

# Appendices

## A. Appendix A—Warm-up Activities

### Warm-up Activity 1—Welcome and Introductions



#### Time Estimate

30 minutes



#### Objective

- Meet participants and learn a little more each other.



#### Materials

- Enough pairs of different small coins or bills so that each participant can receive one.



#### Method

1. Pass a small coin or bill out to each participant.
2. Tell them there is an identical coin or bill in the room and they need to find the person holding it.
3. Once they find that person, each will spend two minutes telling the other about themselves and what they do. Let them know that they will be asked to report back to everyone on the following:
  - Name of the person
  - Where they are from

- Where they work
  - One interesting thing you learned about that person
4. After the pairs have finished, the group will reconvene and each person will introduce the other person in their pair.



### Reflection Points

- One of the values of this meeting is that it allows you to meet and work with a variety of colleagues who do similar work. We want to encourage you to meet as many people in the group as possible.
- Many of the learning activities we will be doing are in small groups, because we want to take advantage of the level of expertise among participants. So it is helpful to know each other since we will be working closely together.

## Warm-up Activity 2—Get the Pen into the Bottle

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### Time Estimate

10 minutes



### Objective

- Appreciate the value of group cooperation



### Materials

- Thin string (a considerable amount, depending on the number of participants)
- Bottle (not too narrow at the mouth)
- Pen (that can fit into the mouth of the bottle)



### Method

1. Give each participant a length of string approximately five meters long.
2. Ask participants to tie one end of the string around their waist and the other around the pen.
3. Arrange participants in a circle with the pen in the middle.

4. Stand the bottle on the floor in the middle of the circle.
5. Instruct the participants to get the pen into the bottle.



### Reflection Points

- It is surprisingly difficult to do this simple task. It needs a great deal of cooperation between participants.
- It is funny to see bodies twisting and to hear instructions shouted around the circle.



### Suggestions for Facilitators

- This activity can be done with many or just a few participants.

## Warm-up Activity 3—Paper Airplane Models

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### Time Estimate

10 minutes



### Objectives

- Show that each person has his or her own ideas about what is the best design for a task.
- Reveal that even the most unattractive design may perform well.
- Enjoy a typical youth activity together.



### Materials

- Pieces of A4 paper



### Method

1. Give each participant a piece of paper.
2. Ask participants to design paper airplanes.
3. When the models are ready, invite participants to test them in an open space.
4. Note which designs fly the farthest.



### Reflection Point

- It is not only the design but also how it is used that makes the difference. For example, one participant just crushed up the paper and it flew quite far just like that.



### Suggestions for Facilitators

- This is a simple activity but it generates a lot of enthusiasm. It is good to use this activity after lunch or when the group needs to move around for a “revitalizing break.”

## Warm-up Activity 4—When I Was Young

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### Time Estimate

10 minutes



### Objective

- Reflect on our own past behaviors as young people.



### Materials

- None



### Method

1. If appropriate or feasible, ask participants to sit on the ground in a circle.
2. Explain that this activity is about sharing personal youth experiences and that each person will be invited to contribute a memory or comment.
3. Ask participants to share with the group one important memory about when they were young.
4. Move around the circle allowing each participant to respond in turn.



### Reflection Points

Participant responses may include, for example:

- *I had never kissed a girl by the time I was 18.*
- *I went swimming naked with girls and grandmother was angry. I realized that I was considered an adult.*
- *A man asked me to marry him.*
- *When my first boyfriend asked me for a kiss, I hit him and ran away.*



### Suggestions for Facilitators

- It may be helpful for the facilitator to share the first example to “break the ice.”
- Some participants may feel a little uncomfortable or embarrassed, but gently encourage them to share an experience that had a significant impact on them as a young person.

## Warm-up Activity 5—Kidding Around

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### Time Estimate

5 minutes



### Objective

- Help participants feel more comfortable in their environment.



### Materials

- None



### Method

1. Explain that we are going to practice an activity that is useful for relaxing people and “breaking the ice.”
2. Ask the participants to clap three times all together.
3. Then ask them to clap three times and point their finger to the left and say “Usssh.”

4. Then ask them to point their finger to the right and say “Ahhh.”
5. Then ask them to clap three times and point to the sky and say “Eeee.”
6. Then ask them to clap three times and point to the earth and say “Oooo.”
7. After that, ask them to reduce the routine to two claps.
8. Then to do the routine with one clap.
9. Finally, put it all together in an extended sequence.
10. Enjoy the laughter.



### Reflection Points

- This is a funny game that seems a bit foolish but does generate a sense of group cohesion. The clapping and sound effects are quite interesting!



### Suggestions for Facilitators

- Lead this clapping and sound effects activity with a big smile on your face.
- After the laughter at the end, wrap it up quickly and move on to the next activity.

## Warm-up Activity 6—The Sounds of Nature

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### Time Estimate

5 minutes



### Objective

- Warm up and energize the group.



### Materials

- None




### Method

1. Ask participants to practice the following sounds as a group:
  - Wind blowing – clapping

- Rain – slap hands on thighs
  - Thunder – stomp feet
  - Lightning – say “brrring, brrring”
2. Explain that the group is to continue making the sound until they hear another instruction.
  3. Now lead the group by calling out the words “Wind,” then “Rain,” then “Thunder,” then “Lightning,” and then mix up the order for five or six more calls.

**Reflection Points**


- Clapping, slapping, stomping and making funny sounds is a good way to feel like a young person again!

 **Suggestions for Facilitators**


- Improvise and create your own variations on this basic activity.

**Warm-up Activity 7—Think About It**

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 **Time Estimate**

20 minutes

 **Objective**

- Have participants reflect on how they behaved as young people.

 **Materials**

- Flip-chart
- Markers

 **Method**

1. Ask participants to list the things they dislike about young people’s behavior by asking the question: *What do adults dislike about young people’s behavior?*
2. Elicit responses from the participants and write these on a flip-chart.

3. Ask participants the question: *Did you behave like this yourself when you were younger?*
4. Allow participants time to acknowledge that some of these things are familiar to them from their youth.
5. Ask them: *Which behaviors did you not engage in?*
6. Generate group discussion about the differences and similarities between youth today and in the past.



### Reflection Points

The list of responses from participants might include, for example:

- *Having short concentration and attention spans*
- *Playing computer games all the time*
- *Smoking*
- *Hanging out late at night*
- *Dating*
- *Having a know-it-all attitude*
- *Talking back*
- *Sneaking out and being secretive*
- *Wearing wild hairstyles*
- *Asking sexual questions*
- *Being annoying or naughty*
- *Showing off – being invincible heroes*
- *Being overly competitive*
- *Not eating or eating the wrong food*
- *Spending a lot of money*
- *Talking on the phone*
- *Being overly concerned with fashion*



### Suggestions for Facilitators

- Remind participants that we were all young once and this is the way we used to act.
- Let participants know that when youth see this list, they are shocked. One said, "I didn't know about that."
- When working with young people, ask them to list what they dislike about adults.

## Warm-up Activity 8—Youth-friendly Adults



### Time Estimate

20 minutes



### Objective

- Analyze and portray characteristics of youth-friendly adults.



### Materials

- Cards (red, blue, white and green)
- Large head-and-shoulders drawing of a person (posted on a wall)
- Tape



### Method

- Explain that this activity involves an analysis of the characteristics of a youth-friendly adult.
- Hand out colored cards to each participant and explain what the cards represent:
  - Red is for the heart (feeling)
  - Blue is the mouth (speaking)
  - White is for the eyes (seeing)
  - Green is for the mind (thinking)
- Ask participants to write one thing on each card.
- Invite participants to come to the large drawing and tape their idea onto the appropriate place on the figure.
- Allow time for participants to read what others have posted.
- Review all the ideas posted on the figure and ask: *To be a youth-friendly adult, what do you have to do – feel, say, see or think?*
- Conclude that to be a youth-friendly adult, you need your head (right attitudes, listening, and communication skills) and your heart (sensitivity and feelings).



### Reflection Points

- Participants written reactions may include, for example:
  - *Open-minded, reasonable, still learning, accepting, trusting, non-judgmental, supportive and encouraging, informative.*
  - *Be a good listener and be patient.*
  - *Be there for them.*
  - *Don't be smart all the time, but just keep listening.*
  - *Being a youth-friendly adult is not just about achieving your project goals.*
  - *You are their friend for life, not just for the life of the project.*



### Suggestions for Facilitators

- Depending on the context, you might note that appropriate touching is also needed. Many youth feel that parents and teachers do not touch them enough in a supportive and reassuring way.

## Warm-up Activity 9—Silently Random

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### Time Estimate

5 minutes



### Objective

- Practice non-verbal communication and create a random group of participants.



### Materials

- None



### Method

1. Ask participants to form a line without speaking.
2. Draw an imaginary line across the room and ask each participant to move along that line to a position that would represent, for example, their birthday. (One end of the room is January and the other is December.)

3. Instruct participants to negotiate their position in the line silently (using sign language perhaps) with others standing nearby, i.e., with a birthday perhaps in the same month.



### Reflection Points

- This activity makes us think about how miscommunication can easily occur.
- There may be some confusion about whether to write the month or date first; some countries use lunar months (e.g., Vietnam) and in some countries, birthdates change each year.



### Suggestions for Facilitators

- This activity is simple, fun, and a useful way to form new random groups.

	Monday	Tuesday	Wednesday	Thursday	Friday	
<b>AM</b>	<p>9:00 am: <b>Welcome and Introductions</b></p> <p>9:30am: <b>Opening</b></p> <p>9:45 am: <b>Objectives Flow/ process</b></p> <ul style="list-style-type: none"> <li>• Skills building sessions</li> </ul> <p>10:15-10:30: <b>Break</b></p> <p>10:30 am: <b>Overview of YSRH</b></p> <ul style="list-style-type: none"> <li>• Trends in YSRH</li> <li>• Programs and Strategies</li> </ul>	<p><b>Advocacy: Building Support Internally and Externally</b></p> <p>9.00 am: <b>Building a case for YSRH</b></p> <ul style="list-style-type: none"> <li>• The various roles of “advocacy” for YSRH</li> <li>• Issues to focus on (sexuality education, demographics, STIs/HIV, etc.)</li> <li>• Data</li> <li>• Scripts</li> <li>• Story telling</li> </ul> <p>(including discussion of presentation skills needed to make a case for YSRH in public)</p>	<p><b>Design and Implementation</b></p> <p>9:00 am: <b>Program Design:</b></p> <ul style="list-style-type: none"> <li>• Goals, strategies &amp; overview</li> <li>• Needs assessments</li> <li>• Multi-sectoral strategies</li> <li>• Logic Model</li> </ul> <p>10:30: <b>Consultations:</b> Results framework, Goals, Objectives, Outcomes, and Timelines</p>	<p><b>Networking &amp; relationships – (Lessons Learned)</b></p> <p>9:00 am: <b>Networks - Mapping Partner assessments</b></p>	<p>(Plenary session) <b>Monitoring and Evaluation: Special Issues for Youth Programs</b></p> <p>9:00 am: <b>M&amp;E in workplan - Importance of M&amp;E in program design, advocacy, assessing best practices</b></p> <ul style="list-style-type: none"> <li>• MIS use of information indicators</li> </ul> <p>10:15 am: <b>Break</b></p> <p>10:45 am: <b>Continue</b></p> <p>11:30 am: <b>Reporting – donor requirements</b></p>	
12:00 pm: Lunch (every day)						
<b>PM</b>	<p>1:30 pm: <b>Country Group Exercise</b> – Issues and challenges in introducing and developing YSRH programs</p> <p>3:00 pm: <b>Break</b></p> <p>3:15 pm: <b>Youth Forum</b></p> <ul style="list-style-type: none"> <li>• Youth activities</li> </ul>	<p><b>A – Issues to Address Internally</b></p> <p>1:30 pm: <b>Dealing with discomfort</b></p> <p>3:30 pm: <b>Break</b></p> <p>3:45 pm: <b>Organization support and policy</b></p>	<p><b>B – Issues to Address Externally</b></p> <p>1:30 pm: <b>Messaging</b></p> <ul style="list-style-type: none"> <li>• Positive messages</li> <li>• Role-plays responding to opposition</li> <li>• Media relations</li> <li>• Press releases</li> </ul>	<p><b>Country group/case studies</b></p> <p>1:30 pm: <b>Participants in country groups for group work related to previous session</b></p> <p>3:00 pm: <b>Break</b></p> <p>3:15 pm: <b>Implementing and Managing FP+ projects – Q&amp;A/Discussion:</b> reporting, budgeting, and management</p>	<p><b>A – Managing People and Relationships</b></p> <p>1:30 pm: <b>Recruitment &amp; retention</b></p> <p>3:15 pm: <b>Break</b></p> <p>3:45 pm: <b>HRM</b></p> <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Coaching</li> <li>• Mentoring</li> <li>• Conflict Resolution</li> </ul>	<p><b>B – 1:30 pm: Using networks for social action - Case study</b></p> <p>3:15 pm: <b>Break</b></p> <p>3:30 pm: <b>Groups share networking approaches</b></p>
<b>4- 6 pm Registration (Mon. thru Thurs.)</b>					<p><b>Donor trends</b></p> <p><b>Action planning and Reports from Country Teams</b></p> <p><b>Program Clinic</b></p> <p><b>Closing</b></p>	

**YSRH Programming for Behavior Change and Development Seminar—26-30 November 2001**

	<b>Monday, Nov 26</b>	<b>Tuesday, Nov 27</b>	<b>Wednesday, Nov 28</b>	<b>Thursday, Nov 29</b>	<b>Friday, Nov 30</b>
0900-1015	<input checked="" type="checkbox"/> <b>Welcome/Opening</b> <ul style="list-style-type: none"> <li>• Introduction, Qbox</li> </ul> <input checked="" type="checkbox"/> <b>Ice-breaking</b> <i>"The best/worst part of my youth"</i> <input checked="" type="checkbox"/> <b>Review of YRSH Framework</b>	<input checked="" type="checkbox"/> <b>Skills building: Facts and Myths about youth and sexual/RH</b> <ul style="list-style-type: none"> <li>• Physical</li> <li>• Psychological</li> <li>• Developmental</li> </ul> <input checked="" type="checkbox"/> Exercise: Body Mapping	<input checked="" type="checkbox"/> <b>Stage of change and interventions</b> <input checked="" type="checkbox"/> Exercise: seat belt, etc.	<input checked="" type="checkbox"/> <b>Develop and deliver interventions</b> <input checked="" type="checkbox"/> Group work: learning activities/ implementation strategy/IEC message/advocacy	<input checked="" type="checkbox"/> <b>Monitoring and Evaluation: indicators and tools</b>
<b>1015-1030—BREAK</b>					
1030-1200	<input checked="" type="checkbox"/> <b>Addressing key issues for YSRH</b> <i>How do you feel about youth?</i> <i>How do you feel about sex?</i> <i>How do I learn best?</i> <input checked="" type="checkbox"/> <b>Value clarification in sexuality education</b> <i>debate/discussion</i>	<input checked="" type="checkbox"/> <b>Participatory Learning</b>	<input checked="" type="checkbox"/> <b>Communication Process</b> <input checked="" type="checkbox"/> Exercise: Mysterious envelope (internal factors/individual) <input checked="" type="checkbox"/> Exercise that addresses external factors	(continued)	(continued)
<b>1200-1330—BREAK</b>					
1330-1515	<input checked="" type="checkbox"/> <b>Sexuality and Me</b>	<input checked="" type="checkbox"/> <b>Participatory Learning</b> <input checked="" type="checkbox"/> Why, what, how	<input checked="" type="checkbox"/> <b>Diagnosis and intervention design</b> <input checked="" type="checkbox"/> A Case Study and group work to work on different aspects	<input checked="" type="checkbox"/> <b>Report back from each group and feedback</b>	<input checked="" type="checkbox"/> Brainstorming on next seminar <input checked="" type="checkbox"/> Application/Replication with local partners <input checked="" type="checkbox"/> Seminar Evaluation <input checked="" type="checkbox"/> Closing
<b>1515-1530—BREAK</b>					
1530-1730	<input checked="" type="checkbox"/> <b>Fact about sexuality and why is it important?</b>	<input checked="" type="checkbox"/> <b>BCC theories and application</b>	(continued)	(continued)	
<b>1730—Adjourn</b>					
1830	Reception				

<b>YSRH Youth-friendly Health Services Seminar—4 – 8 March 2002</b>					
	<b>Monday, March 4</b>	<b>Tuesday, March 5</b>	<b>Wednesday, March 6</b>	<b>Thursday, March 7</b>	<b>Friday, March 8</b>
0900-1015	<input checked="" type="checkbox"/> Introductions <ul style="list-style-type: none"> <li>• Welcome</li> <li>• Review of Objectives and Agenda</li> <li>• Logistics</li> <li>• Ice-breaking and Introductions</li> </ul>	<input checked="" type="checkbox"/> Skills Building Stations <ul style="list-style-type: none"> <li>• Answering difficult questions</li> <li>• Case Studies</li> <li>• Role-plays</li> </ul>	<input checked="" type="checkbox"/> Service assessments for design and quality <ul style="list-style-type: none"> <li>• COPE®</li> <li>• Facilities Assessment</li> <li>• Policy Tool</li> </ul>	<input checked="" type="checkbox"/> Action Planning based on Field Visits	<input checked="" type="checkbox"/> Using Monitoring Data for Program Assessment and Planning <ul style="list-style-type: none"> <li>• Assessing youth-friendly services effectiveness</li> <li>• Country Groups – develop indicators and reporting forms</li> </ul>
<b>1015-1030—BREAK</b>					
1030-1230	<input checked="" type="checkbox"/> Introduction to Youth-friendly Services <ul style="list-style-type: none"> <li>• Framework for Working with Youth</li> <li>• Existing programs in Youth-friendly Services (group exercise program matrix)</li> <li>• Defining Youth-friendly Services</li> </ul>	<input checked="" type="checkbox"/> Skills Building Stations (continued) <ul style="list-style-type: none"> <li>• Answering difficult questions</li> <li>• Case Studies</li> <li>• Role-plays</li> </ul> <input checked="" type="checkbox"/> Group Discussion of Skills Building Sessions	<input checked="" type="checkbox"/> Service assessments for design and quality (continued)	<input checked="" type="checkbox"/> Group Presentations and Discussion of Field Visits	<input checked="" type="checkbox"/> Using Monitoring Data for Program Assessment and Planning (continued)
<b>1230-1330—LUNCH BREAK and Consultations with FP Plus Teams</b>					
1330-1515	<input checked="" type="checkbox"/> Provider Values <ul style="list-style-type: none"> <li>• Values Clarification on Service Provision to Youth (led by previous seminar participants)</li> <li>• Defining a Sexually Healthy Adolescent</li> </ul>	<input checked="" type="checkbox"/> Gender and Services: <ul style="list-style-type: none"> <li>• Gender roles and in their impact on reproductive health seeking behavior</li> <li>• Addressing barriers for male clients and female clients</li> </ul>	<input checked="" type="checkbox"/> Field Visits <ul style="list-style-type: none"> <li>• Clinic</li> <li>• Pharmacy</li> <li>• Policy maker</li> </ul>	<input checked="" type="checkbox"/> Review Standards and Guidelines <ul style="list-style-type: none"> <li>• Pharmacy Guidelines</li> <li>• NAFCI Guidelines</li> </ul>	<input checked="" type="checkbox"/> Brainstorming on next seminar <input checked="" type="checkbox"/> Application/Replication with local partners <input checked="" type="checkbox"/> Seminar Evaluation <input checked="" type="checkbox"/> Closing
<b>1515-1530—BREAK</b>					
1530-1730	<input checked="" type="checkbox"/> Adolescent Development <ul style="list-style-type: none"> <li>• Adolescent Psychosocial Development</li> <li>• Sexual Development Through the Life Span</li> </ul>	<input checked="" type="checkbox"/> Interacting with Youth <ul style="list-style-type: none"> <li>• Youth panel</li> <li>• Role-plays</li> </ul>	<input checked="" type="checkbox"/> Field Visits (continued)	<input checked="" type="checkbox"/> Adapt Standards and Guidelines <ul style="list-style-type: none"> <li>• Country Groups</li> </ul>	
<b>1730—Adjourn</b>					
1830	Reception				

Monitoring and Evaluating YSRH Programs—24 – 28 June 2002					
	Monday, June 24	Tuesday, June 25	Wednesday, June 26	Thursday, June 27	Friday, June 28
0900-1015	<input checked="" type="checkbox"/> Introductions <ul style="list-style-type: none"> <li>• Welcome</li> <li>• Review of Objectives and Agenda</li> <li>• Logistics</li> <li>• Ice-breaking and Introductions</li> </ul>	<input checked="" type="checkbox"/> Skills Building Stations: introduction to methods <ul style="list-style-type: none"> <li>• Participatory Learning for Action and qualitative techniques</li> <li>• Surveys</li> <li>• Service statistics/records and client interviews</li> </ul>	<input checked="" type="checkbox"/> Study Designs <ul style="list-style-type: none"> <li>• How do we know if the intervention is a result of our program?</li> </ul>	<input checked="" type="checkbox"/> Discussion of field visits and data collection <ul style="list-style-type: none"> <li>• Involving youth</li> <li>• Tips for data collection</li> <li>• Ethical considerations</li> <li>• Challenges</li> </ul>	<input checked="" type="checkbox"/> Using Monitoring Data for Program Improvements
<b>1015-1030—BREAK</b>					
1030-1230	<input checked="" type="checkbox"/> Key issues in monitoring and evaluation <ul style="list-style-type: none"> <li>• Revisit Programming Framework and Objectives</li> <li>• Defining the scope for M&amp;E</li> <li>• Identifying key questions</li> </ul>	<input checked="" type="checkbox"/> Skills Building Stations (continued) <input checked="" type="checkbox"/> Group Discussion of Skills Building Sessions	<input checked="" type="checkbox"/> Sampling <ul style="list-style-type: none"> <li>• Who do we talk to?</li> <li>• How many people?</li> <li>• Where?</li> <li>• When?</li> <li>• How often?</li> </ul>	<input checked="" type="checkbox"/> Refinement of tools, data collection plans	<input checked="" type="checkbox"/> Using evaluation data in a feedback loop <input checked="" type="checkbox"/> Communicating results
<b>1230-1330—LUNCH BREAK and Consultations with FP Plus Teams</b>					
1330-1515	<input checked="" type="checkbox"/> Key management concerns in conducting M&E activities <ul style="list-style-type: none"> <li>• Who should be involved?</li> <li>• What level of resources are needed?</li> <li>• How do we work with partners to collect information for program?</li> <li>• Developing a plan</li> </ul>	<input checked="" type="checkbox"/> Designing tools and instruments <ul style="list-style-type: none"> <li>• Question and observation guidelines</li> <li>• Surveys</li> <li>• Reporting forms, records, and client interviews guides</li> </ul>	<input checked="" type="checkbox"/> Field Visits	<input checked="" type="checkbox"/> Analyzing data <ul style="list-style-type: none"> <li>• Making sense of numbers</li> <li>• Interpreting qualitative data</li> </ul> <b>Case studies:</b> Service statistics Qualitative data Outcome evaluation	<input checked="" type="checkbox"/> Presentations and discussions on capacity building from seminar series
<b>1515-1530—BREAK</b>					
1530-1730	<input checked="" type="checkbox"/> Selecting key indicators <ul style="list-style-type: none"> <li>• Community mobilization</li> <li>• Peer education</li> <li>• Life skills/sexuality education</li> <li>• Youth-friendly services</li> </ul>	<input checked="" type="checkbox"/> Designing tools and instruments (continued)	<input checked="" type="checkbox"/> Field Visits (continued)	<input checked="" type="checkbox"/> Analyzing data (continued)	<input checked="" type="checkbox"/> Seminar Evaluation <input checked="" type="checkbox"/> Closing
<b>1730—Adjourn</b>					
1830	Reception				

## **Appendix C—Hand-outs**

### **DOs and DON'Ts**

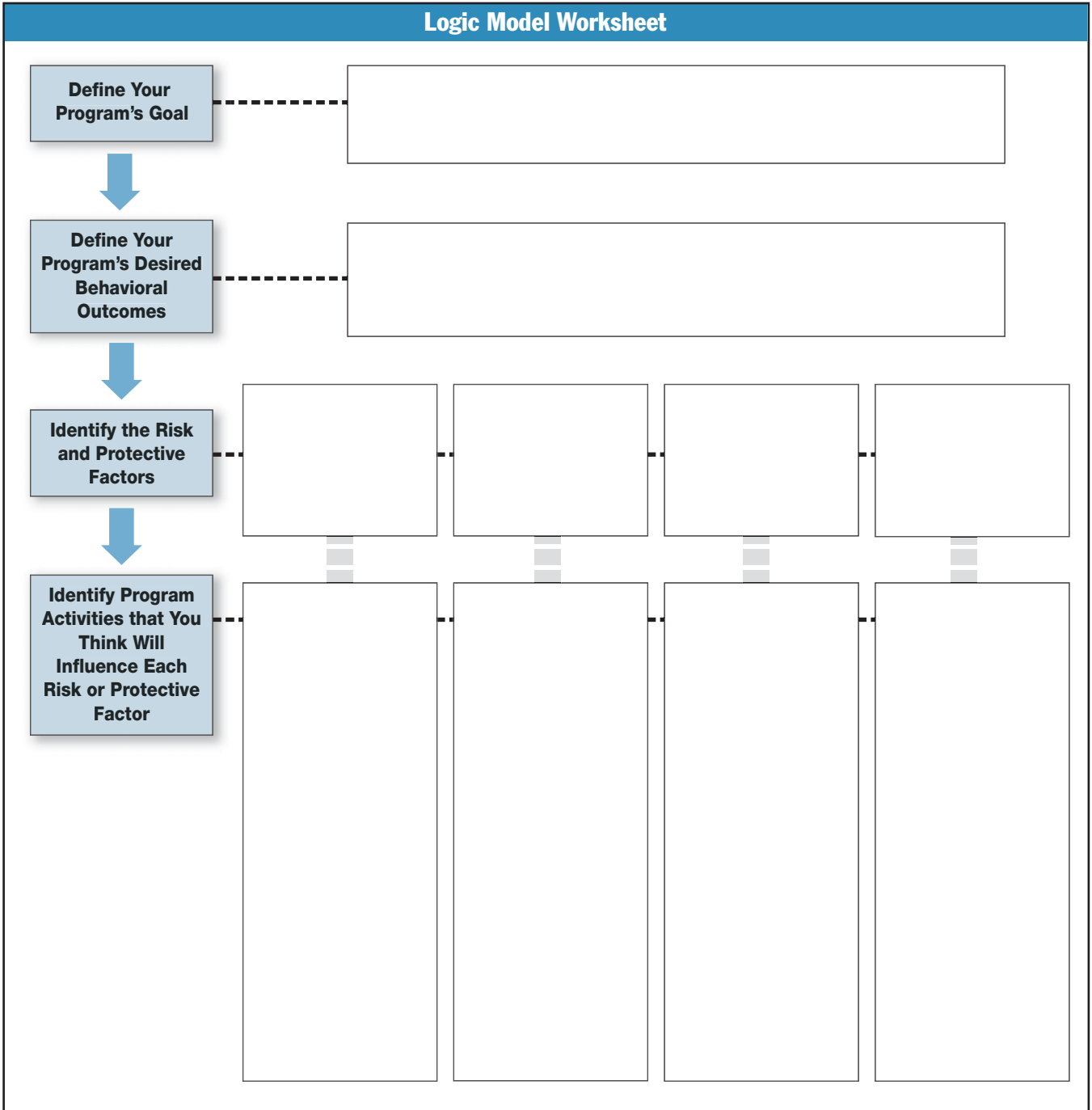
At the Youth Forum on “Learning about Sex: From Obscurity to Enlightenment,” part of the Eighth National AIDS Seminar held in Thailand in July 2001, representatives of different youth groups presented valuable suggestions for adults working with youth.

#### **DO**

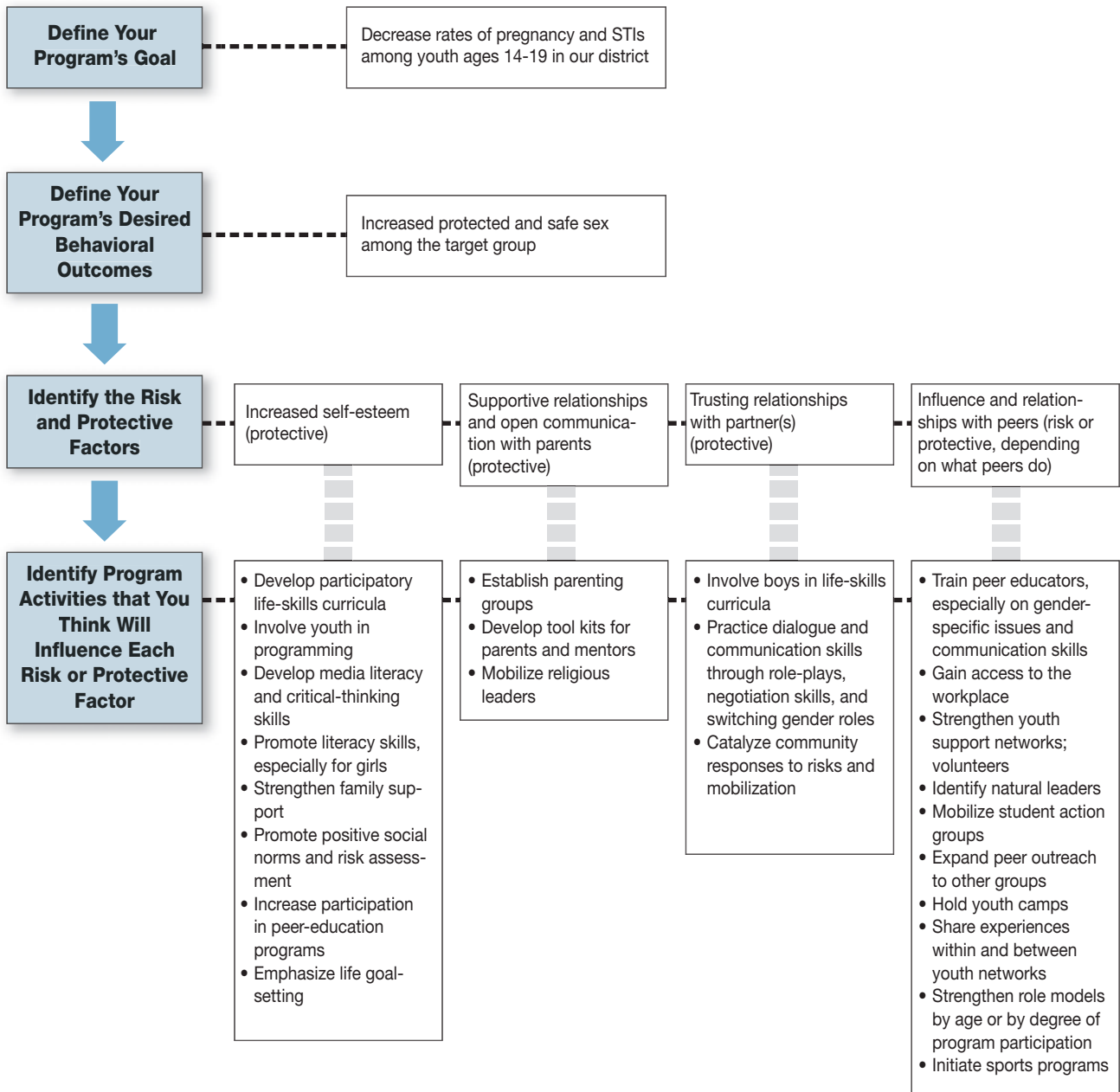
- Organize sex education camps.
- Learn to know and understand the nature of young people.
- Be more aware of child rights.
- Disseminate resources to youth everywhere.
- Provide youth with opportunities.
- Be good role models. (Practice what you preach!)
- Resort to your own ideas for teaching (rather than referring to examples set by other people).
- Provide opportunities for students to articulate their views.

#### **DON'T**

- Overlook the importance of youth.
- Underestimate the potential or ability of young people.
- Be unreasonable and limit their opportunities.
- Use commanding words like “you must,” “you have to,” “you can’t,” and “don’t.”
- Strictly control young people or force them to obey.
- Say “Don’t think about having a sweetheart.”
- Scold youth when they befriend companions of the opposite sex.
- Think that youth are too young to know about sex.
- Generalize or assume that all young people have had sexual intercourse.
- Have judgmental attitudes or express disapproval (verbally or with facial expressions) when young people ask about or express opinions relating to sex.
- Determine with whom young people should and should not associate.
- Set bad examples and behave improperly.
- Use language that is too formal or use derogatory words while teaching.
- Lose your temper while giving youth advice.
- Blame youth when problems occur.
- Hurt young people.



## Example of a Logic Model



## Common Questions for Advocates

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### Talking about Youth Sexual and Reproductive Health<sup>1</sup>

#### ***Shouldn't family members and elders be the ones responsible for teaching children about sexuality?***

Young people often say they want to be able to talk with their parents about their reproductive health, and communication between parents and children is very important. Unfortunately, many adults do not know what to say or how or when to say it, and feel uncomfortable talking with young people about sexuality. A family's silence can give its young people the message that sexuality is bad and should not be discussed. With no other clear source of knowledge and values, young people often look to the popular media and their peers for information.

Sexuality education can create more opportunities for dialogue between youth and adults, and help refute the myths about sexuality that young people often hear from the media and their peers. Supplementing the education provided by the family can also help adults overcome the difficulties they face when they are the only ones providing information and guidance.

#### ***Doesn't reproductive health education promote sex and lead to promiscuity?***

Providing information about sexuality does *not* lead young people to experiment with sex. In fact, providing accurate information *before* young people begin to have sex has been shown to help teens *abstain from* sex. In the case of youth who are sexually active, accurate sexuality education helps them protect themselves against HIV and other STIs by increasing the chances that they will use condoms.

A recent World Health Organization review of reproductive health education programs from all over the world found that the young participants were *not more likely* to engage in early sexual activity, nor did they show increased sexual activity compared to their peers. Studies consistently show that teens who receive accurate sexuality education are more likely to report using a contraceptive at first intercourse than those who have not.

#### ***Why not just teach abstinence?***

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

#### ***How can you teach abstinence and contraception at the same time?***

Abstinence and contraception are the two best ways for youth to protect themselves and stay healthy. Telling young people about both acknowledges the challenges they face growing up in today's complex world, and helps them act more responsibly. Research

<sup>1</sup> Shannon, A. *Advocating for Adolescent Reproductive Health in Sub-Saharan Africa*. Washington, DC: Advocates for Youth (1998).

shows that programs that teach both abstinence and contraception are more effective at reaching youth and promoting healthy behavior than are abstinence-only programs.

***What are the effects of reproductive health education?***

First, reproductive health programs can help teens remain abstinent by giving them accurate information about their own bodies, raising their awareness of STIs, and helping them build the skills to resist peer pressure. Second, among youth that have had sex, information and access to contraceptives helps keep them safe from HIV, other STIs, and unwanted pregnancy. Research shows *neither* giving youth information on sexual health *nor* providing them reproductive health services makes them more likely to have sex.

***What will the community think of me if I support reproductive health information and services for youth?***

When communities discuss youth issues openly for the first time, more support sometimes emerges for reproductive health programs than anyone would have imagined. People everywhere want young people to grow up healthy. They wonder what to do about the spread of HIV, and they are often willing to discuss potential solutions when their opinions are heard.

Most of the opposition to reproductive health education for youth comes from the fear that discussing sexuality will promote promiscuity. Research shows that this is not true, but it takes time and effort to encourage the public to examine their long-held beliefs and values. Educating the public about the positive effects of reproductive health education can help allay fears and build public support for adolescent reproductive health programs.

***What good is reproductive health education to a youth with no job?***

Reproductive health education is important to unemployed youth. There is a strong link between young people's economic well being and their reproductive health. Out-of-school and street-involved youth may be less likely to seek information and services on their own, and may be more susceptible to exploitation or exchanging sex for money.

***Don't in-school peer education programs disrupt school by taking students out of class?***

Peer education programs should not disrupt a young person's education. Rather, by keeping students healthy, preventing pregnancy, and encouraging healthy behavior, youth programs help keep students *in* class. Programs for young people *contribute* to their education, they do not distract from it.

***Don't programs for youth "push" contraceptives on young people?***

Providing information and services to youth is about helping them stay safe, not about encouraging them to have sex. Responsible programs never push contraceptives on young people, rather, they educate youth about how to prevent STIs and pregnancy. Young people need courage and skills to act responsibly when faced with difficult situations in which they must make hard choices. Forcing youth to accept contraceptives would do nothing to prepare them to make responsible choices.

### ***Why change the reproductive health education already offered in schools?***

The goal of reproductive health education is to promote young people's health. Good sexuality education focuses on both factual information and skills development in setting goals; communicating about whether to have sex; negotiating abstinence or contraceptive use; and resisting peer pressure. In many schools, reproductive health education focuses only on anatomy and physiology, or population, and neglects the important role of family life or relationships in sexuality education.

School programs can play an important role in educating young people about sexual health and decision-making. Reproductive health education in schools helps young people before they start having sex, increasing their motivation to delay sexual intercourse and to use contraception consistently.

### ***Don't condoms fail? Won't telling teens they should use condoms give them a false sense of protection?***

When used consistently and correctly, latex condoms are extremely effective. Most condom failures are not because they break or leak, but because they are used incorrectly. More information about contraceptives, and more education about how to use them, increases the chance that they will be used correctly and consistently. Accurate information will help teens make responsible decisions about whether to have sex, and about the most appropriate way to avoid STIs and unintended pregnancy.

## **Sample Statements for Advocacy Role-plays**

**Here are some statements that different audiences may make during the role-plays:**

### ***Community religious leader***

*"We cannot talk about such issues with unmarried youth. They should not be engaging in such behaviors that would put them at risk for pregnancy and sexually transmitted infections."*

*"I understand the importance of this issue, but you cannot expect me to support this. The community will certainly oppose me doing so."*

### ***Ministry of Health official***

*"There are other more pressing needs than adolescent reproductive health. We need to address maternal mortality and child immunization."*

*"The government has not identified youth reproductive health as a priority issue."*

### ***Media representative***

*"What is interesting about this story? Why should I cover a story on this?"*

*"We've already covered the issue of HIV. People are tired of hearing about it. Give me something new to talk about."*

## **Strategic, Organizational, and Management Issues**

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### **Organizational Mission and Goals**

- Would YSRH help your organization achieve its mission and goals?
- Is senior management support ensured?
- Is your organization positioned to address the issues facing youth in your country?
- Would YSRH programming have a positive impact on your organization's image?
- What are the possible positive and negative impacts of integrating YSRH activities?

### **Development Environment**

- Which organizations are working in YSRH in your country?
- What aspects of youth programming are being implemented by other organizations and in which geographical areas?
- How can your organization complement existing work in YSRH?
- Which organizations could you approach to partner with and what advantages could there be?

### **Political Influences**

- Which government ministries are responsible for youth programming?
- Is YSRH a government priority?
- Are government policies supportive of youth programming efforts?
- Is YSRH a community priority?
- Will the activities you plan to implement face cultural constraints?
- Who are the other stakeholders you need to consider and involve in your planning process?

### **Management Systems**

- Are your management systems and capacities strong enough to support the introduction of YSRH programming?
- What are the operational similarities and differences between your existing programs and YSRH programming?
- Would your current funding agencies be supportive of your organization adding YSRH programs, or would you have to look for other funding sources?
- What funding agencies would you consider approaching?

### **Human Resources**

- Could your present staff manage the increased workload?
- Do you have the knowledge and skills required for YSRH programming on your existing staff?
- What additional knowledge and skills do you need to develop in the staff team? How will you develop their capacity?

- Does your team support YSRH programming?
- What concerns do they have regarding YSRH programming?
- Do you need to recruit and train new staff?
- Will you need additional technical assistance? In what technical areas? Is it available within your organization either regionally or at headquarters?

### **Supporting Your Team through Change**

While many factors are crucial to the success of your YSRH initiative, ultimately, it will depend on the team's acceptance and ownership of the initiative and their confidence to take on new responsibilities. Staff may reject what seems to managers to be an excellent programming opportunity. Staff resistance to new initiatives may be for a variety of reasons. Their resistance can result from:

- A perception that YSRH programming could adversely affect other aspects of their work.
- The belief that the timing is not right or the political climate is not conducive to establishing YSRH programming.
- A fear of not having the correct skills and experience to work in the field.
- Personal reservations about working with youth on sensitive sexual and reproductive health issues.
- The inevitable increased workload.

Managers and leaders need to be sensitive to these factors and try to establish strategies to reduce resistance and gain support. Tips for gaining staff acceptance and commitment, and reducing resistance to change include the following:

- Discussing how YSRH fits in with the organization's goals, strategic directions, and present programming activities.
- Celebrating present and past achievements and using examples of previous successful initiatives to illustrate their ability to bring about successful change.
- Including staff in planning to ensure they fully understand the change process and its implications.
- Boosting staff morale and confidence by planning for early "gains" and "wins" in the initiative.
- Being willing to adjust and fine-tune your plans based on feedback.

### **Capacity Building**

Capacity building means a change in organizational behaviors, values, skills, and relationships that lead to improved abilities of groups to carry out functions and achieve desired outcomes. Capacity-building literature has added much to our understanding of the inter-relationship between interventions and organizational change. Training interventions alone appear to have limited long-term effects on organizational performance and

sustainability. However, processes such as: participatory institutional assessments; seminars; conflict resolution; team-building; and reflection on critical events and incidents, are all part of building capacity and a key part of implementing change.

Thus capacity building should focus on processes that emphasize support and facilitation. Team leaders should strive to provide insights, disseminate best practices, and encourage staff to explore promising and innovative solutions to challenges, and in particular reduce the perceived risk and fear of failure. Tips for building capacity within your team include the following:

- Build a culture of change and tolerance for ambiguity, an understanding that failure is part of the learning process, and that staff will be supported throughout the initiative.
- Accept where your staff is in terms of knowledge, skills, and the perceptions they have relating to YSRH programming. They may have reservations and fears that need to be expressed.
- Be open to helping staff clarify their own values and understand where reservations and concerns may originate.
- Discuss and agree on roles and responsibilities, and clarify what preparation staff needs to fulfill these.
- Use coaching and mentoring to support team members as they undertake new roles and functions.
- Deal with conflict as it arises.

## Coaching

As staff embark on a new programming area, it is essential to improve performance and build their confidence. Once staff has the knowledge and skills to perform the job, they will need support to help improve and maintain their performance and overcome barriers to building capacity (Lawson, K. *Improving On-the-job Training and Coaching*. Alexandria, VA: American Society of Training and Development [1997]). The aims of coaching are to:

- Help people learn on their own rather than teaching them; help them to see how they are doing; and help them to think about new ways of doing things.
- Raise staff awareness, responsibility, and commitment.

Coaching can be carried out on the spot when a situation arises, using the situation as a learning opportunity. Questions can be used to elicit new understanding and promote learning:

- What can we learn from this situation?
- What else could you have done in this situation?
- What alternatives did you reject?

Alternative coaching can be planned where you meet with staff to discuss their performance. In preparing for the discussion, consider these issues:

- Emphasize the positive. Clearly state the aspects of the person's performance that are good, and encourage these to continue.
- Focus on specific behaviors. Identify aspects of their performance you would like to see improved (give specific examples, not generalities).
- Discuss obstacles and how to overcome them. What problems does the person face in improving performance (unclear expectations, lack of skills, lack of experience, or ability)?
- Set realistic goals and agree on a timeframe for improvements.

Tips to effective coaching include:

- Allow enough time.
- Ensure staff is aware of your expectations.
- Be objective when measuring performance.
- Focus on positive performance rather than on negative consequences.
- Encourage self-assessment.
- Ask open-ended questions.
- Listen actively to what the employee says.
- Offer help as the employee strives to improve.
- Monitor progress and set times to review your plan.
- Offer encouragement and celebrate success.

## Coaching Case Study

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You make a field visit to one of your “Youth Sexual Health Project” sites. The project committee is meeting to plan activities for the next six months. The committee includes four youth representatives, community leaders, teachers, and project staff. This is the first time you have seen the committee operate, and you find most of the four youth representatives are relatives of other committee members. There is little opportunity afforded to the youth representatives to participate in the discussions and they have no voting rights. There is only one girl on the committee. During the break, she made tea for the other members and missed the first 15 minutes of the meeting after break as she was collecting the cups and tidying up. The site leader does not seem to be able to influence the situation; the project committee chairman is a dominant character and the site manager appears reluctant to challenge him.

When you spoke to the youth representatives, they said they have brought up issues in the past, but the issues were not dealt with. They are simply told what to do and often feel pressured into activities they would rather not participate in.

You mention this to the site leader. She is aware of the situation, but is unsure of how to deal with it. You arrange a time to meet and discuss this.

1. What issues would you like to address with the staff member?
2. How would you conduct the meeting with the staff member?

### **Mentoring**

In addition to coaching, mentoring is another technique that can be useful in helping individual team members. Mentoring can help new members transition successfully into the team and the organization. Mentors need not be the supervisor but should be experienced members of the team.

Mentoring is a process in which one person is responsible for overseeing the career and development of another person outside the usual manager and subordinate roles.

Mentoring is a protected relationship where learning and experimentation can occur, potential skills can be developed, and in which results can be measured in terms of new skills gained rather than curricula covered.

Close personal relationships between mentor and mentee are usually open-ended and less goal-oriented than in coaching.

Mentoring is particularly helpful in these situations:

- The organization is restructured or merged with another organization.
- The organization has accelerated management development in place or is implementing a succession plan.
- The organization wants to stimulate flexibility and innovation.
- The organization hopes to increase equal opportunities.
- A sector of the organization needs support in a hostile environment.
- The organization needs to orient and integrate new employees.

A mentor usually has skills, wisdom, and experience that others respect and want to emulate. Mentors have the ability and willingness to identify the potential in less experienced people, and stimulate and encourage others. Mentors have the generosity to treat the relationship as confidential, and the humility to learn from the younger or less experienced person. They:

- Listen.
- Ask useful questions.
- Give and receive constructive feedback.
- Review progress to increase motivation.
- Help resolve conflict.

Matching mentor to mentee is important. Often it is not a line management relationship but a staff relationship. Good chemistry is essential between the mentor and mentee. They need to have a natural bond for the relationship to be mutually rewarding.

### **Dealing with Conflict**

During a time of transition, people move from the familiar towards an uncertain future. Tensions often arise and conflict may occur. Conflict within a team is normal. It cannot be completely avoided, and can even be healthy if used creatively. Conflict can lead to new understanding, create new ideas, and strengthen relationships. If not managed, tension can be a destructive force and impede progress.

People respond to tension and conflict in many ways:

- **Avoidance.** Pretending nothing is wrong, just giving in, emphasizing minor points, and using delay tactics and passive-aggressive behavior. A lose-lose situation.
- **Power.** Using power, threats, intimidation, and physical or coercive force. A win-lose situation.
- **Rights.** Trying to win by appealing to authority and focusing on positions. A win-lose situation.
- **Interest.** Agreeing to talk and focus on the underlying interests of the parties rather than on their positions. A win-win situation.

Conflict has been likened to an iceberg. What is visible above the surface are the positions the individual parties assume. Beneath the surface may be the following:

- **Assumptions and perceptions.** Each person seeing the situation differently based on his/her own past experience, personal beliefs, and prejudgements.
- **Individual values, needs, and goals.** These may be different for each person involved.
- **Emotions.** Fear, anger, anxiety, and frustration often block good communication.
- **Competition.** A struggle for resources or success.
- **Lack of information and clarity.** People may not have proper information or may not understand the information.

- **Individual communication styles.** Insensitive or inappropriate interaction with others can create resistance and hamper cooperation.

If you focus on the issues beneath the surface of the iceberg then you are more likely to find common ground with which to work. If you are personally involved in the conflict, you may choose to ask a neutral party to facilitate the discussion.

Here are some steps to try when dealing with a conflict situation (Bread for the World Institute, 2000):

### **Step 1: Reflection and Clarification**

Think about the situation. Do not try to resolve the situation when people are angry. Ask yourself the following questions:

- Who is involved?
- What is this all about?
- Clarify your own needs, values, and beliefs: How do I feel about this? What concerns do I have?
- What needs to happen?
- Have communication approaches to date caused concern or mistrust?

Try to consider all parties' views:

- Do they have all the facts?
- What are their concerns?
- What may their suspicions and assumptions be?
- What values, prejudices, or assumptions do they have?

Determine the importance of the relationships involved:

- What will happen if we fail to resolve our conflict?
- What would be the best approach here?

### **Step 2: Finding Time to Talk**

- Invite the people to talk: "When can we meet to talk about ... ?"
- State positive intentions: "I know there are a number of different views within the team."
- Agree on a mutually convenient time.
- Set aside enough time to discuss the problem.
- Find a quiet meeting place, free from interruptions, where discussions cannot be overheard.

### **Step 3: The Discussion**

- Set the goal: "What do we want to achieve?"
- Set the ground rules: Take turns; show mutual respect; listen for understanding; and stay calm and positive.

#### **Step 4: Define and Discuss the Problems**

- State the problem as an open-ended question: “How to ... ?”
- Offer each person an opportunity to say what he or she knows, or how he or she feels about the situation.
- Use “I.”
- Avoid blame.
- Identify interests, needs, and values—not positions.
- Reflect back—check that everyone understands the issues, interests, and needs.

#### **Step 5: Find Solutions**

- Explore alternative solutions and be creative.
- Use “I can,” “could you,” “we could,” rather than “you should,” “you’d better,” “you must.”
- Accept all options at first—do not criticise or dismiss.

#### **Step 6: Evaluate and Choose Solutions**

Determine the advantages and disadvantages of each course of action:

- Will it work now and in the future? Consider the consequences.
- Is it balanced? Is it possible to have a win-win situation?
- Is it a mutually satisfactory solution?
- Who will do what, when, and how?

#### **Step 7: Plan for Follow-up and Review**

- Agree on a time-line.
- Check with one another to make sure the agreement is working.
- Renegotiate if necessary.

## Conflict Case Study

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A group of international nongovernmental organizations (INGOs) and local nongovernmental organizations (LNGOs) have formed a network to implement a number of YSRH projects and to advocate for a more youth-friendly policy environment in country X. The group formed the network in response to a donor request for a YSRH program consortium proposal. The network is made up of organisations with similar mission statements, strategies, and technical capacities. Before winning the bid, few of the INGOs and LNGOs had worked together, and most had been competitors.

A conflict has arisen. Peer educator training is being implemented jointly by two international organizations and two local partners. During implementation of a training, one of the international partners complained that the local partner had not fulfilled its part in organizing the training; logistics were not completed and a lot of last minute preparations were needed before the training could begin.

On the other hand, the other INGO is upset because invitations were sent out to participants and other stakeholders that did not clearly state all the partners' names. In addition, they have heard that the international partner has been meeting with local officials to discuss follow-up and support for the peer educators without inviting the other partners to join in the discussions. Tensions between the partners are obvious and threaten to affect the smooth implementation of project activities. One of the local partners is threatening to withdraw from the partnership.

You are the network coordinator and have been called in to help resolve the conflict. You are aware that tensions have existed within the partnership for some time and feel that things will only get worse if the situation is not resolved. However, one of the partners is reluctant to spend time resolving the issue and feels that everyone should try and forget it now.

- What are the possible consequences of not dealing with the conflict?
- What are the possible underlying causes of the conflict?
- What actions could you take to try to resolve the situation, in order that a win-win situation is reached, to enable people to continue working together to achieve the project goals?

## Milestones in Male and Female Sexual and Social Development

Some of these items should be checked for accuracy and relevance to the particular country where training occurs.

- **Begins to have sexual responses.** Occurs before birth. A male fetus achieves genital erections in utero; some males are even born with erections. Sexual responses in females also occur before birth.
- **Explores own genitals for the first time.** Occurs between 6 months to 1 year of age. As soon as babies can touch their genitals, they begin to explore their bodies.
- **Shows an understanding of gender identity.** Occurs by age 2. Children are aware of their biological sex.
- **Shows an understanding of gender roles.** Occurs between ages 3 to 5. Children begin to conform to society's messages about how males and females should act.
- **Asks questions about where babies come from.** Occurs between ages 3 to 5.
- **Begins to show romantic interest.** Occurs by ages 5 to 12, though may vary by culture. At this stage, children show the first signs of sexual orientation (sexual preference toward males or females).
- **Shows the first physical signs of puberty (the transition from childhood to maturation).** Occurs by ages 8 to 13. This usually occurs slightly earlier for girls than boys.
- **Begins to produce sperm (boys).** Occurs between ages 11 to 18. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.
- **Begins to menstruate (girls).** Occurs between ages 9 to 16. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.
- **Begins to engage in romantic activity.** Occurs by ages 10 to 15. This milestone depends heavily on cultural factors.
- **Has sex for the first time.** This varies greatly by individual and culture, but mid- to late adolescence is fairly common.
- **Gets married.** Varies based on individual and cultural factors.
- **Begins to bear children.** Varies based on individual and cultural factors.
- **Experiences menopause or male climacteric (decreased male hormone levels).** Menopause usually occurs in women at around age 50 (it can also start in the late 30s or early 40s), when women go through a process of physiological changes characterized by the end of ovulation, menstruation, and the capacity to reproduce. Male climacteric occurs between ages 45 to 65 and is characterized by a decrease in testosterone production.
- **Experiences sexuality in later life.** Older adults (those aged 50 to 60 or beyond) can remain sexually active to the end of their lives. Although some age-related changes in sexuality take place, the total loss of sexual functioning is not a part of the normal aging process.

# “DOWN THERE” BINGO

Are you someone who ... ?			
...learned the correct names for the genital organs when you were a small child?	...was taught when you were little that it's not o.k. to touch your genitals?	...has heard that the vagina is dirty or smelly?	...wishes they knew more about the clitoris?
...knows how many openings a woman has “down there”?	...has heard that it's unsafe for a woman to put her finger in her vagina?	...believes that if a woman does not bleed the first time she has intercourse, she is not really a virgin?	...can describe the difference between male and female condoms?
...never learned or heard about contraceptives before engaging in sex?	...has secrets about your own sexuality and never tells others?	...still has questions about sex but feels uncomfortable asking or discussing them with others?	...never masturbates?
...has heard that men have more sexual desires than women?	...can explain to others about male and female genital organs?	...was told that masturbation is not for a woman?	...cannot tell his or her partner if they have sexual desires?

## Myths and Facts

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1. A man cannot impregnate a woman while she is menstruating.
2. Anal sex is a risk-free way for women to avoid pregnancy.
3. The best way to use a condom is to pull it on tight.
4. A woman is protected against pregnancy the day she begins taking the pill.
5. Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against STIs.
6. A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex.
7. Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before.
8. A longer penis is more likely to satisfy a woman than a shorter one.
9. A man cannot transmit an STI if he withdraws before ejaculation.
10. It is possible to get an STI from having oral sex.
11. A monogamous person cannot contract an STI.
12. You can always tell if someone has an STI by his or her appearance.
13. While latex condoms are not 100 percent effective, reports suggesting that HIV can pass through latex condoms are untrue. In fact, condoms reduce the risk of contracting STIs, including HIV infection.
14. A person infected with an STI has a higher risk of contracting HIV infection.
15. Abstinence is the only 100 percent effective safeguard against the spread of STIs.

## Answers for Myths and Facts

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1. A man cannot impregnate a woman while she is menstruating. **(MYTH)**  
*Even when a woman is menstruating, it is possible for her to ovulate (release an egg) and become pregnant. However, a woman is most likely to become pregnant right after ovulation, which usually occurs in the middle of her menstrual cycle, when she is not menstruating.*
2. Anal sex is a risk-free way for women to avoid pregnancy. **(MYTH)**  
*Anal sex holds risks for both pregnancy and STI transmission. A woman can become pregnant from anal sex if semen from the man's ejaculation seeps out of her anus and enters the opening of her vagina. Anal sex is also one of the easiest ways to spread HIV infection and some other STIs.*
3. The best way to use a condom is to pull it on tight. **(MYTH)**  
*The best way to use a condom is to leave some space at the tip to hold the semen after ejaculation. Some condoms have reservoir tips for this purpose; however, even if such a tip exists, some space should be left at the tip when the condom is put on.*

4. A woman is protected against pregnancy the day she begins taking the pill. **(MYTH)**

*Most doctors recommend that women either abstain from penile-vaginal sex or use another method of contraception for seven days after they begin using the pill. After this time, a woman is protected from pregnancy every day, including during her period.*

5. Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against STIs. **(FACT)**

*Male and female condoms made of latex or polyurethane are the only contraceptive methods that protect against all STIs; no other methods offer such protection. Lambskin condoms do not protect against all STIs. A couple should always use condoms made of latex or polyurethane during sex if the partners are at risk for STIs.*

6. A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex. **(FACT)**

*Emergency contraception is an effective mechanism for reducing the risk of pregnancy when contraception fails or is not used. Emergency contraception should be used when a couple forgets to use contraception, a condom breaks, a diaphragm becomes dislodged, an IUD is expelled, a woman forgets to take her birth control pills, or a woman is raped. Emergency contraceptive pills do not protect against STIs including HIV.*

7. Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before. **(MYTH)**

*A man who is inexperienced in penile-vaginal sex will likely have difficulty removing his penis from the vagina in sufficient time before ejaculating.*

8. A longer penis is more likely to satisfy a woman than a shorter one. **(MYTH)**

*A woman's vagina is most sensitive in the first third of its length. Therefore, many women report that the length of the penis does not affect their sexual stimulation or satisfaction during vaginal penetration.*

9. A man cannot transmit an STI if he withdraws before ejaculation. **(MYTH)**

*Withdrawal does not eliminate the risk of STIs. Pre-ejaculatory fluid from the penis can contain infectious organisms, and organisms on the skin of a man's genitals can be transmitted to another person.*

10. It is possible to get an STI from having oral sex. **(FACT)**

*The person performing and the person receiving oral sex have different risks. The person receiving oral sex is only at risk if his or her partner has a sore or ulcer in the mouth, on the face, or has an STI in the throat. The person performing oral sex is at high risk if he or she has open sores on the lips or face, or if he or she has ejaculate or vaginal fluids in the mouth. To protect against STIs, an individual should always use a latex or plastic barrier (such as a male or female condom, or dental dam) when having oral sex.*

11. A monogamous person cannot contract an STI. **(MYTH)**

*A person who has sex with only one partner may still be at risk for STIs if his or her partner has sex with other people. In addition, individuals who are currently monogamous with their partner may have contracted an STI from someone else in the past, and may have the disease without knowing it and/or without telling their current partner.*

**12. You can always tell if someone has an STI by his or her appearance. (MYTH)**

*Sometimes STIs produce no symptoms or no visible symptoms. In fact, many people carry STIs for long periods of time without having any idea that they are infected. In addition, STIs affect all people; no type of person is immune from STIs. People of different races, sexes, religions, socioeconomic classes, and sexual orientations are all affected.*

**13. Condoms reduce the risk of contracting STIs, including HIV infection. (FACT)**

*After abstinence, proper use of latex condoms is the most effective way of preventing STIs, including HIV infection. Some groups have reported inaccurate research that suggests that HIV can pass through latex condoms, but that is not true. In fact, standard tests show that water molecules, which are five times smaller than HIV, cannot pass through latex condoms.*

**14. A person infected with an STI has a higher risk of contracting HIV infection. (FACT)**

*Both ulcerative STIs (those that cause sores) and nonulcerative STIs increase the risk for transmitting and contracting HIV infection. Ulcerative STIs increase the risk of HIV infection because the ulcer provides easy entry into the body via the HIV virus. Nonulcerative STIs may enhance HIV transmission for two reasons: they increase the number of white blood cells in the genital tract, and genital inflammation may cause microscopic cuts that can allow HIV infection to enter the body.*

**15. Abstinence is the only 100% effective safeguard against the spread of STIs. (FACT)**

*Abstinence from penile-vaginal sex is the best way to prevent the transmission of STIs, including HIV. However, latex condoms are the next best option. When used consistently and correctly, latex condoms are very effective at preventing the transmission of STIs.*

<b>Becoming Aware of Your Own Values Regarding Sexuality</b>	<b>I am likely to agree with this statement</b>	<b>I can com- pletely accept this statement</b>	<b>I have some reservation about this statement</b>	<b>I completely disagree with this statement</b>
1. Sexuality is a natural and healthy part of living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All persons are sexual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sexuality includes physical, ethical, social, spiritual, psychological, and emotional dimensions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Every person has dignity and self-worth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Young people should view themselves as unique and worthwhile individuals within the context of their cultural heritage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Individuals express their sexuality in varied ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Parents should be the primary sexuality educators of their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Families provide children's first education about sexuality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Families share their values about sexuality with their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In a pluralistic society, people should respect and accept the diversity of values and beliefs about sexuality that exist in a community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sexual relationships should never be coercive or exploitative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. All children should be loved and cared for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. All sexual decisions have effects or consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. All persons have the right and the obligation to make responsible sexual choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Individuals, families, and society benefit when children are able to discuss sexuality with their parents and/or other trusted adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Young people develop their values about sexuality as part of becoming adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Young people explore their sexuality as a natural process of achieving sexual maturity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Premature involvement in sexual behaviors poses risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Abstaining from sexual intercourse is the most effective method of preventing pregnancy and STI/HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Young people who are involved in sexual relationships need access to information about health care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Life Behaviors of a Sexually Healthy Adult<sup>1</sup>

The goal of a comprehensive sexuality education program is to facilitate sexual health. After learning the six key concepts and associated topics, sub-concepts, and developmental messages, at an appropriate age the student will demonstrate certain life behaviors.

### **A sexually healthy adult will:**

#### ***Human Development***

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development that may or may not include reproduction or genital sexual experience.
- Interact with both genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientation of others.

#### ***Relationships***

- View family as a valuable source of support.
- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and relationships.
- Exhibit skills that enhance personal relationships.
- Understand how cultural heritage affects ideas about family, interpersonal relationships, and ethics.

#### ***Personal Skills***

- Identify and live according to one's values.
- Take responsibility for one's own behavior.
- Practice effective decision-making.
- Communicate effectively with family, peers, and partners.

#### ***Sexual Behavior***

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviors and those that are harmful to the self and/or others.

- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected against disease and unintended pregnancy.

#### ***Sexual Health***

- Use contraception effectively to avoid unintended pregnancy.
- Prevent sexual abuse.
- Act consistently with one's own values in dealing with an unintended pregnancy.
- Seek early prenatal care.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.

#### ***Society and Culture***

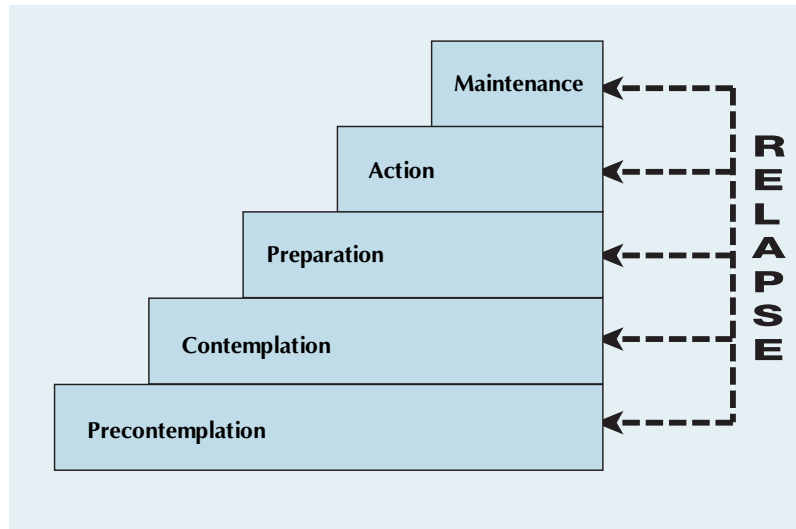
- Demonstrate respect for people with different sexual values.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, religious, media, and societal messages on one's thoughts, feelings, values and behaviors related to sexuality.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of diverse populations.
- Educate others about sexuality.

<sup>1</sup> National Guidelines Task Force. *Guidelines for Comprehensive Sexuality Education. Second Edition.* Washington, DC: Sexuality Information and Education Council of the United States (1996).

## Six Stages of Behavior Change

Prevention often requires drastic changes in behavior that may not be realistic for clients to successfully implement right away. Clients should be encouraged to take whatever incremental steps they can to alter their behavior.

The Transtheoretical Model construes behavior change as a process involving progress through a series of five stages, and a sixth potential stage:



Adapted from Velicer W.F., Prochaska J.O., Fava J.L., et al. "Smoking Cessation and Stress Management: Applications of the Transtheoretical Model of Behavior Change." *Homeostasis* 38: 216-233 (1998).

**Precontemplation** is the stage in which people are not intending to take action in the foreseeable future, usually measured as the next six months. People may be in this stage because they are uninformed or under-informed about the consequences of their behavior. Or they may have tried to change a number of times and had become demoralized about their ability to change. Both groups tend to avoid reading, talking, or thinking about their high-risk behaviors.

**Contemplation** is the stage in which people are intending to change in the next six months. They are more aware of the pros of changing but are also acutely aware of the cons. This balance between the costs and benefits of changing can produce profound ambivalence that can keep people stuck in this stage for long periods of time.

**Preparation** is the stage in which people are intending to take action in the immediate future, usually measured as the next month. They have typically taken some significant action in the past year. These individuals have a plan of action, such as joining a health education class, consulting a counselor, talking to their physician, reading a brochure, or relying on a self-change approach.

**Action** is the stage in which people have made specific modifications in their lifestyles within the past six months. This change may be temporary and the risk for relapse is high.

**Maintenance** is the stage in which people are less tempted to relapse and increasingly more confident that they can continue their change.

**Relapse** is the stage in which failure has occurred. When this occurs, a person may return to any of the previous stages.

## Behavior Change: An Orientation to Social Learning Theory

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Many communication approaches are used to change individuals' complex behaviors. However, simply providing information on harmful behaviors is not enough to create positive behavior change. Various behavior change theories suggest that programs must address many psychological, sociocultural, and structural factors to successfully change human behavior. The following six elements of behavior change are based on Albert Bandura's Social Learning Theory<sup>1</sup>. All six of these factors play a role in determining whether or not a person is able to change his or her behavior.

**Knowledge** – People need to receive consistent factual messages about health issues. Individuals also need to identify myths and misconceptions that may exist about a particular health issue. Through knowledge, an individual should feel that he/she knows how to effectively avoid a health problem.

**Skills** – People must be able to apply knowledge to their own lives. Individuals require communication skills to express their health concerns and needs to a partner. They also need practical skills such as the ability to use condoms correctly.

**Benefits** – People must understand and believe that there are benefits to a particular behavior. People are often more influenced by the benefits they receive from a particular behavior rather than the negative consequences a behavior might cause.

**Modeling** – Social norms or “rules” influence behavior. We are more likely to behave a certain way if others that we associate with also behave that way. Therefore, modeling can either support healthy behavior change or hinder it. For example, a person is more likely to use drugs if his friends use them. A person is less likely to use drugs if his friends are opposed to drug use.

**Self-efficacy** – A person needs to believe that he/she can actually control his/her behavior and effectively perform the desired behavior. For example, a young man needs to know that he has the knowledge to effectively and correctly use a condom.

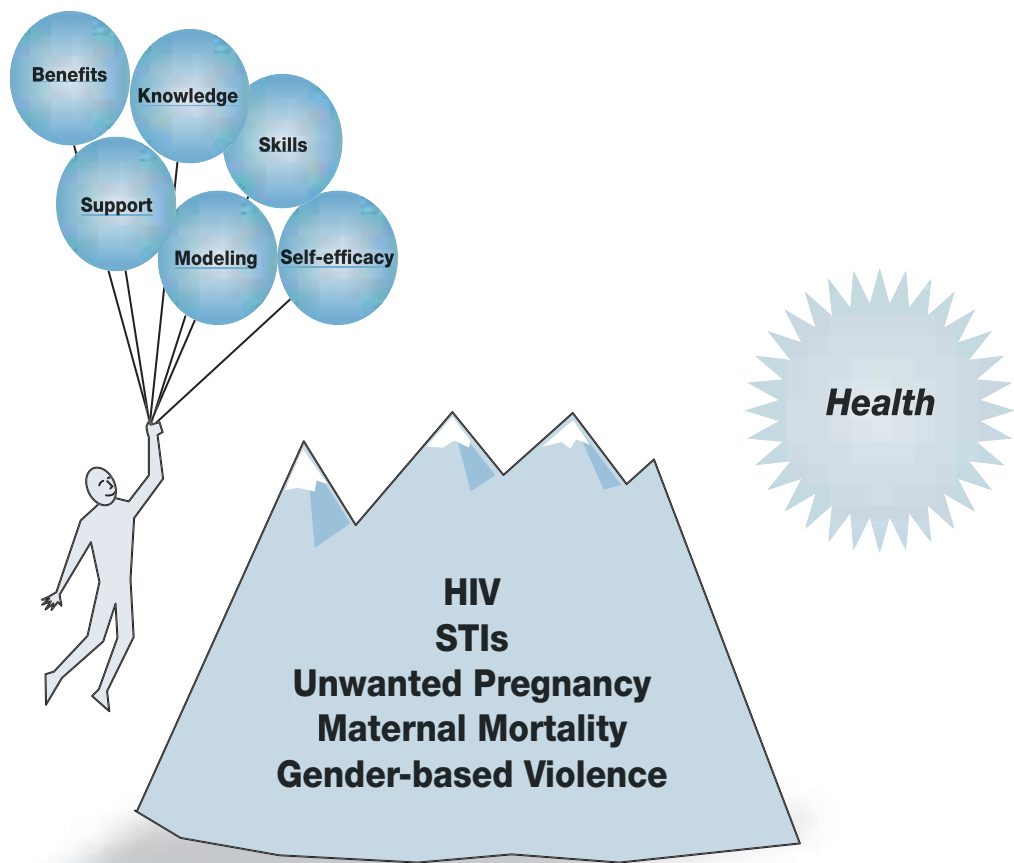
**Support** – A person needs help, support, or encouragement to maintain his or her health. Services must be provided so that a person can prevent health problems from occurring. Families can also provide emotional, physical, or economic support to an individual.

The diagram on the next page illustrates how the six components of social learning theory all influence behavior change. The mountain range in the diagram represents reproductive health problems that an individual would want to avoid such as HIV, STIs, unwanted pregnancy, and maternal mortality.

To the left of the mountain range is a person. The person's task is to pass over this mountain of challenges and arrive at “health” on the other side. To achieve this, the person will need balloons to carry him or her over the mountain range. Just having one balloon will not suffice. The individual needs most, if not all, of the balloons to cross the mountains.

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Bandura A. *Social Cognitive Theory and Exercise of Control over HIV Infection*. In Di Clemente R. and Peterson J. L. (eds), *Preventing AIDS: Theories and Methods of Behavioral Interventions*. New York, NY: Plenum Press (1994).



## Social Learning Theory

In order to help change a young person's behavior around HIV prevention, a program will need to help address all six components of the social learning theory. Review each component below and identify ways that a counselor could address these issues with a male client.

### Group 1

**Knowledge** – People need consistent factual messages about health issues. They also need to identify myths and misconceptions that may exist about a particular health issue. Through knowledge, an individual should feel that they know how to effectively avoid a health problem.

*What key pieces of knowledge would a young person need to prevent getting HIV?*

*How could this knowledge be shared in a YSRH program?*

## Group 2

**Skills** – Youth must be able to apply knowledge to their own lives. This requires skills. Individuals require communication skills to express their health concerns and needs to a partner. They also need practical skills such as the ability to use condoms correctly.

*What types of skills are needed for a young person to prevent HIV infection and prevent passing it on to others? How could these skills be developed in a YSRH program?*

## Group 3

**Benefits** – Youth must understand that there are benefits to a particular behavior. The behavior has to be worth doing. Youth are often more influenced by the potential benefits from a particular behavior rather than the negative consequences it might cause.

*What are all the benefits a young person gains by delaying sex? What are the benefits of a young person having only one partner? What are the benefits that would come from a young person using condoms? What are the benefits of HIV prevention for a young person?*

## Group 4

**Modeling** – Social norms influence our behavior. We are more likely to choose a certain behavior if others that we associate with also perform that behavior. Therefore, modeling can either support healthy behavior change or hinder it. For example, a person is more likely to use drugs if his friends use them. A person is less likely to use drugs if his friends are opposed to drug use.

*How could a program work with youth to model behaviors that prevent HIV infection?*

## Group 5

**Self-efficacy** – A person needs to feel confident in his/her ability to change behavior.

*How could a program support a young person's sense of control and self-efficacy in preventing HIV infection?*

## Group 6

**Support** – A person needs help to maintain his or her health. Services must be provided so that a person can prevent health problems from occurring. Families can also provide emotional, physical, or economic support to an individual.

*What type of support and services should a YSRH program focus on to help youth prevent HIV infection?*

## Case Study—Katbang

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Katbang is the capital city of Ottagon, an Asian country with a population of 3 million, of which more than 80 percent are Muslim. Ottagon is predominantly agricultural. The textile industry is rapidly expanding as a result of substantial overseas investment, stimulated by the large pool of low-cost labor the country offers. This rapid growth draws many young men and women ages 15 - 25 years from rural areas to Katbang, looking for jobs in factories and the growing service sectors. The increasing urban workforce gives rise to rental houses and dormitories for workers as well as restaurants, cafes, mini-theaters, and other youth-targeted entertainment businesses in the vicinity of the industrial zone.

These developments produce circumstances leading to an increase in sexual activity resulting in unwanted pregnancies. Abortion is illegal and strongly punished in Katbang. Nevertheless, many young women seek this alternative and arrange abortions with unqualified providers. Consequently, morbidity due to unsafe abortion is increasing. Drugstores in Ottagon report high sales of contraceptives and abortifacients. Emergency contraceptives are also popular. However, staff in drugstores and other sources of these products lack information about their correct use. Generally, the population can access government and private hospitals, and there are polyclinics in the industrial zones. Most workers have workplace health insurance coverage. However, this health package usually excludes reproductive health services, such as contraceptives or pre- and post-natal care, as the factories prefer to hire unmarried workers and try to avoid paying the expenses of maternity leave.

## Case Study—Talipo

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Talipo is a country of 80 million people. Catholicism and Buddhism are the predominant religions. Talipo's economy is booming, and all the major cities are growing rapidly. Foreign investment has led to the establishment of many large industries in cities outside the capital. The subsequent growth of services has filled these cities with entertainment places such as pubs, bars, and karaoke rooms. The job opportunities attract young people, who tend to leave school after finishing eight years of education.

The media is full of advertisements for products that specifically target young people. Seeking to establish good images for their businesses among the youth market, companies use creative promotional strategies with elements of pop culture to draw youth attention and reach the school-aged population.

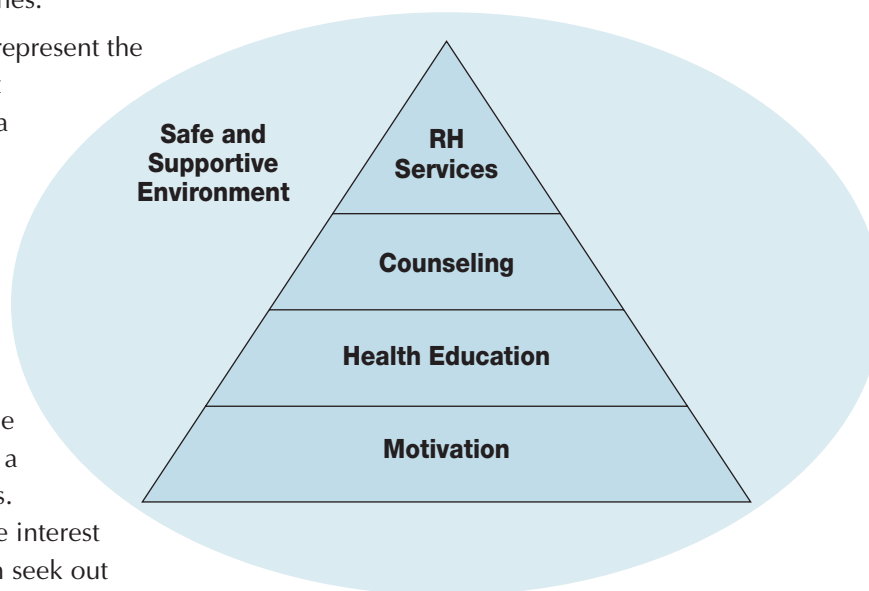
There is growing concern about increased sexual activity among adolescents. Parent associations complain that schools have not done their job of disciplining students and preventing sexual activity and drug abuse. NGOs and media are demanding that schools include sex education in the curriculum. However, the Ministry of Education still resists the idea of providing sex education and insists that biology and health education classes at all levels already give the basic information. Several religious organizations are pressuring the government to issue a law to prevent youth under the age of 18 from going out after 10 pm.

## A Framework for Working with Youth

There are many approaches that reproductive health programs use to directly reach youth. Most of these can be classified under one of four categories: (1) Motivation; (2) Health Education; (3) Counseling; or (4) Reproductive Health Services. Meanwhile, a safe and supportive environment is also needed to improve adolescent health outcomes. This supportive environment can be created through policies, institutions, communities, and parents, to name a few. The figure provides a visual representation of the relationships among these approaches.

A pyramid is used to represent the number of clients that actually benefit from a particular approach. Motivation can reach more clients than actual clinical services, so it has a larger section of the pyramid. The pyramid also represents the logical progression of a client seeking services.

Motivation may create interest so the client may then seek out information. Once the client has information, he or she may seek counseling. If the client has counseling, he or she may decide that a clinical service is necessary.



The definitions for these approaches are:

- **Motivation** – Stimulating behavior change in an individual by marketing a product, service, or action.
- **Health Education** – Transmitting information in order to help clients understand the importance of reproductive health issues.
- **Counseling** – Exchanging information to create awareness and help clients make voluntary and informed decisions about their reproductive health.
- **Reproductive Health Services** – Services provided within or outside a clinical setting that include lifestyle counseling, support for health maintenance and healthy behaviors, STI screening and treatment, family planning, pregnancy care, fertility awareness and evaluation, cancer evaluation, sexual dysfunction, and reproductive system disorders.

Differences Between Motivation, Health Education, Counseling, and Reproductive Health Services					
Activity	Goal	Content	Direction	Bias	Location
Motivation	Influencing behavior in a particular direction	Persuasion; focus on benefits	One-way	Biased	Anywhere
Health Education	Providing facts and raising awareness	Facts	One-way or two-way	Biased or objective	Anywhere
Counseling	Supporting clients' free and informed choice; satisfying a client	Facts; client's feelings; needs; concerns	Two-way	Objective	Private atmosphere
Reproductive Health Services	Providing a service to the client that will lead to better health outcomes	Medical treatment; provision of medicine or commodities; maintaining health	One-way or two-way	Objective	Private atmosphere

## Activities

1. A health worker responds to a youth's concern about the contraceptive pill by explaining that she will be able to have children when she stops taking it.
2. Peer educators tell other youth to access the services offered at the local clinic.
3. A sign post has a message that encourages youth to delay early marriage.
4. An adolescent male is screened for STIs and given medicine for symptoms of gonorrhea.
5. A radio spot encourages people to use condoms.
6. A clinic remains open until late one evening each week in an attempt to reach youth after school.
7. A theater group acts out and then discusses situations where girls are teased.
8. Peer educators give talks in school about preventing HIV.
9. A young woman is provided contraceptive pills.
10. A radio call-in show answers youth questions about reproductive health.
11. A peer educator helps a friend assess his risk for HIV.
12. A youth discusses STI prevention with his peers at school.
13. A peer educator distributes condoms to his friends at school.
14. A fair is organized to provide information about AIDS to youth.

- 15. A billboard shows a photograph of a young person entering a family planning clinic.
- 16. A brochure discusses how family planning can improve people’s lives.
- 17. A pharmacist helps a young person understand his need to use condoms consistently.
- 18. A 15-year-old girl comes into a clinic for a pregnancy test.
- 19. A doctor conducts a testicular exam on a 16-year-old boy.
- 20. A couple talks with a nurse about which family planning method would be best for them.
- 21. A newsletter explains the signs and symptoms of STIs.
- 22. A young woman arrives at a clinic complaining of pain and tenderness in her lower abdomen.
- 23. A young person receives help to improve his/her nutrition.

**Activities Answer Sheet**

*Legend: M = Motivation, HE = Health Education, C = Counseling, S = Services*

- |        |          |        |        |
|--------|----------|--------|--------|
| 1. C   | 7. HE    | 13. S  | 19. S  |
| 2. M   | 8. HE    | 14. HE | 20. C  |
| 3. M   | 9. S     | 15. M  | 21. HE |
| 4. S   | 10. HE/C | 16. M  | 22. S  |
| 5. M   | 11. C    | 17. C  | 23. HE |
| 6. C/S | 12. HE/C | 18. S  |        |

## Participant Questionnaire

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**Decide whether you agree (A) or disagree (D) with each of the following statements. Write your response (A or D) to each statement in the space provided.**

1. \_\_\_ In order for an adolescent reproductive health program to be successful, the staff must have the same values about sex and sexuality as those of the adolescents they serve.
2. \_\_\_ A service provider should tell a sexually-active unmarried youth that he or she should not be having sex.
3. \_\_\_ Adolescents' needs must be heard and considered when programs for youth are designed.
4. \_\_\_ A service provider should give contraceptives to an unmarried girl if she requests them.
5. \_\_\_ Young people do not want to learn about sexual and reproductive health issues.
6. \_\_\_ Adolescents have many questions about sex that require honest and factual responses.
7. \_\_\_ Masturbation is a healthy expression of a young person's sexuality.
8. \_\_\_ Injectables are a better method than pills for youth because a young person may forget to take pills.
9. \_\_\_ Before having children, girls should never use hormonal methods of contraception (e.g., injectables or pills).
10. \_\_\_ Young girls who complain of pain during menstruation are usually overreacting.
11. \_\_\_ The human sexual response cycle begins to function when an individual enters puberty, not before then.
12. \_\_\_ Adolescents are at higher risk than adults for complications during pregnancy and delivery.
13. \_\_\_ The highest number of reported cases of STIs are among young people.
14. \_\_\_ Scientific research shows that the thinking abilities of youth change as they pass through adolescence and become adults.
15. \_\_\_ Premature ejaculation is a common concern of young men.

# Group Performance Matrix

Course Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Question #	Desired Response	Participants												TOTAL
		1	2	3	4	5	6	7	8	9	10	11	12	
1	D													
2	D													
3	A													
4	A													
5	D													
6	A													
7	A													
8	D													
9	D													
10	D													
<b>Attitudinal Subtotal (1-10)</b>														
11	D													
12	A													
13	A													
14	A													
15	A													
<b>Knowledge Subtotal (1-10)</b>														
<b>Total # Correct</b>														

## Case Studies

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### **Case Study 1: Bina and Deepak**

Bina and Deepak have been together for seven months. They are both 17 years old. Bina always hears her mom and her older sister say that she must abstain from having sex until she gets married. She disagrees with them, but wanted to wait until she found the right person. Two months ago Bina decided that Deepak was the right person. Before becoming sexually active, Bina and Deepak visited a clinic together. They were both screened for STIs, including HIV, and Bina decided to begin taking birth control pills. Bina feels loved and respected when she has sex with Deepak. However, sometimes Bina does not want to have sex when Deepak does. Deepak often expresses his frustration when Bina asks him to stop, but Bina never allows Deepak to change her mind.

#### **Questions for discussion:**

- Would you consider Bina/Deepak a sexually healthy young person? Why or why not?
- Does Bina/Deepak demonstrate behaviors that are sexually healthy? If so, what are they?
- Does Bina/Deepak demonstrate behaviors that are sexually unhealthy? If so, what are they?

### **Case Study 2: Laura and Carlos**

Laura and Carlos are both 17 years old. They have been having protected sex for the last nine months. Neither one wants to get an STI or have a baby. They love each other and are looking forward to graduating from school next year. Laura cannot wait to get out of the house. She often complains about being abused at home, but has never given Carlos any details. Carlos cannot wait to meet more experienced girls when he moves to the city next year. Carlos tells Laura that she is lucky to have him for a boyfriend and she would have trouble finding another boyfriend like him. Laura agrees even though sometimes she is scared of him and does not know why. Sometimes he yells at her because she does things he does not like.

#### **Questions for discussion:**

- Would you consider Laura/Carlos a sexually healthy young person? Why or why not?
- Does Laura/Carlos demonstrate behaviors that are sexually healthy? If so, what are they?
- Does Laura/Carlos demonstrate behaviors that are sexually unhealthy? If so, what are they?

### **Case Study 3: Petch and Nai**

Petch and Nai have been together for three months. Petch is 27 and Nai is 16 years old. Nai likes Petch because he is older and has a good job. Petch gives her money when she needs it and buys her gifts that she cannot afford. Nai is worried about getting pregnant, but she never uses birth control. She is planning to go to the clinic so that she can get on the pill. She is feeling a little jealous because Petch spends so much time at the bar drinking with his friends. She wants to talk to Petch about it each time they see each other, but she never brings it up because she is afraid of how he will react.

#### **Questions for discussion:**

- Would you consider Nai/Petch a sexually healthy young person? Why or why not?
- Does Nai/Petch demonstrate behaviors that are sexually healthy? If so, what are they?
- Does Nai/Petch demonstrate behaviors that are sexually unhealthy? If so, what are they?

### **Case Study 4: Grace and Simon**

Grace is 15 years old. She has been dating her boyfriend Simon for the past six months. Grace enjoys kissing Simon but she is uncomfortable when he touches her. His touch feels good but she is embarrassed of her body. She feels that she is too heavy and that her breasts are not big enough. She sometimes stops eating for days in order to lose weight but she never has any success. Simon is frustrated that Grace does not want to have sex with him. He has threatened to break up with her if they do not have sex. Grace is thinking of having sex with Simon because she does not want to lose him. She has asked her friends to help her with her problem. She has also talked to a counselor at a clinic, and has gotten some condoms in case she decides to have sex. She is nervous about her situation. She does not want to have sex but is afraid that she will.

#### **Questions for discussion:**

- Would you consider Grace/Simon a sexually healthy young person? Why or why not?
- Does Grace/Simon demonstrate behaviors that are sexually healthy? If so, what are they?
- Does Grace/Simon demonstrate behaviors that are sexually unhealthy? If so, what are they?

## Life Behaviors of a Sexually Healthy Individual<sup>3</sup>

### **Human Development**

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, which may or may not include reproduction or genital sexual experience.
- Interact with both genders in respectful, appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientation of others.

### **Relationships**

- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Make informed choices about family options and relationships.
- Exhibit skills that enhance personal relationships.
- Understand how cultural heritage affects ideas about family, interpersonal relationships, and ethics.

### **Personal Skills**

- Identify and live according to one's values.
- Take responsibility for one's own behavior.
- Practice effective decision-making.
- Communicate effectively with family, peers, and partners.

### **Sexual Behavior**

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected against disease and unintended pregnancy.

### **Sexual Health**

- Use contraception to effectively avoid unintended pregnancy.
- Act consistent with one's own values in dealing with unintended pregnancy.
- Seek early prenatal care.
- Avoid, where the individual has control, contracting or transmitting sexually transmitted infections, including HIV.
- Practice health-promoting behaviors such as regular check-ups, breast, and testicular self-exams, and early identification of potential problems.

### **Society and Culture**

- Demonstrate respect for people with different sexual values.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, culture, religion, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of diverse populations.
- Educate others about sexuality.

<sup>3</sup> Adapted from: National Guidelines Task Force. Guidelines for Comprehensive Sexuality Education. Second Edition. Washington, DC: Sexuality Information and Education Council of the United States (1996).

## Adolescent Psychosocial Development<sup>2</sup>

### General Principles

Some general principles govern the process of psychosocial development and help define the range of normal behavior in adolescence:

1. The transition from adolescence to adulthood is generally smooth.
2. Disruptive family conflict is not the norm. Mundane, everyday issues are the usual sources of conflict.
3. Thinking abilities move from concrete to abstract thought. This allows the adolescent to translate experiences into abstract ideas and think about the consequences of actions.

Characteristic Behaviors of Adolescence			
	Early Adolescence 10-13  Transition to adolescence (entering puberty)	Middle Adolescence 14-16  Essence of adolescence (being strongly influenced by peer group)	Late Adolescence 17-19  Transition into adulthood (taking on adult roles)
<b>Independence</b>	<ul style="list-style-type: none"> <li>• Challenges authority, parents, and family</li> <li>• Rejects childhood things</li> <li>• Desires more privacy</li> </ul>	<ul style="list-style-type: none"> <li>• Moves away from parents and towards peers</li> <li>• Begins to develop own value system</li> </ul>	<ul style="list-style-type: none"> <li>• Enters work or higher education; emancipation</li> <li>• Enters adult lifestyle</li> <li>• Re-integrates into family as emerging adult</li> </ul>
<b>Cognitive Development</b>	<ul style="list-style-type: none"> <li>• Seeks to make more decisions</li> <li>• Can have wide mood swings</li> <li>• Has difficulty with abstract thought</li> </ul>	<ul style="list-style-type: none"> <li>• Has the beginnings of abstract thought</li> <li>• Begins to respond based on analysis of potential consequences</li> <li>• Has feelings that contribute to behavior but do not control it</li> </ul>	<ul style="list-style-type: none"> <li>• Has well-established abstract thought</li> <li>• Demonstrates improved problem solving</li> <li>• Is better able to resolve conflicts</li> </ul>
<b>Peer Group</b>	<ul style="list-style-type: none"> <li>• Intense friendship with same sex</li> <li>• Possible contact with opposite sex in groups</li> <li>• Transition to adolescence (characterized by puberty)</li> </ul>	<ul style="list-style-type: none"> <li>• Strong peer allegiances</li> <li>• Exploration of ability to attract a partner</li> <li>• Essence of adolescence (strong peer group influence)</li> </ul>	<ul style="list-style-type: none"> <li>• Decisions and values less influenced by peers</li> <li>• Feelings relate to individuals more than to peer group</li> <li>• Transition into adulthood (takes on adult roles)</li> </ul>
<b>Body Image</b>	<ul style="list-style-type: none"> <li>• Preoccupation with physical changes and critical of appearance</li> <li>• Anxieties about menstruation, wet dreams, masturbation, breast or penis size</li> </ul>	<ul style="list-style-type: none"> <li>• Less concern about body image, but increased interest in making it attractive</li> </ul>	<ul style="list-style-type: none"> <li>• Usually comfortable with body image</li> <li>• Acceptance of personal appearance</li> </ul>
<b>Sexuality</b>	<ul style="list-style-type: none"> <li>• Feelings of attraction to others</li> <li>• Possible beginnings of masturbation</li> <li>• Possible experimentation with sex play</li> </ul>	<ul style="list-style-type: none"> <li>• Comparison of physical development with that of peers</li> <li>• Increase in sexual interest</li> <li>• Possible struggle with sexual identity</li> </ul>	<ul style="list-style-type: none"> <li>• Possible initiation of sex inside or outside of marriage</li> <li>• Development of serious intimate relationships that replace group relationships as primary</li> </ul>

<sup>2</sup> Adapted from FOCUS on Young Adults Program. *Developmentally Based Interventions and Strategies*. Focus Tools Series. Washington, DC: Pathfinder International (2001).

## Milestones in Male and Female Sexual and Social Development

Some of these items should be checked for relevance to the particular country where training occurs.

- **Begins to have sexual responses.** Occurs before birth. A male fetus achieves genital erections in utero; some males are even born with erections. Sexual responses in females also occur before birth.
- **Explores own genitals for the first time.** Occurs between 6 months to 1 year of age. As soon as babies begin to explore their bodies, they can touch their genitals.
- **Shows an understanding of gender identity.** Occurs by age 2. Children are aware of their biological sex.
- **Shows an understanding of gender roles.** Occurs between ages 3 to 5. Children begin to conform to society's messages about how males and females should act.
- **Asks questions about where babies come from.** Occurs between ages 3 to 5.
- **Begins to show romantic interest.** Occurs by ages 5 to 12, though may vary by culture. At this stage, children show the first signs of sexual orientation (sexual preference toward males or females).
- **Shows the first physical signs of puberty (the transition from childhood to maturation).** Occurs by ages 8 to 13. This usually occurs slightly earlier for girls than boys.
- **Begins to produce sperm (boys).** Occurs between ages 11 to 18. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.
- **Begins to menstruate (girls).** Occurs between ages 9 to 16. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.
- **Begins to engage in romantic activity.** Occurs by ages 10 to 15. This milestone depends heavily on cultural factors.
- **Has sex for the first time.** This varies greatly by individual and culture, but mid- to late adolescence is fairly common.
- **Gets married.** Varies based on individual and cultural factors.
- **Begins to bear children.** Varies based on individual and cultural factors.
- **Experiences menopause or male climacteric (decreased male hormone levels).** Menopause usually occurs in women at around age 50 (it can also start in the late 30s or early 40s), when women go through a process of physiological changes characterized by the end of ovulation, menstruation, and the capacity to reproduce. Male climacteric occurs between ages 45 to 65 and is characterized by a decrease in testosterone production.
- **Experiences sexuality in later life.** Older adults (those aged 50 to 60 or beyond) can remain sexually active to the end of their lives. Although some age-related changes in sexuality take place, the total loss of sexual functioning is not a part of the normal aging process.

## Difficult Questions

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1. I am suffering from premature ejaculation. Can this problem be solved? Is there any medication for this?
2. How can you tell if a partner reaches an orgasm (sexual climax)?
3. How can a person get sexual pleasure without having sexual intercourse?
4. I am concerned about the size of my penis. Is there any way to make my penis larger?
5. I have a boyfriend. He wants to have sex with me. Is it OK to have sex before marriage?
6. How reliable are condoms for preventing pregnancy and STIs?
7. How can you know if a girl is pregnant?
8. My breasts are small. Is there anything I can do to increase their size?
9. Is there any “safe” time for sex when there is no chance of getting pregnant?
10. Why are youth interested in “Blue” movies? Is it harmful or OK to watch them?
11. How can you tell if a girl is a virgin or not?
12. One of my breasts is smaller than the other. Is this normal?

## Case Studies

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### **Case 1: Confidentiality**

Unmarried adolescents are not coming to the pharmacy because they are afraid the providers will tell other adults about their sexual activity.

***Action undertaken:***

### **Case 2: Demand for New Services**

Adolescents are not coming to the clinic because the hours of operation are inconvenient. They want to go on Saturdays but the clinic is closed. Also, adolescents want free condoms and nutrition and fitness information, services that are not currently available at the clinic.

***Actions undertaken:***

### **Case 3: Community Resistance**

Some adults in the community are unhappy that your agency has been referring unmarried girls to family planning services. They feel that the agency is promoting promiscuity and going against parents' wishes.

***Actions undertaken:***

## Role-plays

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### **Role-play 1—Reluctant Male Client**

- You think you have an STI because you have penile discharge, and a burning pain when you urinate.
- You want information and treatment, but you are embarrassed to say what you want and generally act evasive.
- You demand to speak with a doctor.

### **Role-play 1—Provider in STI Clinic**

- Your client is an unmarried 15-year-old boy.
- You are not a doctor but you feel you can assist this client with some information and a referral if needed.
- Try to learn as much about his condition as possible so you can help.

### **Role-play 2—Young Men (3 clients)**

- You are an 18-year-old boy entering a pharmacy along with two friends.
- You go together for mutual support and to see what the place is like, but as a group you are noisy and comment freely and loudly on what you see.
- One of your friends teases the pharmacist, the other acts uninterested.
- Despite your friends' behavior, you are interested in getting condoms and information about how to use them.

### **Role-play 2—Pharmacist**

- You want to provide any help you can to these youth.
- They are about 18 years old.
- You have seen them in the neighborhood before and believe they would benefit from some information.

### **Role-play 3—Married Girl Client**

- You are an 18-year-old married girl who has one child.
- You want to wait three years before having another child and are approaching a health care worker for information.
- You have never used family planning and know nothing about contraception.

### **Role-play 3—Health Worker**

- You are a community health worker.
- The client is interested in learning about family planning.
- Try to help her identify and choose a birth control method.

### Facility Walk-through Checklist

As you walk through your facility, imagine that you are a young person coming to the site for services or information for the first time. Keeping the youth's perspective in mind, assess how the facility would appear on the basis of the following criteria. Youth can also use this checklist to assess a site's friendliness.

	Yes	No
<b>Identity</b>		
1. Does the name of the facility seem welcoming to youth?		
2. As you approach the facility, is it obvious that it is a suitable place for a young person to seek services?		
<b>Services Provided</b>		
3. Is there a sign or wall poster indicating that services are provided for youth?		
4. Does the sign or poster list the hours, eligibility, and free or low-cost options for services?		
5. Are brochures or hand-outs with information about services for youth readily available?		
<b>Reception and Waiting Area</b>		
6. Are the colors and decor in the reception and waiting area comfortable for youth (rather than seeming intended for women or children)?		
7. Are magazines, newspapers, or other items that appeal to youth readily available?		
8. Are brochures, pamphlets, posters, or other client-education materials that deal with YSRH issues readily available?		
9. Is the area clean, neat, and efficient-looking?		
10. Do you see any other youth clients in the area?		
11. Do you see any youth working at the facility?		
12. Is it clear where to go to register for services?		
13. Does the staff appear polite and respectful toward youth?		
14. If you just wanted to get some condoms and did not want an examination, is it clear where you would get them?		
15. Is illustrated literature or a diagram of how to use a condom readily available?		
<b>Service Areas and Examination Rooms</b>		
16. Are the colors and decor in the service areas comfortable for youth (rather than seeming intended for women or children)?		
17. Is client education material dealing with youth health issues readily available?		
18. Do you think you could speak confidentially with a service provider or counselor here, without being seen or overheard?		
<b>List Additional Comments on back</b>		

# Country Action Planning Guide

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## Working with Providers and Facilities

Improving Access and Quality of Services	Recommendations	How this would be carried out
At Clinics		
At Pharmacies		

## Working with Youth and Communities

Increasing Youth's Utilization of Services	Recommendations	How this would be carried out
At Clinics		
At Pharmacies		

<b>Logic Model Worksheet<sup>1</sup></b>			
<b>Define your program's goal</b>	<b>Define your program's desired social and behavioral outcomes</b>	<b>Identify the risk and protective factors that influence the behavioral outcomes your program desires</b>	<b>Identify program activities that you think will influence each factor</b>

<sup>1</sup> Adamchak S., Bond K., Maclaren L., et al. *A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs*. Washington, DC: FOCUS on Young Adults Program for Pathfinder International (2000).

<b>Identifying Program Goals, Outcomes, Context, and Objectives</b>	
1. What are the program's goals?	
2. What are the outcomes the program hopes to achieve?	
3. What are the population-level objectives your program hopes to achieve (including objectives related to risk and protective factors)?	
4. What are the behavioral population-level objectives your program hopes to achieve?	
5. What are the program-level objectives?	
6. What activities will the program implement?	
7. Who are the stakeholders in the program?	
8. How might the local political or cultural context affect the program?	
9. What other conditions will influence program implementation, or participation by youth?	

<b>Flow of an M&amp;E Effort Started at the Beginning of Your Program</b>			
<b>Program Stage</b>	<b>Monitoring</b>	<b>Process</b>	<b>Outcome/Impact</b>
<b>Early</b>	<p>Set up MIS.</p> <p>Identify indicators and instruments.</p> <p>Plan for tracking program, data analysis, and reporting.</p>	<p>Assess systems development and functioning, including staff training and supervision.</p> <p>Provide early feedback.</p> <p>Assess if program is responsive to youth or if it needs any additions.</p>	<p>Identify objectives and indicators.</p> <p>Take baseline measurements.</p> <p>Create an outcome or impact evaluation plan.</p>
<b>Middle</b>	<p>Assess MIS system and data.</p> <p>Modify original system if inadequate or if program adds new components.</p> <p>If program is not performing as planned, launch process evaluation.</p>	<p>Conduct more formal mid-term process evaluation to assess quality of program performance.</p> <p>Determine coverage, or whether the program is reaching its intended audience.</p>	<p>Take mid-term measurements.</p> <p>Analyze short-term outcome measures, such as changes in knowledge, increase in use of programs, and changes in contextual factors.</p> <p>Provide feedback to program.</p>
<b>Late</b>	<p>Analyze data from tracking system to determine if you conducted the program as planned.</p> <p>Prepare and submit reports.</p>	<p>Analyze end-of-program measurements.</p> <p>Determine what was done to improve quality of program's implementation.</p> <p>Make recommendations for program replication or expansion.</p>	<p>Take end-of-program (follow-up) measurements.</p> <p>Examine evidence of changes in outcomes.</p> <p>Depending on study design, conduct impact analysis to conclude whether outcomes are attributable to program activities.</p> <p>Report to donors and other stakeholders.</p>

Sample Youth Service Statistics Tracking Sheet						
Clinic Name						
Location				Date		
	Sex	Age	New/Return	Purpose of Visit	If FP:	If referred, from:
1	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> New Client <input type="checkbox"/> Return Client	<input type="checkbox"/> Family Planning <input type="checkbox"/> RH Counseling <input type="checkbox"/> RH Information <input type="checkbox"/> Pregnancy Related <input type="checkbox"/> STI/HIV <input type="checkbox"/> PAC	<input type="checkbox"/> Condoms #: ____ <input type="checkbox"/> Pills # cycles: __ <input type="checkbox"/> Injectable <input type="checkbox"/> IUD <input type="checkbox"/> EC <input type="checkbox"/> Other	<input type="checkbox"/> LPS <input type="checkbox"/> Peer Ed. <input type="checkbox"/> Other
2	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> New Client <input type="checkbox"/> Return Client	<input type="checkbox"/> Family Planning <input type="checkbox"/> RH Counseling <input type="checkbox"/> RH Information <input type="checkbox"/> Pregnancy Related <input type="checkbox"/> STI/HIV <input type="checkbox"/> PAC	<input type="checkbox"/> Condoms #: ____ <input type="checkbox"/> Pills # cycles: __ <input type="checkbox"/> Injectable <input type="checkbox"/> IUD <input type="checkbox"/> EC <input type="checkbox"/> Other	<input type="checkbox"/> LPS <input type="checkbox"/> Peer Ed. <input type="checkbox"/> Other
3	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> New Client <input type="checkbox"/> Return Client	<input type="checkbox"/> Family Planning <input type="checkbox"/> RH Counseling <input type="checkbox"/> RH Information <input type="checkbox"/> Pregnancy Related <input type="checkbox"/> STI/HIV <input type="checkbox"/> PAC	<input type="checkbox"/> Condoms #: ____ <input type="checkbox"/> Pills # cycles: __ <input type="checkbox"/> Injectable <input type="checkbox"/> IUD <input type="checkbox"/> EC <input type="checkbox"/> Other	<input type="checkbox"/> LPS <input type="checkbox"/> Peer Ed. <input type="checkbox"/> Other
4	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> New Client <input type="checkbox"/> Return Client	<input type="checkbox"/> Family Planning <input type="checkbox"/> RH Counseling <input type="checkbox"/> RH Information <input type="checkbox"/> Pregnancy Related <input type="checkbox"/> STI/HIV <input type="checkbox"/> PAC	<input type="checkbox"/> Condoms #: ____ <input type="checkbox"/> Pills # cycles: __ <input type="checkbox"/> Injectable <input type="checkbox"/> IUD <input type="checkbox"/> EC <input type="checkbox"/> Other	<input type="checkbox"/> LPS <input type="checkbox"/> Peer Ed. <input type="checkbox"/> Other

EC - emergency contraception; FP - Family Planning; HIV - human immunodeficiency virus; IUD - Intrauterine device; PAC - post abortion care; RH - reproductive health; STI - sexually transmitted infection

## Sample Client Interview Form<sup>1</sup>

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**Site:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Directions:** Introduce yourself to the client. Explain that you are interested in learning what the client thinks about the services provided at this facility. Explain that you'd like to conduct a brief interview to learn about the client's experience at the facility and to get the client's suggestions for how services might be improved. Stress that the interview is confidential and that the client's name will not be used. Adapt the questions listed here to your facility and the client you are interviewing. Record any additional information the client volunteers. Thank the client for his or her assistance.

1. Why did you come to this facility?
2. Is this your first visit or a return visit?
3. Did you get what you came for? If not, why not?
4. How long did you have to wait before receiving services? Was this an acceptable waiting time?
5. During your visit, how well were you treated by the staff at the facility?
6. Were you instructed to return for a follow-up visit? If yes, was an appointment scheduled?
7. Were you referred to someone else for other services? If yes, why?
8. What was the best thing about your experience during this visit?
9. What was the worst thing about your experience during this visit?
10. Would you return here for services? If not, why?
11. Would you refer your friends here?
12. What do people in the community say about the services provided at this facility?
13. Can you suggest specific ways that we could improve services at this facility?
14. Is there anything else you would like to tell us?

<sup>1</sup> From *Adolescent COPE: Self-Assessment Guides for Adolescent Reproductive Health Services*, New York, NY: EngenderHealth (2002).

## Workplan Worksheet

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### Data Collection

This worksheet is designed to help you and your team plan and prepare data collection activities by outlining required tasks. For each of the identified tasks, answer the questions related to:

1. Roles and responsibilities for each task.
2. Timelines for each task.
3. Financial and technical resources needed to complete each task.

### Data Collection Planning and Tasks

These include:

- Undertaking detailed planning meetings and obtaining partner and stakeholder agreements.
- Gaining special permissions as required within your environment (e.g., parental consent, district authority approval, and ethics committee approval).
- Recruiting technical assistance (including agreeing on scopes of work).
- Recruiting data collectors.
- Developing ethical standards for data collection.
- Writing guidelines for conducting data collection.
- Training data collectors.
- Pre-testing data collection indicators, instruments, and procedures.
- Revising the instruments.
- Undertaking data collection.
- Transcribing the data.
- Entering the data.
- Analyzing the data.
- Writing reports.
- Translating reports.
- Reviewing results and agreeing to changes in project activities.

Working through the list of tasks above, answer the following questions.

#### **1. Roles and Responsibilities**

Within the project team:

- Who will assume overall responsibility for the task?
- Who will be directly involved in the task?
- How will you keep other stakeholders informed of your progress?

**Outside the project team:**

- What role will technical assistance play in the process?
- What will be the potential roles and responsibilities of project partners and how will these be decided?
- What will be the potential roles and responsibilities of youth, communities, and local authorities and how will these be decided?

**2. Timelines**

Estimate how long each of these activities may take to achieve, and develop a Gantt chart to illustrate the timeline.

**3. Financial and Technical Resources**

**When developing budgets for data collection, there are many variables to consider, including:**

- The scope of the evaluation.
- Whether an internal or external evaluation is planned.
- Whether quantitative or qualitative data collection (or a combination of both) is to be used.
- Geographical location, population density and distribution, and difficulty finding respondents.

**Against the line items below, develop a budget for data collection that includes:**

- Project staff salaries and expenses.
- External technical assistance (local or international) costs.
- Recruitment costs (data collectors and technical assistance).
- Data collector training costs.
- Data collector fees.
- Meeting costs (including dissemination meetings).
- Equipment; computers, tape recorders, etc.
- Forms and stationery.
- Communications; telephone, fax, etc.
- Data handling.
- Report writing.
- Interpreters and translation costs.
- Transportation and accommodation costs.

## Appendix D—Additional References & Resources

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Advocates for Youth  
1025 Vermont Ave, NW, Suite 200  
Washington, DC 20005 USA  
[www.advocatesforyouth.org](http://www.advocatesforyouth.org)  
[info@advocatesforyouth.org](mailto:info@advocatesforyouth.org)

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CARE International in Cambodia  
House 18 A, Street 370  
PO Box 537  
Phnom Penh, Cambodia  
[care.cam@bigpond.com.kh](mailto:care.cam@bigpond.com.kh)

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Centre for Development Studies  
School of Social Sciences and International Development  
University of Wales Swansea  
Singleton Park, Swansea, SA2 8PP, UK  
[www.swansea.ac.uk/cds/index.htm](http://www.swansea.ac.uk/cds/index.htm)

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Department for International Development  
94 Victoria Street  
London SW1E 5JL UK  
[www.dfid.gov.uk](http://www.dfid.gov.uk)

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Research Triangle Park, NC 27709  
[www.fhi.org](http://www.fhi.org)

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Family Health International  
HIV/AIDS Prevention and Care Dept  
2101 Wilson Blvd, Suite 700  
Arlington, VA 22201 USA  
[www.fhi.org](http://www.fhi.org)

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FOCUS on Young Adults  
1201 Connecticut Ave, NW, Suite 501  
Washington, DC 20036 USA  
[www.pathfind.org/focus.htm](http://www.pathfind.org/focus.htm)  
[focus@pathfind.org](mailto:focus@pathfind.org)

These materials can now be found at YouthNet, [www.fhi.org/en/youth/youthnet/yonetindex.html](http://www.fhi.org/en/youth/youthnet/yonetindex.html)

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Bangkok Regional Office  
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1776 Massachusetts Ave, NW, Suite 200  
Washington, DC 20036 USA  
[www.teenpregnancy.org](http://www.teenpregnancy.org)  
[campaign@teenpregnancy.org](mailto:campaign@teenpregnancy.org)

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2000 M Street, NW, Suite 500  
Washington, DC 20036 USA  
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[info@ngonetworks.org](mailto:info@ngonetworks.org)

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NGO Working Group on Girls  
UNICEF House, TA-24A  
New York, NY 10017 USA  
[www.girlrights.org](http://www.girlrights.org)

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90 N Washington St.  
Alexandria, VA 22314 USA

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PATH  
1455 NW Leary Way  
Seattle, WA 98107 USA  
  
PATH DC  
1800 K Street, NW, Suite 800  
Washington, DC 20006 USA  
[www.path.org](http://www.path.org)  
[info@path.org](mailto:info@path.org)  
[info@path-dc.org](mailto:info@path-dc.org)

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Horizons Project  
The Population Council  
4301 Connecticut Ave, NW, Suite 280  
Washington, DC 20008 USA  
[www.popcouncil.org/horizons/](http://www.popcouncil.org/horizons/)  
[horizons@pcdc.org](mailto:horizons@pcdc.org)

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Population Reference Bureau  
MEASURE Communication  
1875 Connecticut Ave, NW, Suite 520  
Washington, DC 20009 USA  
[www.measurecommunication.org](http://www.measurecommunication.org)  
[www.prb.org](http://www.prb.org)  
[measure@prb.org](mailto:measure@prb.org)  
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