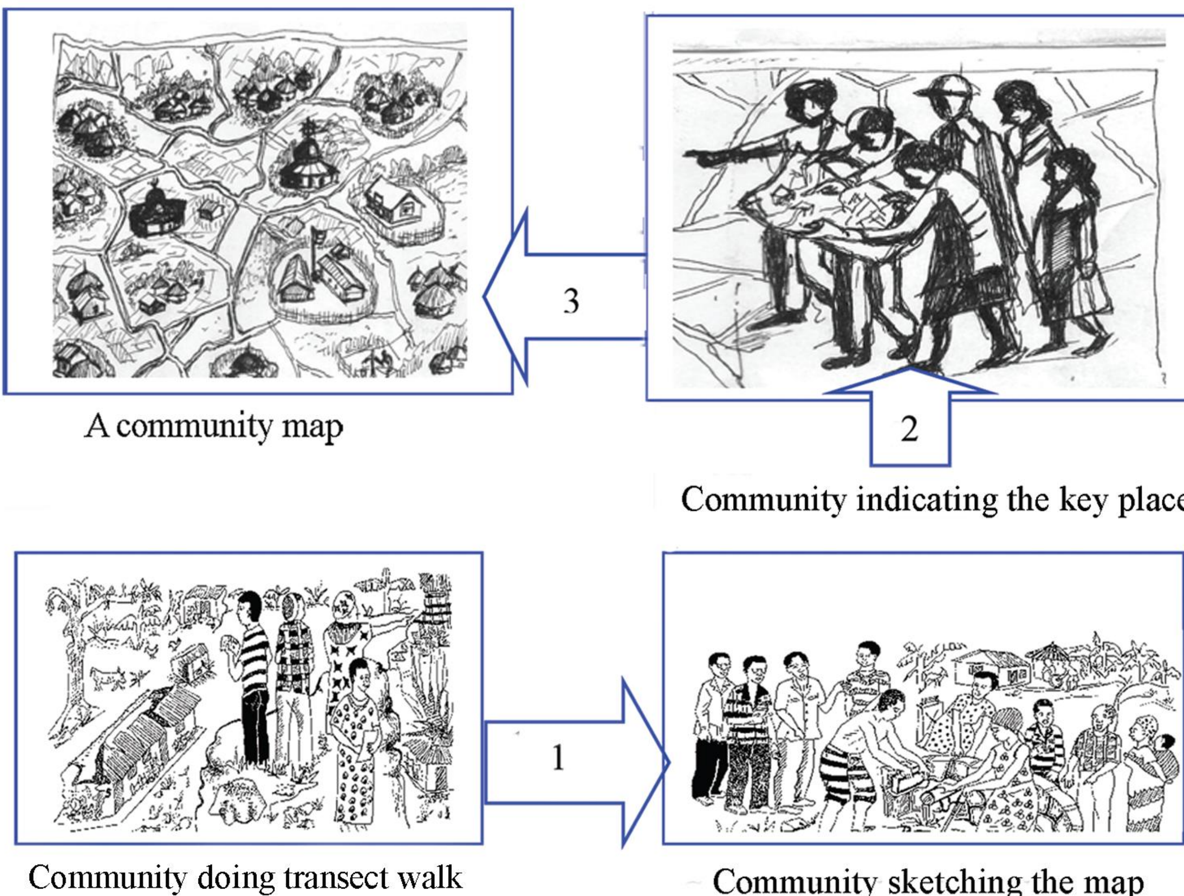
## Community mapping

During community mapping a map is drawn of selected physical features on a flat surface The selected features for a village could be:

- .The natural resources.
- The poverty pattern(s).
- The territory of the village.
- The housing pattern(s).
- The cropping pattern(s).
- The space and the area the village occupies
-

**Prior to the mapping, do the following:**

- . Choose a place where most of the community members can participate.
- . Involve the community to collect materials like ash or sand to sketch the map.
- . Go round the localities on foot, or do a walk to see the key areas like the
- Site of the health centre, the kebele office, the church, the main road, the river, etc. Ask the community members to sketch the map, and put signs for those key areas using ash or sand.



A community map

Community indicating the key places

Community doing transect walk

Community sketching the map

| Self-Check -2 | Written Test |
|---|---|

Choose the best answers from the given alternative.

1. During community mapping a map is drawn of selected physical features on a flat surface?

A. The natural resources B. The poverty pattern(s).

C. The territory of the village D.ALL

2. The first in Community Resource Mapping?

A. Select Local Analysts. B. Provide Introductions and Explanations.

C. Produce a Community Resource Map D. Analyze a Community Resource Map.

3. Importance of Adolescent and Youth RH?

A. Condom promotion and provision
B. Testing services: pregnancy, HIV counseling and testing
C. Management of STIs
D. Abortion and post-abortion care E.ALL

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________

Rating ___________

Name: _________________________ Date: _______________

Short Answer Question

1.________
2.________
3. ________
4._________

| Instruction Sheet | LG60: Promote adolescent and youth RH services |
|---|---|

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

**Plan adolescent and youth RH services**

2.1 Identifying influential community representative

2.2. Educating on the Adolescent Reproductive Health Related Problems

2.2 RH service promotion and education

2.3 Preventing Adolescent RH related Health Problems

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to**:

2.1 Identify influential community representative

2.2. Educate the Adolescent Reproductive Health Related Problems

2.2 RH service promotion and education

2.3 Preventive Measures of Adolescent RH related Health Problems

**Learning Instructions:**

5. Read the specific objectives of this Learning Guide.
6. Follow the instructions described below 3 to 6.
7. Read the information written in the information "Sheet 1, Sheet 2, Sheet 3 and Sheet 4".
8. Accomplish the "Self-check 1, Self-check t 2, Self-check 3 and Self-check 4" **in page -4, 12, 14 and 17** respectively.

LEARNING ABOUT INFLUENTIAL GROUPS - IDENTIFICATION,DESCRIPTION, AND ANALYSIS OF VILLAGE GROUPS

**Objective:** Identify active groups with potential to maximize social networks with whom to start AYRH activities within the community.
**Approximate duration:** 1-2 hours
**Materials:** A grid for each group (See the example in Part II of the "Reporting Tools" document.)
**Participants:** Community representatives identified in Part I, 8-10 new people from community groups invited by your organization
**Definition of a group:** A relatively structured organization constituted by a grouping of persons with the same interests, aspirations or ideology. This includes formal groups, non-formal groups, and informal groups. The most important thing is that they are groups that gather regularly (regardless of the frequency of meetings).
**STEP 1:** Introduce yourself and the project, even if everyone knows about it already. Explain to the group that it will be very interesting to hear their ideas on existing groups within the community and to more fully understand how these groups are organized. This activity will help the project work better within the community. Be very clear that activities will be undertaken on a volunteer basis, and there will not be any financial motivation for groups or for Influential Persons.
**STEP 2:** Ask the participants to list active, existing groups (women's, men's and mixed groups) within the community. For example: village associations, community work groups, agricultural cooperatives, women's groups, savings groups, microcredit groups, etc.
**Note**: If you feel this exercise would work better in small groups, ask the participants to divide into two or three groups to complete the activity.
**STEP 3:** Explain to the group that you will use a grid to describe and compare the listed groups. Show the grid. Write the names of the different groups in the top row.

## Example of a grid

(Use the empty grid in Part II of the "Reporting Tools" document to complete this activity.)

| N° | Group Name | Goal/ Activities | Type of Group (Women, Men, Mixed) | Age Group of Members | Size of Group | Frequency of Meetings | Connectivity | Influence |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |

Activate Windows
Go to Settings to activate W

**STEP 4:** After listing all of the groups, explain the following activity to complete the grids. For each group, ask the participants to mark with an X or to put a certain number of stones in the appropriate box to describe the group, e.g., age range, size, meeting frequency, connectivity, and level of influence of each group.
**Note**: List the groups by type (women, men, mixed). In order to fill the influence and connectivity columns with X's, you should compare women's groups among themselves, men's groups among themselves, and mixed groups among themselves.

The Facilitator with the support of one participant should guide them in using the legend:

## Example of a rating system to describe group characteristics

| Category | Low Rating | Middle Rating | High Rating |
|---|---|---|---|
| **3: Age of group members** | **X (young)** = majority are 18-25 years old | **XX (adult)** = majority are 26-50 years old | **XXX (old)** = majority are over 50 years old |
| **4: Size** | **X** = 2-10 people | **XX** = 11-30 people | **XXX** = more than 30 people |
| **5: Meeting frequency** | **X** = less than one activity per month | **XX** = one activity per month | **XXX** = more than one activity per month |
| **6: Connectivity** (membership of group members in other groups) | **X**= 0 members | **XX** = 1-10 members | **XXX** = 11 members or more |
| **7: Level of influence in the general community** (Influence: to be well known by the majority of the community, | **X** = Not too influential with other groups | **XX** = Influential with other groups | **XXX** = Very influential with other groups |

Activate Windows
Go to Settings to activate Windows.

**STEP 5:** Thank everyone for their participation. Ask if they have any questions. Explain that you will facilitate further discussions the following day with the people and groups mentioned in Part II, and additional invitees(if necessary).

At the end of the meeting, make sure that you have collected the information and labeled the grid with 1)the date of the meeting, 2) the name of the region, 3) the name of the village, 4) the name of the project facilitator, and 5) a brief description of the participants (example: leaders, head of the group, advisor, etc.). Further, the discussion reporter should write a summary of interesting points from the meeting and carefully list the names of influential persons who were cited in the discussion. (See the reporting template.)

| Self-Check -1 | Written Test |
|---|---|

1. Community representatives identified in Part I, 8-10 new people from community groups invited by your organization.
   A. Group B. Participant Community Mobilization D.ALL
2. A relatively structured organization constituted by a grouping of persons with the same interests, aspirations or ideology.
   A. Group B. Participant Community Mobilization D.ALL

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points
You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________
Rating ___________

Name: ___________________________ Date: ________________

Short Answer Question

1.________
2.________

| Information Sheet-2 | Educating on the Adolescent Reproductive Health Related Problems |
|---|---|

## 2.2 Health education on the adolescent reproductive health related problems.

Even though, young people are vulnerable for different health risks, we should provide health education for their better understanding, especially on the following health problems. Such as

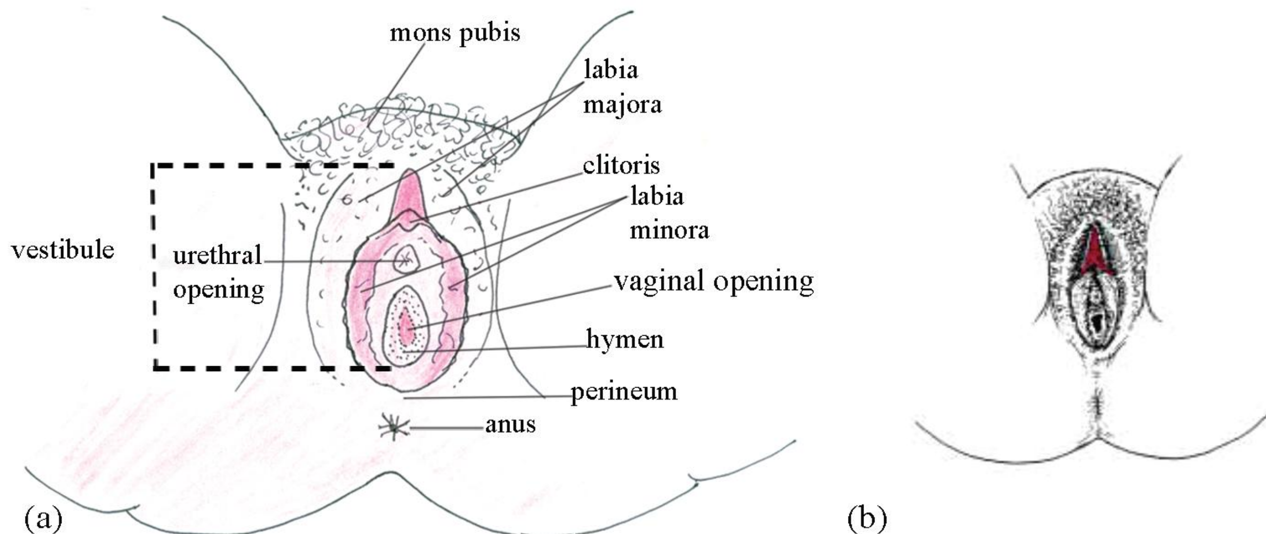
- HIV/AIDS and other sexually transmitted infections
- Female Genital Mutilation
- Marriage by Abduction
- Polygamy
- Abortion
- Early marriage
- Alcoholism
- Addictive Substances and Narcotics (substance abuse)
- Social Problems
- Gender based Violence

### 2.2.1 HIV/AIDS and other sexually transmitted infections

Sexually transmitted infections are of public health concern because of their potential to cause serious and permanent complications in infected people who are not treated in a timely and effective way. These can include cervical cancer, pelvic inflammatory disease, chronic pelvic pain, fetal death, ectopicpregnancy (pregnancy outside the uterus) and related maternal mortality.Chlamydial infections and gonorrhoea are important causes of infertility,particularly in women, with far-reaching social consequences including breakupof marriages. Chlamydial infection is an important cause of pneumonia in infants. Neonatal gonococcal infections of the eyes can lead to blindness.Congenital syphilis is an important and significant cause of infant morbidityand mortality. In adults, syphilis can cause serious cardiac, neurological and other consequences, which can ultimately be fatal.Generally, the long-term health consequences of STIs are more serious among

### 2.2.2 Female genital mutilation

The World Health Organization (WHO) defines female genital mutilation (also called ‘female genital cutting’ or ‘female circumcision’) as any procedure which involves the partial or total removal of the external female genitalia or which causes any other injury to the female genital organs whether for cultural or any other non-therapeutic reasons. Instruments used include knives, scissors, razors, and pieces of glass. Occasionally sharp stones and cauterization (burning) are used.




- Female external genitalia. (b) Female genitalia after cutting showing total removal of the clitoris and/or the prepuce (clitoridectomy).

## Consequences of FGM

- Short-term physical consequences
- . Severe pain
- . Injury to the adjacent tissue of urethra, vagina, perineum and rectum
- . Bleeding
- . Infection
- . Failure to heal.

## Long-term physical consequences

- . Difficulty in passing urine
- . Recurrent urinary tract infection
- . Difficulties in menstrual flow
- . Fistula.

## Psychosocial consequences

- Mutilation is an occasion marked by fear, and the suppression of
- Feelings. More often the bad memory never leaves the victims.
- Some women report that they suffer pain during sexual intercourse and menstruation.
- The experience is associated with sleeplessness, nightmares, loss of
- Appetite, weight loss or excessive weight gain.
- As they grow older, women may develop feelings of incompleteness,
- loss of self-esteem/confidence, and depression/sadness

## Reasons given by communities for practicing FGM

- . Socio cultural reasons: in some communities, FGM is believed to ensure a girl's virginity and thereby her family's honors, because virginity is often a prerequisite for marriage.
- Psychosexual reasons: in some communities the un excised girl is believed to have an overactive and uncontrollable sex drive which makes her likely to lose her virginity prematurely, disgracing her family and damaging her chances of marriage.
- .Spiritual and religious reasons: for some communities, removing the external genitalia is necessary to make a girl spiritually clean and is therefore required by religion. Muslims who practice FGM tend to believe that it is required by the Koran. However, FGM is notmentioned in the Koran.

- . Hygienic and aesthetic reasons: in some cultures, woman's external genitalia are considered as ugly and dirty and removing these parts of the external genitalia is believed to make girls hygienically clean.

### 2.1.3 Marriage by Abduction

Marriage by abduction is the unlawful carrying away of a woman for marriage. It is a form of sexual violence against the woman. The would-be abductor forms a group of intimate friends and relatives to kidnap the girl without the slightest clue or information being given to the girl's family, relatives or friends. In some cases abduction is followed by rape.

Marriage by abduction is prevalent in Ethiopia. According to a study conducted in 2005 8% of women of reproductive age reported that they had been married by abduction. Figure 5.5 shows that it is more common in Oromia (11%) and SNNPR (13%) but less common in some other region, e.g. Tigray (1.4%), and Amhara (2.4%).

**The reasons for marriage by abduction include:**

- .Refusal or anticipated refusal of consent by the parents or the girl
- To avoid excessive wedding ceremony expenses and ease the economic burden of the conventional bride price
- To outsmart rivals when the girl has many suitors or potential spouses and/ or the inclination of the girl or her parents is not predictable
- Difference of economic status of partners.

**Some of the harmful effects include:**

- . Maltreatment of the girl including beating, inflicting bodily harm, severe disabilities and death
- Conflicts between families may lead to quarrels lasting for generations
- Unhappy, unstable and loveless marriage
- Psychological stress on the girl resulting in suicide
- Expenses related to conflict resettlements as compensation to the family or for court cases
- Discontinuation of schooling and other opportunities for the girl

### 2.2.4 Polygamy

Polygamy is a common practice in Ethiopia. It is a form of marriage in which a person marries more than one spouse. Polygyny (from Greek words: poly = many; gyny = woman) refers to a polygamy in which a man has two or more wives. About 12% of married women in Ethiopia are in polygynous unions It is usual for a young girl to be married to an older married man.

### 2.2.5 Abortion

Abortion is the termination or ending of a pregnancy before fetal viability, which is conventionally taken to be less than 28 weeks from the last normal menstrual period. It can happen on its own (spontaneous abortion or miscarriage), or it can be caused deliberately (induced). Abortion may be induced by medical procedure legally, or it may be an unsafe non-medical intervention, which is illegal.

#### 2.2.5.1 Reasons why an adolescent or young woman might seek an abortion

Education: fear of dropping out of school or interrupting her studies.
Economic factors: fear of not having the financial ability to support herself and her child.
Social condemnation: fear of what her parents or other people might think or say; a wish to avoid bringing shame and condemnation or blame on herself and her family.
Not having a stable relationship: this is more common in adolescents than in adults.
Circumstances of sexual intercourse: an abortion may also be sought where the pregnancy is a consequence of coerced sex, including rape and incest.

#### 2.2.5.2 Complications from unsafe abortion

A young woman who has an abortion may face several negative consequences, including haemorrhage, infection, injury to her reproductive organs, intestinal perforation (if metallic or sharp materials are used), and toxic reactions to substances or drugs used to induce abortion. These complications may result in infertility or even death. A study in north Ethiopia in the year 2001 showed that adolescents who had had an abortion had the following post-abortion complications: anaemia 45%, shock 16%, genital tract infection 21%, injury 9%, incomplete evacuation 2%, peritonitis 6%, and renal failure

### 2.2.6 Early marriage

Early marriage is a common practice in many regions, particularly in rural Ethiopian communities where it is thought to ensure virginity. Parents often wish to see their daughters married and to see grandchildren before they die. People also practise early marriage for traditional reasons. If a girl is not married at an early age, other members of the community may think she must be too unattractive or ill-behaved to get a husband. This attitude usually causes shame to both the girl and her family.

### 2.2.7Alcoholism

The effects of alcohol are noticeable in all spheres (physical, psychological, social, and economic) of the lives of alcohol drinkers. Alcohol has immediate effects leading to intoxication (drunkenness), and long-term effects which can include addiction. Many years of heavy alcohol use can lead to chronic Diseases and early death. Alcohol is a major avoidable risk factor for cardiovascular disease, liver disease and cancer. It is also associated with STIs, including HIV, and unwanted pregnancy because alcoholic intoxication leads to risky sexual behavior. Alcoholic intoxication is also the cause of violent behavior and accidents, which can result in deaths and disability and intoxicated young people are also predisposed to commit suicide.

### 2.2.8Addictive Substances and Narcotics (substance abuse)

2.2.8.1Addictive Substances (khat, alcohol &Tobacco and Cigarettes)

## Khat

Khat is a plant grown in Ethiopia containing psychoactive substances that have a stimulant effect on the brain. This has been used for many years by Ethiopians for its ability to stimulate the brain so that the user does not feel tired or hungry. Ethiopians have commonly stuffed the leaves of the khat plant In to their mouth and chewed whilst continuing to work. Khat consumption is widespread in Ethiopia and its use is increasing among young Ethiopians who may use it with others for recreation they are gathered together socially, rather than working in the fields, the stimulant effect will make them feel excited and talkative.

**Tobacco and Cigarettes**

Tobacco is a plant originally grown in the Americas. The leaves are chewed or smoked in cigarettes or a pipe. Tobacco contains a psychoactive substance called nicotine which produces a feeling of happiness but can become addictive. Smoking tobacco also produces many other harmful substances such as tar, toxic chemicals similar to those found in hair dye and rat poison, and carbon monoxide. It is these substances that damage the smoker's health. Some immediate effects of smoking include shortness of breath, coughing blood, lungs burnt by the chemicals in cigarettes. Smoking causes yellow teeth and nails, dull hair, and wrinkled skin.

Passive smokers (non smokers who are exposed to the cigarette smoke from smokers), are also adversely affected and could develop the same health problems that smokers have. Passive smokers inhale and are affected by the same smoke containing cancer causing and poisonous chemicals. One in five young people in Ethiopia are exposed to passive smoking at home. The vast majority of tobacco users and smokers are hooked when they are young. Once hooked, the majority of tobacco users become hopelessly addicted. Young people are easily influenced by peer pressure and advertising on cigarettes.

The great thing about quitting smoking is that the negative effects on sexual and reproductive health are rapidly reversed – including the effects on the unborn baby. The risk of developing the adverse

effects (cancers, heart disease, chronic respiratory tract diseases) of cigarette smoking also reduces when smokers quit smoking.

Nicotine is a psychoactive substance that can become addictive.

An addict experiences withdrawal symptoms. When smokers quit smoking, they often experience one or more of the following withdrawal symptoms:

- . A strong urge to smoke
- Feeling angry
- Feeling anxious
- Feeling depressed
- Finding it hard to concentrate
- Feeling headachy, restless or tired
- Feeling dizzy
- Chest pains, cough or nasal drip
- Being hungry or gaining weight
- Having trouble sleeping.

**The following could help smokers after they quit smoking:**

- . Drinking a lot of water and fruit juice and avoiding drinks that contain caffeine or alcohol.
- . Trying sugar-free gum or hard candies, or carrots.
- . Staying busy: engaging in activities that are hard to combine with smoking
- . Avoiding situations and places which the smoker strongly associates with the pleasure of smoking.

**Narcotics (substance abuse)**

**Cannabis (marijuana or hashish)**

Cannabis is a plant grown in many parts of the world. A resin is prepared from the plants or the leaves are dried and smoked. They produce a happy feeling in most users, most times. The effect is relaxing but for some people using cannabis can result in feelings of anxiety or paranoia, described as having a “bad trip”. It is the most common illicit psychoactive substance used. Its use among young people in Ethiopia both in rural and urban areas is increasing.

**Adverse consequences of substance abuse**

Substance abuse by young people can have economic, social, physical,psychological, and most importantly health consequences. Many of these have already been mentioned in relation to each specific substance.

■ what specific consequences of substance abuse in general are likely to affect young people’s sexual and reproductive health?

□ Some specific consequences of substance abuse you may have thought of are:

- . All the psychoactive substances affect the mind and its rational decision making ability. Adolescents who use these substances could stop thinking rationally and may easily lapse into unsafe sexual practices that expose them to long term consequences like STIs, including HIV, and unwanted pregnancy.
- Substance abuse often leads to poor school performance. They are frequently absent from schools; they are violent in school, engage in fighting, and usually this results in their being suspended from schools because of their violent and aggressive behaviours. Less education is associated with risky sexual practices.
- Relationships with parents, friends, and teachers could be affected. Young people who abuse substances may neglect family duties and engage in frequent violence; fighting with family members or with their friends; their social reputation is reduced. Without support from family and friends they may indulge in risky sexual behaviour, for example visiting prostitutes.

- Many psychoactive substances are expensive, an adolescent who uses these drugs needs to find the means to get money to buy them. This leads to stealing, dealing in drugs or becoming a prostitute to get enough money to buy drugs. They often break rules or commit crimes as a result of which they could be arrested and imprisoned.

### 2.2.9 Social Problems

- . During adolescence, young people's need for money often increases,yet they typically have little access to money or money-making employment.
- Poverty and economic hardships can increase health risks owing to poor sanitation, lack of clean water, and the inability to afford healthcare and medications.
- Disadvantaged young people are also at a greater risk of substance abuse and may feel forced to resort to work in hazardous situations, including commercial sex work, (prostitution) which makes them likely to contract STIs, including HIV/AIDS, and have an unwanted pregnancy.
- Young women also face gender discrimination that affects access to healthcare, the ability to negotiate safer sex, and opportunities for social and economic wellbeing Some young women marry very young to escape poverty, but as a result may find themselves in another difficult and challenging situation
- Many young people are also at risk because of diverse socioeconomic and political reasons. These especially vulnerable young people include street children, child labourers, the internally displaced or refugees, those in war zones, young criminals, those orphaned because of AIDS and other circumstances, and other neglected and/or abandoned youth. Socioeconomic Vulnerabilities:
- During adolescence, young people's need for money often increases, yet they typically have little access to money or money-making employment.
- Poverty and economic hardships can increase health risks owing to poor sanitation, lack of clean water, and the inability to afford healthcare and medications.
- Disadvantaged young people are also at a greater risk of substance abuse and may feel forced to resort to work in hazardous situations, including commercial sex work, (prostitution) which makes them likely to contract STIs, including HIV/AIDS, and have an unwanted pregnancy
- Young women also face gender discrimination that affects access to healthcare, the ability to negotiate safer sex, and opportunities for social and economic wellbeing.
- Some young women marry very young to escape poverty, but as a result may find themselves in another difficult and challenging situation
- Many young people are also at risk because of diverse socioeconomic and political reasons. These especially vulnerable young people include street children, child labourers, the internally displaced or refugees, those in war zones, young criminals, those orphaned because of AIDS and other circumstances, and other neglected and/or abandoned youth.

#### 2.2.1.1Gender based Violence

**Gender-based violence**

Gender-based violence (GBV) is any form of deliberate physical, psychological or sexual harm, or threat of harm, directed against a person on the basis of their gender.
There are various factors that make girls and women vulnerable to acts of
Violence, such as:

- . They lack power
- They have low status
- They are often less educated
- They are often poor and economically dependent on men and this inequality places them in a situation where they are easily abused
- Cultural beliefs and values reinforce rigid gender roles and the low status Of women. Most of the violence against girls and women is perpetrated under the cover of culture
- Limited awareness (among both females and males) about the rights of girls and women

- Boys and men commonly drink alcohol and use other mind-altering substances which impair judgment and/or make them violent.

**Table 1.1Types of gender-based violence**

| Physical | Psychological | Sexual |
|---|---|---|
| Beating | Insulting | **Harassment** (any type of unwanted sexual attention) |
| Biting | Yelling | Touching sexual parts of the girl's/woman's body |
| Kicking | Recalling past mistakes | Touching in a sexual manner against the will of the girl/woman (e.g. kissing, grabbing, fondling) |
| Restraining | Constant criticism | **Rape** (forced sexual intercourse) |
| Pulling hair | Expressing negative expectations | Use of a weapon to force into a sexual act |
| Choking | Humiliation | Forced prostitution |
| Throwing objects | Denying opportunities | Sexual trafficking |
| Using weapons | Discriminating | |

### Consequences of gender-based violence

Stop reading for a moment and think about this from your own experience. Try to remember a girl in your community who experienced any form of GBV. What were the consequences for her?
GBV that involves physical violence could lead to a physical injury, from a simple wound to loss of body parts and even death. There are lots of reported cases of deaths due to GBV in Ethiopia so you may have thought about such a case from within your own community. GBV also causes psychological trauma such as fear, anxiety, self-blame, depression and suicidal thoughts. It is not usually visible (unlike physical trauma) but girls/women suffer a great deal from it and the effects can be longer-lasting than a physical injury and affect behavior and interpersonal relationships. For example, women who are sexually abused during their childhood tend to feel guilty about the abuse. They develop negative feelings about themselves and lose self-esteem. These bad feelings about themselves often causes them to engage in high-risk behaviours and practices. This makes them more vulnerable to STIs including HIV, unwanted pregnancies and infertility.

**Table -1.2 show Effect of gender Based Violance**

| Physical | Psychosocial/mental | Sexual and reproductive |
|---|---|---|
| Partial or permanent disability | Anger, anxiety, fear | Sexual disorders and risky behaviours |
| Poor nutrition | Shame, self-hate, self-blame | Early sexual experiences (for those who are victims of childhood sexual abuse) |
| Exacerbation of chronic illness | Post traumatic stress disorder (nightmares, recurrent distressing thoughts) | Unprotected sex |
| Chronic pain | Depression | Abortions |
| Gastrointestinal problems | Sleep disorders | Bad pregnancy outcomes, low birth weight, neonatal death |
| Organ damage | Suicidal thoughts | Maternal death |
| | Substance abuse | Suicide |
| | Social stigma | STIs including HIV |
| | Social rejection and isolation | AIDS |
| | | Infertility |
| | | Chronic pain |

Reasons for not reporting GBV include:

- Fear of stigma and discrimination. Someone who has been raped may be seen by others as unclean. She will be blamed for what has happened to her and may experience discrimination.
- Blame. Society expects girls and women to be able to avoid sexual violence including rape. If any form of sexual violence occurs, society often blames the woman for the

way she behaves and dresses, saying that the rape is her fault because she has provoked sexual desires in boys and men.

- Fear of disbelief. Many girls do not think anyone will believe them, particularly if they have been abused by someone they know. For this reason, many people who have experienced sexual violence, including children, remain silent.
- Fear of revenge. Many girls and women who are raped are intimidated by their attacker, who threatens that he and his family and friends will cause her further harm if she makes a police report. They may even make death threats
- Ineffective policing. Even when young women who have been raped do report the case to the police they may not achieve much. They are not often protected by the police and if the wrong doer is not imprisoned they may be in greater danger than before.
- Health workers' attitudes. People who have experienced sexual violence canre cover from the trauma if they find someone who will acknowledge their experience and provide support. One way they could heal is through hearing encouraging words from healthcare providers. However, health workers are not usually understanding and supportive when someone who has been raped seeks care from health facilities.

| Self-Check -2 | Written Test |
|---|---|

1. Partial or total removal of the external female genitalia?

   A. infibulations  B.FGM  C. Marriage by Abduction  D.ALL

2. Consequences of FGM?

   A. Short-term physical consequences  B.. Severe pain  C. Bleeding  D.All

3. Unlawful carrying away of a woman for marriage. It is a form of sexual violence against the woman.

A. Marriage by Abduction  B.FGM  C. Polygamy  D.ALL

4. the termination or ending of a pregnancy before fetal viability, which is conventionally taken to be less than 28 weeks from the last normal menstrual period.

A. Marriage by Abduction  B.FGM  C. Polygamy  D. Abortion

5. An addict experiences withdrawal symptoms.  A. Feeling depressed  B. Feeling dizzy C.BOTH  **Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________
Rating ___________

Name: _________________________  Date: _______________

**2.2** Promoting adolescent and youth reproductive health

Health Promotion is the process of enabling people to increase control over and to improve their health, which includes sexual and reproductive health. Young people need interventions to decrease and to alleviate their vulnerability. These include information and skills, a safe and supportive environment and appropriate and accessible health and counseling services. Health promotion could be conducted in various settings such as schools and in the community and at health posts. In all situations, it is important to keep in mind that different groups of young people need different approaches and messages depending on their age, living and family arrangements, and school status.

In the following paragraphs you will understand the specific issues that you need to address, separately, for young people aged 10–14, 15–19 and20–24 years, orphans and other vulnerable children.

An effective school health programme is one of the strategic means used to address important health risks among young people and to engage the education sector in efforts to change the educational, social and economic conditions that put adolescents at risk .As the number of young adolescents being enrolled in schools is increasing all the time, school-based sexual and reproductive health (SRH) education is becoming one of the most important ways to help adolescents recognize and prevent risks and improve their reproductive health  Studies show that school-based reproductive health education is linked with better health and reproductive health outcomes, including delayed sexual initiation, a lower frequency of sexual intercourse, fewer sexual partners and increased contraceptive use. Many programmes have had positive effects on the factors that determine risky sexual behaviors, by increasing awareness of risk and knowledge about STIs and pregnancy, values and attitudes toward sexual topics, self-efficacy (negotiating condom use or refusing unwanted sex) and intentions to abstain or restrict the number of sexual partners

**2.2.1Objectives of skills-based health education in schools**

- Prevent/reduce the number of unwanted, high-risk pregnancies
- Prevent/reduce risky behaviors and improve knowledge, attitudes and skills for prevention of STIs  including HIV
- Prevent sexual harassment, gender-based violence and aggressive behavior
- Reduce drop-out rates in girls' education due to pregnancy
- Promote girls' right to education.

**2.2.2Peer education programme**

Peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers(those similar to themselves in age, background, or interests). A peer is a person who belongs to the same social group as another person or group.

The social group may be based on age, sex, occupation, socio-economic or health status, and other factors. Peer education is an effective way of learning different skills to improve young people's reproductive and sexual health outcomes by providing knowledge, skills, and beliefs required to lead healthy lives. Peer education works as long as it is participatory and involves young people in discussions and activities to educate and share information and experiences with each other.  It creates a relaxed environment for young people to ask questions on taboo subjects without the fear of being judged and/or teased

**2.2.2.1Advantages of peer education for young people**

Peer education helps the young person to obtain clear information about sensitive issues such as sexual behavior, reproductive health, STIs including HIV

- .It breaks cultural norms and taboos

- .It is combined with training that is user friendly and offers opportunities to discuss concerns between equals in a relaxed environment
- Peer education training is participatory and rich in activities that are entertaining while providing reliable information
- Training in peer education offers the opportunity to ask any questions on taboo subjects and discuss them without fear of being judged and labeled
- Peer education as a youth-adult partnership: peer education, when done well, is an excellent example of a youth-adult partnership. Increased youth participation can help lead to outcomes such as improved knowledge, attitudes, skills and behaviors.

### 2.2.3Family life education

Family life education is defined by the International Planned Parenthood Federation (IPPF) as 'an educational process designed to assist young people in their physical, emotional and moral development as they prepare for adulthood, marriage, parenthood, and ageing, as well as their social

Relationships in the socio-cultural context of the family and society'. An effective family life education helps young people to finish their education and reach adulthood without early pregnancy by delaying initiation of sexual activity until they are physically, socially and emotionally mature and know how to avoid risking infection by HIV and other STIs.

| Self-Check -3 | Written Test |
|---|---|

1-Objectives of skills-based health education in schools

A. Prevent/reduce the number of unwanted, high-risk pregnancies
B. Prevent/reduce risky behaviors and improve knowledge, attitudes and skills HIV/STI
C. Promote girls' right to education.
D. ALL

2. 1Advantages of peer education for young people It breaks cultural norms and taboos?

A. True B. False

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________
Rating ___________

Name: _________________________ Date: _______________

Short Answer Question

1.________
2.________

| **Information Sheet-4** | Applying Preventive Measures of Adolescent RH related Health Problems |
|---|---|

2.3 Preventive Measures of Adolescent RH related Health Problems

**Preventive Measures of Adolescent and youth RH Problems**

**Prevention** is hindering the occurrence of adolescent and youth reproductive health problems or slowing down their further progress if they occur. It is very important to put into practice preventive activities that enable adolescent and youth from being victims of different reproductive health problems before their occurrence.

**Prevention of HIV/AIDS and other sexually transmitted diseases:**

The major sexually transmitted infections are HIV/AIDS, syphilis, chancroid, gonorrhea, etc. The prevention and control measures for both HIV/AIDS and other sexually transmitted infections are the same. Prevention of HIV contributes for the prevention of the other STIs and vice versa. Here are the preventive and control measures you have already learned in previous session in this module. These HIV/AIDS and STIs prevention and control measures include:-

- ABC prevention strategy
  - Abstinence:- abstain from sexual intercourse before and outside marriage;
  - B- Be faithful: - sexual intercourse between two HIV/AIDS laboratory test free sexual partners based on faithful one-to-one relationship;
  - C- Condom use: - use condom properly and consistently;

- Don't ever share cutting and sharp instruments for use at home and anywhere;
- Advice and follow up patients who are sick from sexually transmitted diseases to go to nearest health facility;
- Don't use the services of legally uncertified health facilities;
- Refrain from harmful traditional practices that expose to HIV/AIDS and other sexually transmitted diseases;
- Keep clean the areas around genitals;

Advise and motivate suspected young individuals to go to health facilities and use HIV/AIDS counseling and testing services.; and

- Provide support and care with affection to people living with HIV/AIDS and victims at family and community levels.

**Prevention of Female genital mutilation**

**Female genital mutilation** is a practice of cutting or manipulating female external genitalia. It is essential to prevent and eventually eliminate the harmful traditional practices of mutilation of female genitals. The choice of intervention would be to provide sustained and adequate information and awareness creation on reproductive health consequences of female genital mutilation. This could be realized through the coordination and support of the Kebele management, religious leaders, schools, women and youth associations, other government organizations, NGOs and the communities at large.

**Prevention of High risk abortion**

The youth engages in casual sex in the absence of adequate knowledge on sex and reproductive health and often without contraceptive methods. This predisposes the young female to the risk of unplanned pregnancy. Consequently, the young females are exposed to traditional practices of illegal and high risk abortion resulting in illness, disability and death.

**Activities to prevent and control high risk abortion**

The specific preventive activities are the following.

- Increase awareness of the youth on sex abstinence and healthy behaviors that reduce reproductive health problems including abortion;

  - Because of casual sexual motive, young females are frequently subjected to rape and unwanted pregnancy which leads to illegal abortion. Therefore, they should be educated

and convinced strongly to commit themselves to utilize contraceptive methods to prevent unwanted pregnancy;

- The youth should effectively learn about family life and sex;
- Educate the youth to abstain from sex before marriage;
- Educate the youth to stick on one-to-one sex partnership as an important option and condom use in case of unforeseen circumstances;
- Conduct frank discussions on sex with friends and family;
- Provide adequate information and education on the complex consequences of abortion on the female youth;
- Motivate and mobilize the youth in the farmers association to establish health clubs that promote sex abstinence, healthy reproduction and healthy sex behavior among the youth.

**Prevention of Early-age marriage**

Marriage in Ethiopia is often practiced according to established traditional practices and norms in different nations and nationalities. In the rural areas, however, it is common practice by families to marry their young girls at an early age.

**Early-age marriage focused preventive interventions**

Some of the measures applied to prevent early age marriage include the following.

- Families should receive sustained and adequate information and education on this harmful traditional practice and their deadly consequences
- Disseminate and promote information on the legal age limit for marriage in the rural areas
- The government organizations and NGOs, should work with the participation of the communities in disseminating information and education related to the harmful traditional practices
- Religious organizations should work on the prevention of early age marriage in villages, churches, mosques, meeting places with participation of communities and interested groups; Organize seminars, conferences, workshops etc to raise awareness on early age marriage during public holidays and other occasions.
- Invite important personalities and groups to give lecture to sensitize the public on the harmfulness of early age marriage and related consequences.

**Prevention of adolescent reproductive health related problems**

**Prevention of Alcoholism**

As it has been discussed under substance abuse session alcohol exposes individuals to different grave health consequences. Therefore, specific preventive measures have to be designed to avert these effects in the community.

**Measures to prevent alcoholism**

- Educate students in schools in the kebele on the consequences of alcoholic drinks on their health;
- Disseminate adequate information and education to raise the awareness of communities to enable them participate in sustained efforts to prevent the youth from alcoholism and its adverse consequences on health;
- Provide adequate information and education to raise the awareness of communities on alcoholism to help them grow their children with care, to be responsible citizens;
- Some young farmers travel to nearby towns and get drunk and are triggered to fight between themselves or some of them practice sex that may result in the infection of HIV/AIDS and other STIs. Therefore, the young farmers have to be made aware of these negative consequences.

**Prevention of use of highly addictive substances and drugs**

Khat, hashish and cannabis are the major known addictive substances that cause different health and related problems. Specific intervention strategies have to be practiced to combat the health and social problems associated with these substances.

**Measures to prevent health and related problems caused by addictive substances and drugs**

Provide planned health education to communities in kebeles and in nearby schools;

- Provide adequate information and education focused on the grave consequences of khat and other addictive substances to communities in general and the youth in particular. These activities should take place in youth forums in the form of dramas, discussions etc. by elderly and religious people;
- The health extension workers in collaboration with the agriculture extension workers should make continuous efforts to convince and influence the youth and adult farmers to acquire their income by harvesting other cash crops such as coffee, fruits, vegetables etc. instead of the harmful khat and other addiction substances;
- Provide planned and continuous health education to the rural population only to use drugs officially prescribed by health workers.

**Prevention of youth Social Problems**

Social problems that affect the youth also have effect on their health. Some of the major anticipated social problems include the following:-

- The act of sex harassment, abduction and rape on female youth.
- Assaulting and harming female youth.
- Attacking & abducting female youth for marriage.
- Migrating to cities in search of employment;
- Due to divorce and attraction by city-life, female youth migrate to cities and become commercial sex workers.
- The absence of legal premises to allow female youth to have the right to equally access to decision over properties and /or wealth common to husband and wife.
- The female youth are forced by parents to be out of school either to serve at home or to get married at early age.

| Self-Check -3 | Written Test |
|---|---|

Directions: Choose the best Answer from Given Alternative

1. Prevention of HIV/AIDS and other sexually transmitted diseases?

   A. Abstinence:- abstain B.B- Be faithful. C.C- Condom use D.ALL

2. Activities to prevent and control high risk abortion?

   A. The youth should effectively learn about family life and sex.
   B .Educate the youth to abstain from sex before marriage.
   C. Educate the youth to stick on one-to-one sex.
   D.ALL

3. Some of the major anticipated social problems include?

   A. The act of sex harassment, abduction and rape on female youth.
   B. Assaulting and harming female youth.
   C. Attacking & abducting female youth for marriage.
   D.ALL

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

| Instruction Sheet | LG61: Applying Provide RH service packages |
|---|---|

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

Client's RH symptom of RH problem, service seeking behavior, and compliance on advice and treatment.

- Managing low risk conditions
- Referral of high risk conditions
- Undertaking Follow up
- Adolescent and Youth Friendly RH services

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to**:

Client's RH symptom of RH problem, service seeking behavior, and compliance on advice and treatment.

- Manage low risk conditions
- Referral of high risk conditions
- Undertake Follow up
- Adolescent and Youth Friendly RH services

**Learning Instructions:**

9. Read the specific objectives of this Learning Guide.
10. Follow the instructions described below 3 to 6.
11. Read the information written in the information "Sheet 1, Sheet 2, Sheet 3 and Sheet 4".
12. Accomplish the "Self-check 1, Self-check t 2, Self-check 3 and Self-check 4" **in page -, 9, 10and 11** respectively.
13. If you earned a satisfactory evaluation from the "Self-check" proceed to "Operation Sheet 1, **in page -11.**
14. Do the "LAP test" **in page – 11** (if you are ready).

| Information Sheet-1 | Identify Client's RH symptom of RH problem, service seeking behavior, and compliance on advice and treatment. |
|---|---|

1.1-Youth friendly service package

**Ethiopian AYFRH service standards.**

Following the development of the National Adolescent and Youth Reproductive Health Strategy, the Federal Ministry of Health has developed standards for youth-friendly services.
Ethiopian adolescent- and youth-friendly service standards.

1. The service outlet provides service supported by the existing national policies and processes that give due attention to the rights of young people.
2. Appropriate health services that cater to the reproductive and sexual health needs of young people are available and accessible.
3. The service outlets have a physical environment that is organized in a way that is conducive to the provision of AYFRH services.
4. The service outlet has drugs, supplies and equipment necessary to provide the essential service package for youth-friendly health care.
5. Information, education and communication (IEC)/behavioral change and communication (BCC) consistent with the minimum service package is provided.
6. The service providers in all service outlets have the required knowledge, skills and positive attitudes to effectively provide youth friendly RH services.
7. Young people receive an adequate psychosocial and physical assessment and individualized care based on the national standard case management guidelines/protocols.
8. The service outlet has a system that ensures that the necessary referral linkage is made and ensures continuity of care for young people.
9. Young people participate in designing and implementing youth friendly services, and mechanisms are created to enhance the participation of parents and members of the community in contributing towards sustainable youth-friendly services in their localities.

Services intended to be provided in adolescent and youth-friendly services

- Information and counseling on sexual and reproductive health issues
- Promotion of healthy sexual behaviors through various methods including peer education
- Family planning information, counseling and methods including emergency contraceptive methods
- Condom promotion and provision
- Testing services: pregnancy, HIV counseling and testing
- Management of STIs
- Abortion and post-abortion care
- Antenatal care (ANC), delivery, postnatal care (PNC) and pregnant mother-to-child transmission (PMTCT) services.

**1.2Barriers to RH Service Utilization**

There are many factors that affect the utilization of available sexual and reproductive health services by young people. We can categorize these as: individual/personal factors, institutional factors, and social/cultural factors. Some examples of these factors are presented as follows.

**A. Individual/personal factors**

- Marital status
- Sexual activities

- Schooling status
- Childbearing status
- Economic status
- Rural/urban residence

**B. Cultural/social factors**

- Awareness level of the communities.
- Attitudes towards young people's sexual behaviour
- Attitude towards AYRH services.
- Parent–child interactions
- Peer pressure

**C. Institutional factors**

- Judgmental health workers
- Locations: distant facilities, services very close to where adults are being served.
- Timing: RH services being provided may not have convenient times for young people. If it takes an unreasonably long waiting time to get the service, it is likely that they won't use it.
- Cost: if the RH services are not provided at reasonable cost, young people can't access them.
- Space: if young people are not counseled and served in a private space, they will be afraid that they will be seen by adults.

### 1.3Your roles in addressing these barriers to RH service utilization

As a Health Extension Practitioner you have important contributions to make in helping those young people who are well to stay well, and those who develop health problems get back to good health.

In this section you will learn how you can do this and thereby reduce the barriers to RH service utilization by young people. You can do this in a number of ways. Some of the things you can do include:

- Recognizing that young people have the right to access RH information and services.
- Improving and developing a positive attitude towards young people's sexual and RH needs. If you encounter a young person who is already sexually active, you need to help them in a non-judgmental manner.
- Providing them with appropriate information, counseling and services aimed at helping them maintain safe behaviors and modify unsafe ones (i.e. those that put them at risk of negative health outcomes).
- Identifying and managing health problems and unsafe behaviors.
- Referring them to nearby health centers/hospitals for further help when necessary.

Educating the community so that they can understand the needs of adolescents, and the importance of working together to respond to these needs.

### 1.4 The interaction with young people at the health post.

#### Establishing good rapport with young people

Some young people may come to your health post on their own, alone or with their friends. Other young people may be brought to the health post by a parent or a relative. Depending on the circumstances and the nature of the problem, the young person could be anxious or afraid. In addition, young people may be reluctant to disclose information on sensitive matters if their parents or guardians, or even spouse are also present.

If you do the following, you will be able to establish good rapport with young people. This will help the young people to disclose their RH problems.

- Greet the young people in a friendly manner.
- Explain to the young people that:
  - You are there to help them, and
  - You will do your best to understand and respond to their needs and problems
  - You would like them to communicate with you freely and without hesitation
  - They should feel at ease and not be afraid because you will not say or do anything that affects them negatively
  - You will not share with anyone any information that they have entrusted you with, unless they give you permission to do so.
  - If the young person is accompanied by an adult, explain to the accompanying adult in the presence of the young person that you want to develop a good working relationship with the young person and this means that at some stage you may need some time to speak to the young person alone.

**1.5 Taking the history of the young person's problems.**

As the health issues of young people are mostly sensitive in nature, it is good to start with the least sensitive or non-sensitive issues. For example, instead of asking at the start 'Are you sexually active?' which is very threatening to the young person, starting with 'Where do you live?', 'Do you go to school?' will help to open up the young person. Where possible, use the third person
(indirect questions). It is good to ask first about friends' activities rather than directly about their own activities. For example, rather than asking a young person directly, 'Do you drink alcohol?' you could ask, 'Do any of your friends drink?' If the young person replies, 'Yes', you could then ask, 'Have you ever joined them?' This can lead to other questions, such as 'How often do you drink?' etc.

In addition to the presenting problems, the young people may have other health problems and concerns but may not say anything about them unless directly asked to do so. It is useful to go beyond the presenting problem and ask them if they have any other health problem. Consider using the HEADS assessment to help you do this.

HEADS is an acronym for:

**H** - Home
**E** - Education/employment
**E** - Eating
**A** - Activity
**D** - Drugs
**S** - Sexuality
**S** - Security
**S** - Suicide/depression

**Doing physical examinations**

It is only necessary to do a physical examination in some contexts. If a young person comes to you for condoms and cannot spend time with you, it is enough to briefly discuss sexual behaviour with them and then give them what they want. Sometimes, you may need to do a physical examination in order to diagnose the problem the young person has and to help them. Some parts of the physical examination can cause embarrassment. For example,

vaginal examination for a vaginal discharge may cause embarrassment in a young woman. Therefore avoid doing vaginal examination unless there is a strong indication of need for this. For example, for a young woman in labor you should do a vaginal examination to assess the progress of labor. You should not do a pelvic examination of a virgin.

As part of the physical examination, check the following:

- Temperature
- Pulse rate
- Presence of anemia
- Presence of under nutrition

Presence of swelling or tenderness in the abdomen

**Make the physical examination less stressful for young person.**

- Respect the young person's sensitivity about privacy.
- Explain what you are doing before you begin each step of the examination.
- Protect their physical privacy as much as possible. Allow them to keep their clothes on except for what must be removed.
- Make sure to cover the parts of the body that are exposed.
- Never leave any part of the body exposed when not being examined.
- Reassure the client that any results of the examination will remain confidential.
- A good rapport and relationship between you and the young person is essential.
- Try to establish trust.
- Provide reassurance throughout the examination.
- Give constant feedback in a non-judgmental manner, 'I see you have a small sore here, does it hurt?'

Based on what you get from the history taking and physical examination, you should counsel and provide services for each specific problem the young person has. For STIs, HIV/AIDS, unsafe abortions, contraception, emergency contraception, sexual abuse and substance abuse refer to the respective sessions on how to respond to the specific needs of the young person.

### 1.6About secondary sexual characteristics

secondary sex characteristic. mean. : a **physical characteristic** (such as the breasts of a female mammal or the breeding plumage of a male bird) that appears in members of one sex at puberty or in seasonal breeders at the breeding season and is not directly concerned with reproduction. — called also secondary sexual characteristic.

### 1.7 Harmful traditional practices like female genital mutilation

The World Health Organization (WHO) defines female genital mutilation (also called 'female genital cutting' or 'female circumcision') as any procedure which involves the partial or total removal of the external female genitalia or which causes any other injury to the female genital organs whether for cultural or any other non-therapeutic reasons. Instruments used include knives, scissors, razors, and pieces of glass. Occasionally sharp stones and cauterization (burning) are used.

### 1.8 Family planning

Why it is important to delay pregnancy and childbearing

#### Health risks of early pregnancy

Pregnancy before the age of 18 has several health risks Some ofthese health risks include: Prolonged or obstructed labour: adolescents younger than 18 often have not reached physical maturity and when they become pregnant, their pelvises maybe too narrow to accommodate the baby's head during delivery. In these cases, obstructed

delivery and prolonged labour are more likely, thereby increasing the risk of haemorrhage (bleeding), infection and fistula.

Pre-eclampsia (hypertension in pregnancy) is common in adolescent pregnancy. If it is left uncontrolled, it can progress to extreme hypertension. This condition could lead to the death of both the young mother and the baby.

Premature birth and stil birth: infants born to adolescent mothers are more likely to be premature, of low birth weight, and to suffer consequences of retarded fetal growth. Stillbirth is more common among adolescent mothers than older mothers.

**Contraceptive methods for young people**

**Combined oral contraceptives (COCs)**

COCs are appropriate and safe for young people. Many young people choosea COC because this method has a low failure rate and also offers relief from dysmenorrhea (pain during menstruation). It is a straightforward method that does not interfere with sexual intercourse. This is a good method for you torecommend when it is clearly appropriate for the girl; the particular COC you would suggest will depend on what is available. Some pills are more oestrogen-dominant and others are more progestin-dominant. A COC with more progestin is helpful for girls who have painful and excessive menstrual bleeding.

Progestin-only pills (POPs)

POPs are appropriate and safe for young girls. But POPs must be taken daily at approximately the same time every day to be effective in preventing pregnancy, because the progestin levels in the blood peak about two hours after they are taken and then rapidly decline. If a girl is three hours late taking the pill, she will not be protected and so she should use a back-up form of contraception. POPs may not be the best choice for young girls who cannot remember to take POPs at the same time every day. POPs are a good choice for girls who cannot tolerate the oestrogen in COCs or have a medical contraindication to the use of COCs.

**Depo-Provera (DMPA) inject able contraceptive**

DMPA is a safe and appropriate method for young girls and is particularly good for those who might have difficulty remembering when to take oral contraceptives. Since it may be difficult for young people to remember to return at regular intervals it may be helpful to use a reminder system that encourages clients to return 12 weeks after the previous injection. This allows for a two-week grace period where the injection can still be given up to 14 weeks without fear of pregnancy. DMPA does not protect against STIs/HIV; therefore you should encourage condom use as well.

**Implants**

■ What types of implants do you know that could be used by a young woman. How long does each of them prevent pregnancy?

□ As you learned in the Family Planning Module, there are two types of implants that are being widely used in Ethiopia. These are: (1) Implanon: one rod, effective for three years, (2) Jadelle: two rods, effective for five years.

Why some young girls say they like implants

- . Implants do not require the user to do anything once they are inserted.
- Implants prevent pregnancy very effectively.
- They are long-lasting.
- They do not interfere with sex.

**Intra-uterine contraceptive devices (IUCDs)**

- IUCDs are appropriate for adolescents in stable, mutually monogamous marriages. Women under the age of 20 who have not given birth appear to have greater risk of expulsion and painful menstruation (monthl periods). After you inform them of the characteristics of IUCDs and counsel them, if adolescents who are married would like to use this method, you should refer them to the nearest health centre for further counseling and service provision.

**Condoms**

- Condoms are safe and appropriate for young people. Because they are available without a prescription and provide protection against STIs/ HIV, they are a good method. There are male and female condoms, as you have learned in the Family Planning Module. Young girls frequently are not assertive about the use of condoms when their partner rejects the idea. You should give them ideas about how to negotiate condom use.

**Other female barrier methods (spermicides, cervicalcaps, diaphragms)**

- These female barrier methods are appropriate methods for young people, but they do require a high level of motivation for correct and consistent use. Use is related to intercourse and some young people find this inconvenient or feel it interferes with sexual pleasure.

**Lactational amenorrhea method (LAM)**

- ■ What are the three conditions that must be fulfilled for LAM to be effective?
  □ LAM is appropriate for any young woman who has given birth no morethan six months ago, is postpartum, fully or nearly fully breastfeeding and whose periods have not yet returned (she is amenorrheaic). This method may be difficult for young people unless they have a stable lifestyle that is conducive to frequent breastfeeding. The LAM method does not provide protection against STIs/HIV, therefore you should encourage condom use as well.

**Female and male sterilisation**

While there is no medical reason to deny sterilization, it is generally not recommended for people at the beginning of their childbearing years. This is because if they decide to have sterilization, in the future they may be sad about their decision. Once they undergo sterilization they can have no more children-this is why it is called irreversible contraception. However, there may be mitigating circumstances, such as HIV or the presence of some genetic diseases, which means that a young person may wish to consider sterilization. Therefore when you encounter a young person who wants to have sterilization, you should refer them to a higher health facility where further counselling could be provided. Sterilization does not provide protection against STIs/HIV.

**Abstinence**

Abstinence is appropriate for young people who have not yet begun sexualmactivity, as well as those who are already sexually experienced. There may be emotional or social advantages to delaying sexual intercourse until they are older, more mature, or married (Figure 8.13). Abstinence provides protection against STIs and HIV/AIDS.

**Review of emergency contraceptives (ECs)**

In this section we would like you to review a few points about emergency contraceptives to remind yourself of its importance in preventing pregnancy.

■ What is emergency contraception?

□ Emergency contraception is a contraceptive method used to prevent pregnancy in the first few days after unprotected intercourse or a contraceptive accident such as leakage or slippage of a condom. These pills used for emergency contraception are also called 'morning-after' or 'post coital' pills. EC should be given in the first five days after unprotected sex.

## 1.9Counseling on HIV ,STI ,early marriage & un safe Abortion

### Health education on the adolescent reproductive health related problems.

Even though, young people are vulnerable for different health risks, we should provide health education for their better understanding, especially on the following health problems. Such as

- HIV/AIDS and other sexually transmitted infections
- Female Genital Mutilation

- Marriage by Abduction
- Polygamy
- Abortion
- Early marriage
- Alcoholism
- Addictive Substances and Narcotics (substance abuse)
- Social Problems
- Gender based Violence

| **Self check-1** | **Written Test** |
|---|---|

Choose the best answers from the given alternative.

1.Services intended to be provided in adolescent and youth-friendly services?

A. Condom promotion and provision
B. Testing services: pregnancy, HIV counseling and testing
C. Management of STIs
D. Abortion and post-abortion care E.ALL

2. Barriers to RH Service Utilization Cultural/social factors?

A. Attitude towards AYRH services. B. Parent–child interactions
C. Peer pressure D.ALL

3. Health risks of early pregnancy?

A. increasing the risk of haemorrhage (bleeding) B.infection and fistula.
C. Pre-eclampsia (hypertension in pregnancy) D.ALL

4. Why some young girls say they like implants?

A. Implants prevent pregnancy very effectively. B. They are long-lasting.

C. They do not interfere with sex D.ALL

5.protect both STI & HIV

A .condom B.IUCD C. implant D. ALL

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

| Score ___________ |
|---|
| Rating ___________ |

Name: ____________________________ Date: ________________

**2-Managing low risk conditions**

There are activities that are probably safe, such as using a condom for every act of sexual intercourse, masturbating your partner or masturbating together as long as males do not ejaculate near any opening or broken skin on their partners.

| Self check-2 | Written Test |
|---|---|

**Say True or False**

1. Probably safe, such as using a condom for every act of sexual intercourse
2.During masturbating Your Partner do not ejaculate near any opening or broken skin on their partners.

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________
Rating ___________

Name: ___________________________ Date: _______________

| Information Sheet-3 | Referring of high risk condition. |
|---|---|

## 2.1 Referral of high risk conditions

There are activities that are very risky because they lead to exposure to the body fluids in which HIV lives. This refers to having unprotected sexual intercourse, Appropriate referral linkage between health facilities at different levels.

| Self check-3 | Written Test |
|---|---|

**Say True or False**

1. Referral Is Needed For unprotected sexual intercourse.
2. Referral Is not need For un protected sexual intercourse

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________

Rating ___________

Name: _____________________________ Date: _________________

| Information Sheet-4 | Undertaking Follow up |
|---|---|

Some of the common conditions among adolescent pregnant women such as anaemia and hypertension are harmful to the growing fetus, which makes the need for proper follow-up even more essential. Hence, whenever you encounter an adolescent who is pregnant, you need to look for such medical risks (anaemia, hypertension, malnutrition), explain to them that these could harm their own health and that of their baby and refer them to the next higher health facility.

**3.1 Adolescent and Youth Friendly RH services**

4. Information and counseling on sexual and reproductive health issues
5. Promotion of healthy sexual behaviors through various methods including peer education
6. Family planning information, counseling and methods including emergency contraceptive methods
7. Condom promotion and provision
8. Testing services: pregnancy, HIV counseling and testing
9. Management of STIs
10. Abortion and post-abortion care
11. Antenatal care (ANC), delivery, postnatal care (PNC) and pregnant mother-to-child transmission (PMTCT) services.

| Self check-4 | Written Test |
|---|---|

Choose the best answers from the given alternative.

**1.Service for Adolescent and Youth Friendly RH services must be?**

A .Information and counseling on sexual and reproductive health issue
B. Condom promotion and provision
C. Testing services: pregnancy, HIV counseling and testing
D. Management of STIs
E. Abortion and post-abortion care
F.ALL

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________
Rating ___________

Name: _________________________ Date: _______________

| Operation Sheet 1 | Practicing how to use condom |
|---|---|

**Step how to use condom**

1- Do not use an ‘out of date’ condom.
2- Open the package carefully. Take care not to tear the condom, or damage it with your fingernails.
3-Pinch the end of the condom and place it on the erect penis.
4-Still pinching the end, unroll the condom right down the penis.
5-. If you want to use a lubricant, choose one that is water based. Oil based lubricants can cause condoms to tear.
. 6-After ejaculation, hold the condom and withdraw the penis before it becomes soft. Never re-use a condom.
. 7-Wrap and dispose of the condom in the trash bin, not in a toilet

| LAP Test -1 | Practical Demonstration |
|---|---|

**Perform how to use condom?**

| Instruction Sheet | LG62: Register and document RH records |
|---|---|

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- Data registering and documentation
- Information Management, Monitoring and Evaluation
- Reporting and communicating RH services
- Monitoring and evaluate RH service

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to**:

- Data register and documentation
- Information Management, Monitoring and Evaluation
- Report and communicating RH services
- Monitor and evaluate RH service

**Learning Instructions:**

15. Read the specific objectives of this Learning Guide.
16. Follow the instructions described below 3 to 6.
17. Read the information written in the information "Sheet 1, Sheet 2, and Sheet 3 ".
18. Accomplish the "Self-check 1, Self-check t 2, Self-check 3 ''page 4,5 &6.

| **Information Sheet-1** | Applying Data registration and documentation |
|---|---|

**1.1** Data registration and documentation

Some Common Terms in Data Registration and Documentation

Definition of terms

- Health System - All the activities whose primary purpose is to promote, restore or maintain health.
- Information - Meaningful collection of facts or data.
- Information System - Systems that provide specific information support to the decision-making process at each level of an organization.
- Health Information System - A set of components and procedures organized with the objective of generating information which will improve health care management decisions at all levels of the health system.

What is Data?

- Data are facts, images, or sounds that may or may not be useful to a particular task. They are Non-interpreted items. A data system only produces facts, images, or sounds without any contextual basis. A data system provides only the crude information.
- We can get data in different ways or there are different data collection methods.

Characteristics of Data

- Ownership and relevance
- Validity and reliability
- Aggregation of data
- Customizing information to the users' needs
- Timeliness of feedback

Data Registration and Documentation

Youth and Adolescent reproductive health records and reports are important tools for strategic planning, monitoring and evaluation. There are different tools used to record, register, and report the YARH services. The following are the commonly used tools in recording, registering and reporting activities.

Client Card.

All clients seeking YARH services need to have client card. The client card records the socio-demographic and health history, physical examination findings. The follow up section of the card records the history and physical examination findings at the time of the visit. The client card provides information on past and current use of YARH services.

It is an important tool for monitoring the quality of services as it provides information on whether the client has been screened for eligibility to use the YARH services. It is useful for follow up of clients.

YARH service registration book

This register records relevant information of all the clients who got service from a health facility. YARH register should be completed by the provider at the time of service provision.

The register includes information on the medical record number, sex, date of visit, YARH services provided.

Referral Form

- Records of clients referred are obtained from the referral records. The referral form should contain the demographic data, identified problem, reason for referral, date of referral, the name and signature of provider who referred the client, and finally space reserved for feedback

| **Self check-1** | **Written Test** |
|---|---|

- Choose the best answers from the given alternative.

1. Facts, images, or sounds that may or may not be useful to a particular task. They are Non-interpreted items?
   A .Date B. Information C. census D.ALL

2. Characteristics of Data

   A. Ownership and relevance B. Validity and reliability

   C. Aggregation of data D.NONE

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________

Rating ___________

Name: ___________________________ Date: ________________

| Information Sheet-2 | 4.2Information Management, Monitoring and Evaluation |
|---|---|

2.1Why health information system is necessary?

- Improved health information system is clearly linked to good management.
- Information is crucial at all management levels of the health services from periphery to the centre.
- It is required by policymakers, managers, health care providers, community health workers.
- "Changing the way information is gathered, processed, and used for decision-making implies changing the way an organization operates."

2.2Factors determining good health information system

- Characteristics of the data
- Characteristics of the problems and the decisions they require
- Organizational or structural characteristics
- Cultural differences between 'data people' and 'action people'
- The communication between the two

2.3Subsystems of Health Information System

WHO proposes to categorize the health information system under five interrelated "subsystems":

- Epidemiological Surveillance (notifiable infectious diseases, environmental conditions, and risk factors)
- Routine service reporting
- Special programs reporting systems (tuberculosis and leprosy control, MCH, school health)
- Administrative systems (health care financing systems, health personnel systems, logistic systems)
- Vital registration systems (births, deaths, and migratory movements)

| Self check-2 | Written Test |
|---|---|

- Choose the best answers from the given alternative

2. Factors determining good health information system

   A. Characteristics of the data

   B. Characteristics of the problems and the decisions they require

   C. Organizational or structural characteristics

   D. Cultural differences between ‘data people’ and ‘action people’

   E.ALL

2. Why health information system is necessary?

A. Improved health information system is clearly linked to good management.

B. Information is crucial at all management levels of the health services

C. It is required by policymakers, managers, health care providers, community health workers.

D.ALL

| **Information Sheet-3** | Reporting and communicating RH services |
|---|---|

3.3 Reporting and communicating RH services

YARH reports provide information on the progress of the various indicators that have been identified by the Federal Ministry of Health. The reports shall include any problems related to the service provision and are important tools for monitoring. The health facility shall compile a monthly report and forward to the woreda health office. A woreda health office shall compile all reports from all facilities in its catchment area monthly and shall submit a report to the zonal health office which in turn will summarize the report every 3 months to Regional Health Bureau. The regional health bureau will compile the total YARH services provided and report to FMOH biannually.

| **Self check-3** | **Written Test** |
|---|---|

Say True or False

1. The health facility shall compile a monthly report and forward to the woreda health office.
   A. True B. False

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________
Rating ___________

Name: _________________________ Date: _______________

| Information Sheet-4 | Adolescent  and Youth Friendly Service |
|---|---|

## Characteristics of adolescent-and youth-friendly reproductive health services

Reproductive services that are accessible to, acceptable by and appropriate for adolescents and youth are called adolescent- and youth-friendly reproductive health services. They are in the right place, at the right price (free where necessary), and delivered in the right style to be acceptable to young people. The characteristics of AYFRH services relate to the service providers, the health facility itself, and the programme design.

Health facility characteristics

- . Convenient space/location
- . Convenient hours
- . Comfortable surroundings
- . Peer counselors available.

Characteristics of the service provider

- Specially trained staff. The service provider is trained in adolescentand youth-friendly services.
- Respect for young people. The service provider has respect for youngpeople
- Privacy and confidentiality. The service provider ensures that there is privacy and keeps the matters regarding the RH problems of the young person confidential.
- Adequate time for client–provider interaction. The service provider gives enough time to interact with the young person

Programme design characteristics

- . Involvement of young people in design and continuing feedback. In addition to their involvement during the design, the young people are allowed to give their feedback on the services/programme and their feedback is addressed.
- Involve the young in the health committee to improve the adolescentfriendly services.
- .No overcrowding and short waiting times.
- .Affordable fees.
- . Publicity and recruitment that inform and reassure the young people.
- The services at the health facility are publicised and young people are made aware of the services.
- Both young men and young women are welcomed and served.
- Wide range of services available.
- Necessary referrals available.
- Educational material available on-site and to take away.
- Group discussions available.
- Alternative ways to access information, counselling and services.
- Parents and community involved to promote and support AYFRH services.

**Ethiopian adolescent- and youth-friendlyservice standards**

1 The service outlet provides service supported by the existing national policies and processes that give due attention to the rights of young people.

2 Appropriate health services that cater to the reproductive and sexual health needs of young people are available and accessible.

3 The service outlets have a physical environment that is organised in a way that is conducive to the provision of AYFRH services.

4.The service outlet has drugs, supplies and equipment necessary to provide the essential service package for youth-friendly health care.

5. Information, education and communication (IEC)/behavioural change and communication (BCC) consistent with the minimum service npackage is provided.

6.The service providers in all service outlets have the requiredknowledge, skills and positive attitudes to effectively provide youth friendly RH services.

7 Young people receive an adequate psychosocial and physical assessment and individualised care based on the national standard case management guidelines/protocols.

8 The service outlet has a system that ensures that the necessary referral linkage is made and ensures continuity of care for young people.
9 Young people participate in designing and implementing youth friendly services, and mechanisms are created to enhance the participation of parents and members of the community in contributing towards sustainable youth-friendly services in their localities.

**Services intended to be provided in adolescent and youth-friendly services**

- . Information and counseling on sexual and reproductive health issues
- Promotion of healthy sexual behaviors through various methods including peer education
- Family planning information, counseling and methods including emergency contraceptive methods
- Condom promotion and provision
- Testing services: pregnancy, HIV counseling and testing
- Management of STI
- Abortion and post-abortion care
- Antenatal care (ANC), delivery, postnatal care (PNC) and pregnant
- mother-to-child transmission (PMTCT) services
- Appropriate referral linkage between facilities at different levels

| Self Check-4 | Written Test |
|---|---|

**Directions: Choose the best answer From given Alternative**

1. Prevention of HIV/AIDS and other sexually transmitted diseases?

A. Abstinence:- abstain B.B- Be faithful. C.C- Condom use D.ALL

2. Activities to prevent and control high risk abortion?

A. The youth should effectively learn about family life and sex.
B .Educate the youth to abstain from sex before marriage.
C. Educate the youth to stick on one-to-one sex.
D.ALL

3. Some of the major anticipated social problems include?

A. The act of sex harassment, abduction and rape on female youth.
B. Assaulting and harming female youth.
C. Attacking & abducting female youth for marriage.
D.ALL

**Note**: Satisfactory rating - 4 points unsatisfactory below-4 points

You can ask you teacher for the copy of the correct answers

**Answer Sheet**

Score ___________
Rating ___________

Name: _________________________ Date: _______________

# Reference


- **Documentation for Health Extension Workers: lecture note.** Ethiopia Public Health Training Initiative, The Carter Center, the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education. November 2004