



Peer Education Training Manual

**on Adolescent Sexuality
and Reproductive Health**



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Peer Education Training Manual

on Adolescent Sexuality and Reproductive Health

April 2017

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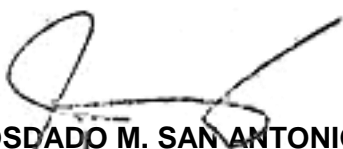
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Foreword

The World Health Organization identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood. It ranges from ages 10 to 19 and it represents one of the critical transitions in the life span¹.

With the growth and physiological changes in their body, *Batang* CaLaBaRZon experiences issues on adolescent sexual and reproductive health which must be addressed by Department of Education Region IV-A to provide holistic quality education to all.

This manual is a good resource material for adolescent sexual and reproductive health which may be integrated in subjects like *Edukasyon sa Pagpapakatao*, Health and *Araling Panlipunan*.



DIOSDADO M. SAN ANTONIO

Director IV

Department of Education - CaLaBaRZon

¹ www.who.int/maternal_child_adolescent/topics/adolescence/dev/en

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About the Manual

The Peer Education Training Manual on Adolescent Sexuality and Reproductive Health and Teen Pregnancy Prevention, developed under the Adolescent Health and Development Program (AHDP) of the Integrated Maternal, Neonatal, Child Health and Nutrition/Family Planning Regional Project in Luzon or LuzonHealth, is an adaptation of the Peer Education Training Manual developed by the Department of Health (DOH).

The manual serves as a reference material for individuals, groups and institutions interested in establishing a peer education program in schools and communities. The manual consists of 14 sessions representing five major topics. These are: Adolescent Development; Sex, Gender and Development; Teenage Pregnancy; Responsible Parenthood and Family Planning and HIV and AIDS. These topics are supported by corresponding PowerPoint presentations.

The intended users include guidance counselors, teachers, and youth development workers who may wish to use the ‘youth-to-youth’ approach in disseminating information about adolescent sexuality and reproductive health and teen pregnancy prevention, as well as in motivating peers to seek professional help from adolescent-friendly health facilities and hospitals.

Included in the manual is a three-day training design and training tools, e.g. Personal Information Sheet, Consent Form, Pre- and Post-Tests, Activity Sheets, Observer’s Notes, Action Plan Form, and Evaluation Form.

The manual includes a recording and reporting tool for documenting the client reach of peer education activities, which allows the disaggregation of the participants by sex and age. The tool also helps document counseling referrals made by peer educators to the schools’ guidance counselors and school clinicians, and referrals to other youth-serving agencies and institutions.

List of Acronyms

AHDP	Adolescent Health and Development Program
AIDS	Acquired Immune Deficiency Syndrome
AO	Administrative Order
ASRH	Adolescent Sexual and Reproductive Health
AYH	Adolescent and Youth Health
AYHP	Adolescent and Youth Health Program
BTL	Bilateral Tubal Ligation
CALABARZON	Cavite, Laguna, Batangas, Rizal at Quezon
CHO	City Health Office
CRC	Convention on the Rights of the Child
DepEd	Department of Education
DOH	Department of Health
FAD	Foundation for Adolescent Development
FB	Facebook
FP	Family Planning
FUBU	Fuck Buddy
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
MCH	Maternal and Child Health
MHO	Municipal Health Office
MSM	Men who have Sex with Men
NCR	National Capital Region
NSO	National Statistics Office
OFW	Overseas Filipino Workers
PHO	Provincial Health Office
RA	Republic Act
SDM	Standard Days Method
STI	Sexually Transmitted Infections

THC	Tetrahydrocannabinol
THK	Teen Health Kiosk
UNFPA	United Nations Population Fund
WBC	White Blood Cells
WHO	World Health Organization



Introduction

Studies have shown that individuals are more likely to listen to and believe information provided by their peers. Typically, peers exert influence over their peers regarding what is right and wrong and what is acceptable and not, especially when it comes to sensitive topics such as sexuality, reproductive health, and relationships. This approach—peer education—has become a popular strategy for youth reproductive health and HIV programs throughout the world (Youth Lens, 2007). In peer education, adolescent boys and girls are gathered to discuss a topic that interests all of them. The participants share abundant information that contributes to their learning.

This youth-to-youth approach of peer education offers many benefits in the delivery of adolescent-friendly information and counseling services on sexual and reproductive health, family planning (FP), and maternal and child health (MCH). Peer education is personal and based on mutual trust. It is accessible, objective and does not moralize, judge or prescribe. These are benefits that may not be found in traditional modes of teaching. Peer education is proven effective because participants do not perceive the peer educators as authority figures.

LuzonHealth promotes peer education through its Adolescent Health and Development Program (AHDP) in partner provinces, cities and municipalities. It provides technical assistance in the establishment of Teen Health Kiosks (THK). The THK is an adolescent-friendly facility in a school or community which allows peers to exchange information with each other, supports the conduct of educational sessions on various topics such as teenage pregnancy, and facilitates the referral of troubled teens to either the guidance counselor, school clinician, or health service providers in rural health units and hospitals. LuzonHealth provides technical assistance to THKs in the design and conduct of a three-day peer education training program.

Peer educators are chosen² based on the following criteria: i) males and females belonging to Grades 8-10; ii) with good communication and interpersonal skills; iii) with good moral character; iv) preferably an officer/member of a recognized student organization; v) can commit to man the THK; and vi) willing and able to complete the entire duration of the training. Parental consent is required prior to the peer education training.

This Peer Education Training Manual on Adolescent Sexual and Reproductive Health and Teen Pregnancy Prevention provides information and guidance on how to run the training program for peer educators. Teachers, guidance counselors, and health services providers of THKs can use this manual to develop a cadre of peer educators who can actively help generate awareness and demand for adolescent-friendly information/education and services on adolescent sexuality and reproductive health, including teen pregnancy prevention.

² In consultation with the Provincial/City/Municipal Health Offices (P/C/MHOs) and the Department of Education (DepEd) in the provinces of Cavite, Batangas, Laguna, Rizal and Quezon

Overview of the Training Program

Before the training proceeds, parents of all the participants in the training program must sign the consent form found in Annex A. This form specifically states that they are allowing their child/children to participate in the training. The participants must also fill in the Personal Information Sheet found in Annex B. A pre-test (Annex C) is also administered before beginning the training.

The training program aims to develop a core group of peer educators who can assist in generating awareness and demand for adolescent-friendly information/education and services on adolescent sexuality and reproductive health, including teen pregnancy prevention, through the THKs. It runs for three days, as outlined in the table below. The first and second days of the training program orient the participants on specific topics they need to know about adolescent sexual and reproductive health in the Philippine context. Day 1 includes presentations on the Department of Health's (DOH) Adolescent Health and Development Policy, the health of Filipino adolescents in the country and in their region, health and sexuality, and values and reproductive health concerns. Day 2, on the other hand, provides information on HIV, drug abuse, risks of teenage pregnancy, family planning and peer education. Day 3 trains the participants on how to be effective peer educators.

DATE/TIME	ACTIVITY/TOPIC
DAY 1	
08:00-09:00 AM	Registration & Pre-test
09:00-09:15 AM	Invocation & National Anthem Welcome Message Introduction of Participants
09:15-10:00 AM	Expectation Setting Training Norms Host Teams Training Rationale & Objectives
10:00-10:10 AM	Break
10:10-11:00 AM	Session 1: Orientation on the DOH Adolescent Health and Development Policy
11:00-12:00 NN	Session 2: The Health of <i>Pinoy</i> Adolescents in the Philippines/in the Region
12:00-01:00 PM	Lunch
01:00-02:00 PM	Session 3: Body Map: Understanding Self and Sexuality
02:00-03:00 PM	Session 4: Values Clarification on Adolescent Reproductive Health Issues and Concerns
03:00-03:15 PM	Break
03:15-04:15 PM	Session 5: Understanding Adolescence, Puberty and Fertility Awareness
04:15-05:15 PM	Session 6: Sex, Gender and Development
05:15-05:30 PM	Daily Wrap-up and Mood Meter
DAY 2	
08:00-08:30 AM	Unfreezing Exercise Brief Recap Overview of the Day's Sessions
08:30-09:30 AM	Session 7: HIV-AIDS and the Youth
09:30-10:30 AM	Session 8: Drug Abuse and the Youth
10:30-10:45 AM	Break

DATE/TIME	ACTIVITY/TOPIC
10:45-12:00 NN	Session 9: Understanding the Risks and Realities of Teen Pregnancy
12:00-01:00 PM	Lunch
01:00-02:00 PM	Session 10: Power Walk
02:00-03:00 PM	Session 11: Responsible Parenthood and Family Planning
03:00-03:15 PM	Break
03:15-05:00 PM	Session 12: Peer Education 101
05:00-05:30 PM	Groupings and Guidelines for the Practicum
DAY 3	
08:00-08:30 AM	Unfreezing Exercise Brief Recap Overview of the Day's Sessions
08:30-11:00 AM	Session 13: Practicum on Peer Education and Critiquing
11:00-11:30 AM	Session 14: Roles and Responsibilities of Peer Educators and Introduction to the Referral System
11:30-12:00 NN	Session 15: Recording & Reporting in the THK
12:00-01:00 PM	Lunch
01:00-02:00 PM	(Con't.) Recording & Reporting in the THK
02:00-04:00 PM	(Con't.) Action Planning for the THK
04:00-05:00 PM	Synthesis Post-test and Evaluation Awarding of Certificates

Session 1: Orientation on the Department of Health's Adolescent Health and Development Policy

Objectives

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

1. Explain the importance and uniqueness of adolescents as a demographic sector of the population.
2. Explain the laws and policies of DOH which influenced the development of DOH Administrative Order (AO) 2013-0013.
3. Discuss the salient features of DOH AO 2013-0013.

Time allotment: One (1) hour

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on the 'Orientation on the DOH Adolescent Health and Development Policy: AO 2013-0013'.

2. Introduction

Today we will discuss what the country, particularly the DOH, is doing to promote and protect the health and well-being of today's Filipino adolescents.

3. Abstraction

The DOH AO No. 2013-0013: "National Policy on Strategic Framework on Adolescent Health and Development"

Vision: Well informed, empowered, responsible and healthy adolescents who are leaders in society

Mission: Ensure that all adolescents have access to quality comprehensive health care services in an adolescent-friendly environment

Overall goal: Improve the health status of adolescents and to enable them to fully enjoy their right to health

Objective of the DOH AO: 2013-0013:

To provide policy direction and guidance for DOH offices, its attached agencies, local government units (LGUs) and development partners in prioritizing interventions for adolescent health.

Adolescents

Adolescents comprise about twenty million or 21.5 percent of the entire population of the country, based on the 2010 census of the Philippine Statistics Authority. Adolescents are individuals who belong to the age group 10-19 years old. Adolescents are in transition from childhood to adulthood. They face many challenges and difficulties, some of which have implications on their health and general well-being.

One in every 10 young women is already pregnant and increasing the risk of dropping out-of-school and facing limited economic opportunities (DOH, UNFPA, WHO 2002). 16 percent of abortion attempts occur among teenagers (Singh, 2006). Sexually transmitted infections (STI), HIV and AIDS, drugs, alcohol and smoking are also on the rise among adolescents.

In the past, the DOH has issued some policies which served as reference for the development of AO: 2013-0013. These are: The Adolescent and Youth Health (AYH) Policy of April 2000; Technical Committee for Adolescent and Youth Health Program (AYHP) in 2006; the National Standards and Implementing Guide for Adolescent Friendly Health Facility-Adolescent Job Aid Manual in 2010.

There are laws and international agreements which provide protection to adolescents and youth. These are the 1987 Philippine Constitution; Convention on the Rights of the Child (CRC); International Conference on Population and Development (ICPD) of 1994.

Definition of Terms- Adolescent, Adolescent Health, Early Pregnancy

Adolescent- refer to young people between ages 10-19 years who are in transition from childhood and adulthood

- Early Adolescence (10-13 years old)
- Middle Adolescence (14-16 years old)
- Late Adolescence (17-19 years old)

Adolescent Health – is a state of complete physical, mental, and social well-being of persons aged 10-19 years.

Early Pregnancy - pregnancy in women aged below 20 years old.

Program Strategies: Health Promotion and Behavior Change for Adolescents; Improving Access; Enhancing Skills

Health Promotion and Behavior Change for Adolescents – to utilize health services, practice healthy behaviors, avoid risks, and participate in governance and policy decisions affecting their health and development.

Improving access to quality and adolescent-friendly health care services.

Enhancing skills of health providers, families and adolescents to protect their health and development

4. Application

Let us exercise and enjoy our right to health.

5. PowerPoint Presentation



Peer Education Training on Adolescent
Sexuality & Reproductive Health & Teen
Pregnancy Prevention

Orientation on the DOH Adolescent Health &
Development Policy: AO 2013-0013

DOH AO NO. 2013-0013

“National Policy on Strategic Framework on Adolescent Health and Development”



Adolescent population at 21.5%



Twenty million (19,844,578) adolescents age 10-19 years comprise 21.5% of the country's population (National Statistics Office, 2010).

PANGANIB NA KINAHAHARAP NG KABATAAN



“..One in every 10 young women is already pregnant (DOH, UNFPA, WHO, 2002) and increasing the risk of dropping out of school and facing limited economic opportunities..”

“..16% of abortion attempts occur among teenagers (Singh, 2006)..”

“..sexually transmitted disease, HIV and AIDS, drugs, alcohol, and smoking are also on the rise among adolescents..”

DEPARTMENT OF HEALTH

DATE	ORDER
April 2000	Adolescent and Youth Health (AYH) Policy – creation of an adolescent and youth health sub-program for Children's Health Cluster in Family Health.
2006	Technical Committee for Adolescent and Youth health Program (AYHP) - embarked on the Strategic Plan for Accelerated Action on AYHP
2010	National Center for Disease Prevention and Control (NCDPC) drafted a National Standards and Implementing Guide for Adolescent Friendly Health Facility-- Adolescent Job Aid Manual .

DOH AO NO. 2013-0013

“National Policy on Strategic Framework on Adolescent Health and Development”



Policies that protect the YOUTH

1. Before 1987 Philippine Constitution charges the state to promote and protect the youth's physical, moral, spiritual, intellectual, and social well being and prioritize the health of children.
2. The Convention of Rights of the Child - "strive to ensure that no child is deprived of his or her right to access such health care services."
3. International Conference on Population and Development (ICPD, 1994), "...youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives..."

VISION

WELL INFORMED, EMPOWERED, RESPONSIBLE and HEALTHY ADOLESCENTS who are **LEADERS** in society.

MISSION

Ensure that **ALL ADOLESCENTS** have **ACCESS** to **QUALITY COMPREHENSIVE HEALTH CARE** and **SERVICES** in an adolescent-friendly environment

OVERALL GOALS

IMPROVE the **HEALTH STATUS** of adolescent and to enable them to fully enjoy their right to health.

DOH AO NO. 2013-0013**OBJECTIVES**

“ PROVIDE POLICY DIRECTION AND GUIDANCE FOR DOH OFFICES, ITS ATTACHED AGENCIES, LGUS AND DEVELOPMENT PARTNERS IN PRIORITIZING INTERVENTIONS FOR ADOLESCENT HEALTH.”

Definition of Terms

Adolescents are young people between ages 10-19 years who are in transition from childhood and adulthood

Early Adolescence (10-13 years old)

Middle Adolescence (14-16 years old)

Late Adolescence (17-19 years old)

Adolescent Health is a state of complete physical, mental, and social well-being of persons aged 10-19 years.

Early Pregnancy is pregnancy in women less than 20 years old.

Program Strategies

1. **Health Promotion and Behavior Change for Adolescents** enables them to utilize health services, practice healthy behaviors, avoid risks, and participate in governance and policy decisions affecting their health and development.
2. **Improving access** to quality and adolescent-friendly health care services.
3. **Enhancing skills** of health providers, families and adolescents to protect their health and development

Session 2: The Health of *Pinoy* Adolescents in Calamba, Laguna, Batangas, Rizal, and Quezon (CALABARZON)

Objectives

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

1. Describe the characteristics and lifestyle of *Pinoy* adolescents in CALABARZON.
2. Explain the health and sexuality-related risks and vulnerabilities faced by adolescents in CALABARZON.

Time allotment: One (1) hour

Materials

- Power point presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'The Health of *Pinoy* Adolescents in CALABARZON.'

2. Introduction

Adolescents are individuals who are in transition from childhood to adulthood. They are no longer children but not yet adults. Adolescents have unique characteristics and experiences. Let us learn their realities in life and the challenges they face.

3. Activity: Group Work

- Form groups with five members each.
- Brainstorm on the characteristics and lifestyles of adolescents today whom you see in your school and community.
- Write down your responses on a manila paper.
- Assign a reporter to share with the big group.
- Each group is given five minutes to make a presentation.

4. Analysis

- What are the common adolescent characteristics and lifestyles you noticed during the group presentations?
- What are the unique differences of adolescents you noticed during the group presentations?
- As an adolescent, do you see yourself as having any of the characteristics or lifestyles that were presented? What are these? How do you feel about these?

5. Abstraction

Adolescents in general are not homogenous. There are differences based on where they live. Some adolescents live in urban communities, some in rural. Some live in disaster-prone communities, others live in conflict-affected areas. Some live in indigenous communities.

Age definition of adolescents

- Adolescents are those aged 10-19 years old
- Young people are those aged 10-24 years old
- Youth are those aged 15-30 years old (Section 4a of RA 8044: Youth in Nation Building Act)
- One (1) in every 5 Filipinos is a young person
- Twenty million or 21.5% of the 92 million total population are young persons (NSO 2010)

Socio-demographic profile of adolescents in CALABARZON

- Region IV-A has a total youth population of 2,396,690, aged 15-24. It has the second highest regional share of the country's youth next to NCR.
- Those with college education (17.8%) is below the national average (21.0%)
- Three (3) in 10 youth are working, the second highest in the country
- Unemployment among the youth (6.8%) is below the national average
- More youth are in live-in arrangement (10.2%) than in formal union (9.5%). This is consistent with the national pattern.

Family Arrangement, based on the 2006 McCann Erickson Study

- 53% live with both parents. Because of the overseas Filipino worker (OFW) phenomenon
- 5% live without the mother, 20% live without the father, and
- 23% live without both parents.

Health and Lifestyle

- More than two in five (43.5%) adolescents exercise at least two to three times a week, which is below the national level.
- Adolescents are high consumers of unhealthy foods and drinks such as hamburger, fried chicken, fried street food, grilled street food, instant noodles, carbonated drinks, and coffee/tea. They are part of the 'stroke-of-thumb generation'—87.3% own a cellular phone, 64.7% use the internet, own an email account or have a social networking account (FB, Twitter).

Non-sexual Behaviors

- Fourth highest in the country who are currently smoking (20.7%)
- Fifth highest in the country who are currently drinking alcoholic beverages (38.9%)
- More than 3 in 100 have used drugs, below the national average
- More than 8 in 100 have ever thought of suicide. This has decreased from 2002 to 2013, following the national pattern
- Those who attempted suicide decrease to 2.4%, below the national average

Sex and Media

- 45% have read pornographic materials, the second highest in the country after NCR

- Three in five have watched X-rated movies and videos, the fourth highest in the country
- Three in ten have sent or received sex videos through cell phones or internet, the second highest in the country
- Six in 100 have engaged in phone sex, higher than the national average.

Sexual Risks

One in three has sexual experience. They also engage in sex at younger ages:

- First sex for boys: 17.6 years old
- First sex for girls: 18.1 years old
- One in 50 had sex before age 15
- One in four had sex before age 18

Seven in 10 of 1st premarital sex cases are unprotected against unintended pregnancy and sexually-transmitted infections (STI) including HIV-AIDS.

- 1.2% have paid for sex and 1.3% have received payment for sex, this is low but above the national average level
- 6.7% have engaged in casual sex
- 4.1% mostly males have FUBU experience
- 6.3% have males having sex with males (MSM) experience
- 2.9% of married youth (including those in live-in) have engaged in extramarital sex


Giving Birth at Younger Ages


- Increased teenage fertility in the past decade
- 7.1% aged 15-19 are already mothers
- The proportion of women who begun childbearing increases with age: 2.0% aged 16, 31.2% aged 19
- Teenage fertility is the lowest among all regions of the country

HIV and AIDS

- As of 2013, 86.7% have heard of HIV and AIDS, the highest in the country
- 3 in 4 think that they would not get AIDS

6. PowerPoint Presentation

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**Peer Education Training on Adolescent
Sexuality & Reproductive Health & Teen
Pregnancy Prevention**

**The Health of Pinoy Adolescents
in CALABARZON**

OBJECTIVES OF THE SESSION

At the end of the session, peer educators should be:

- More aware of the characteristics and lifestyle of the *Pinoy* adolescents in CALABARZON
- More aware of the health and sexuality-related risks and vulnerabilities faced by adolescents living in CALABARZON

THE FILIPINO ADOLESCENTS



AGE DEFINITION OF ADOLESCENTS

- Adolescents – 10-19 years old
- Young people – 10-24 years old
- Youth – 15-30 years old
(Section 4A of RA 8044: Youth in Nation Building Act)
- 1 in every 5 Filipinos is a young person
- 20 million or 21.5% of the 92 million total population (NSO 2010)



SOCIO-DEMOGRAPHIC PROFILE OF ADOLESCENTS IN CALABARZON

- Region IV-A has a total youth population of 2,396,690, aged 15-24. It has the second highest regional share of the country's youth next to NCR
- Those with college education (17.8%) is below the national average (21.0%)
- 3 in 10 youth are working, the second highest in the country
- Unemployment among the youth (6.8%) is below the national average
- More youth are in live-in arrangement (10.2%) than in formal union (9.5%) - consistent with national pattern

HEALTH & LIFESTYLE

According to the 2013 Young Adult Fertility and Sexuality (YAFS) 4, in CALABARZON are:

- More than 2 in 5 (43.5%) adolescents exercise at least two to three times a week, which is below the national level
- Adolescents are high consumers of unhealthy foods and drinks such as hamburger, fried chicken, fried street food, grilled street food, instant noodles, carbonated drinks, coffee/tea

FAMILY ARRANGEMENT

- 53% live with both parents.
- Because of the OFW phenomenon:
 - 5% live without the mother
 - 20% live without the father
 - 23% live without both parents

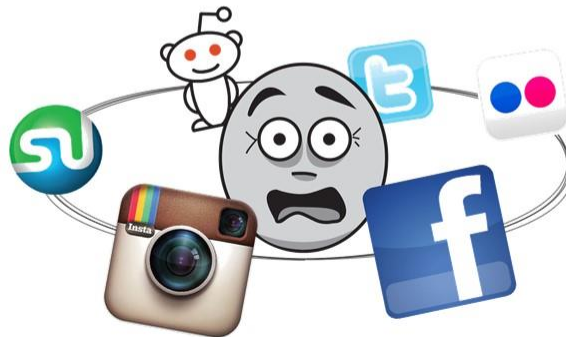
Source: 2006 McCann Erickson Study



‘STROKE OF THUMB GENERATION’

According to the 2013 YAFS 4, in CALABARZON:

- 87.3% of adolescents own a cellular phone
- 64.7% of adolescents use the internet, own an email account or have a social networking account (FB, Twitter)



NON-SEXUAL BEHAVIORS

According to 2013 YAFS 4, adolescents in CALABARZON:

- Fourth highest in the country who are currently smoking (20.7%)
- Fifth highest in the country who are currently drinking alcoholic beverages (38.9%)
- More the 3 in 100 have used drugs, below the national average
- More than 8 in 100 have ever thought of suicide. This has decreased from 2002 to 2013, following the national pattern
- Those who attempted suicide decrease to 2.4%, below the national average

NON-SEXUAL BEHAVIORS

- Have experienced physical violence both as aggressors (24.9%) and as victims (18.4%)
- Have experienced harassment using technology (4.3%)

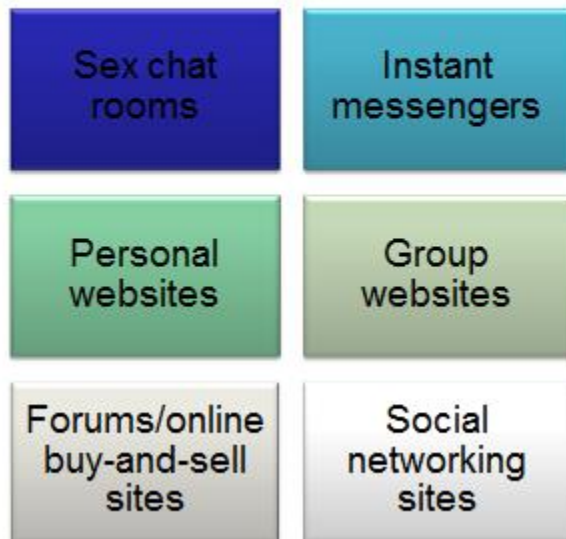
SEX AND MEDIA

According to 2013 YAFS 4, adolescents in CALABARZON:

- Have read pornographic materials (45%), the second highest in the country after NCR
- 3 in 5 have watched x-rated movies and videos, the fourth highest in the country
- 1 in 5 have visited websites with sexually explicit content, the second highest in the country
- 3 in 10 have sent or received sex videos through cellphones or internet, the second highest in the country
- 6 in 100 have engaged in phone sex, higher than national average



Cybersex: TECHNOLOGICALLY MEDIATED TRANSACTION OF SEX



SEXUAL RISKS

According to 2013 YAFS 4, adolescents in CALABARZON:

- 1 in 3 have sexual experience
- Engage in sex at younger ages
First sex for boys =17.6 years old
First sex for girls =18.1 years old
1 in 50 had sex before age 15
1 in 4 had sex before age 18
- 7 in 10 first premarital sex are unprotected against unintended pregnancy, STI including HIV-AIDS
- 1.2% have paid for sex and 1.3% have received payment for sex, this is low but above the national average level
- 6.7% have engaged in casual sex
- 4.1% mostly males have FUBU experience
- 6.3% have MSM experience
- 2.9% of married youth(including those in live-in) have engaged in extramarital sex

GIVING BIRTH AT YOUNGER AGES

According to 2013 YAFS 4, adolescents in CALABARZON:

- Increased teenage fertility in the past decade
7.1% aged 15-19 are already mothers
- The proportion of women who have begun childbearing increases with age.
2.0% aged 16
31.2% aged 19
- Teenage fertility is the lowest among all regions of the country



HIV-AIDS

- As of 2013, 86.7% have heard of HIV-AIDS, the highest in the country
- 3 in 4 youth think that they would not get AIDS



Source: [POPCOM and UPPI Study]

Session 3: Body Map: Understanding Self and Sexuality

Objectives

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

1. Gain a general view of their selves, including their information and attitudes towards sex.
2. Reflect on how goals, their attributes, and their sexuality are connected in their everyday lives.
3. Feel at ease talking about gender, sexuality and female health with others.

Time allotment: One (1) hour

Materials

- Power point presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on the 'Body Map: Understanding Self and Sexuality'.

2. Activity: Body Map

- The participants will be grouped in pairs. Members of each pair will be designated as A and B.
- Each pair will be given two sets of Manila paper, coloring materials, and board markers.
- Working in pairs, A and B trace their body shape on the Manila paper provided.
- After tracing their own bodies, each participant should find a comfortable place to do the instructions of the facilitator.
- Here are the questions and their designated areas on which to write the answer:

Head left side: Goals in life

Head right side: Achievements in life

Left arm: Physical changes

Right arm: Habits

Left breast: What makes you happy?

Right breast: What makes you sad?

Heart: The one you love most

Lower body: Important person

Left hip: Give information about sex

Right hip: What can you say about sex?

Upper left leg: Positive attitude and traits

Upper right leg: Most unforgettable moments

Lower left leg: Negative attitude and traits

Lower right leg: What other people say about you?

3. Analysis

- What can you say about the activity?
- How did you feel while you were doing the activity?
- Who influenced your beliefs and understanding about adolescent sexual and reproductive health (ASRH)?
- What have you discovered about your personality?

4. Abstraction

To have a meaningful participation and learning experience in this training, it is very important to explore our inner self and discover which issues and concerns we have not examined yet, especially on matters that will have impact on our future.

5. Application

Ask the participants to be creative in their reflections. Encourage them to do art (e.g. drawing or collage) or writing (e.g. poems or stories) to illustrate and describe their reflections and self-discovery.



Session 4: Values Clarification on Adolescent Reproductive Health Issues and Concerns

Objectives

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

1. Examine their self in relation to issues and concerns on sexuality, reproductive health, and family planning.
2. Acknowledge personal biases, judgment, discomfort, and fear when it comes to adolescent sexuality and reproductive health.

Time allotment: One (1) hour

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Agree and Disagree Card
- Permanent marker
- Masking tape
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Values Clarification on Adolescent Reproductive Health Issues and Concerns.'

2. Introduction

Values are very important. It shapes an individual's sense of what is right and wrong. Values influence our behaviors.

As peer educator, it is important that you are aware of your own values and where they come from. Clarity in what you believe in and hold dearly will help you manage the challenges and difficulties of growing-up on a daily basis. Knowing your values and where you stand will help you manage negative peer pressure in a safe and healthy way.

3. Activity: Values Voting

- Ask the participants to stand up.
- As you read the statement, ask the participants to go to either the 'Agree' or 'Disagree' corner. There is no neutral spot.
- Ask participants to explain why they chose either 'Agree' or 'Disagree'.
- The statements are as follows:

- I am comfortable naming/mentioning the body parts/reproductive system in our own language/dialect.
- I am comfortable discussing sexuality and relationship with my own parents.
- I am comfortable discussing sexuality and relationship with my brothers/sisters.
- I believe that I have the right to decide what I want to do with my body.
- I believe that parental consent is needed when an adolescent is seeking medical services related to pregnancy, STI, and HIV and AIDS.
- I am comfortable talking about sexuality to an adolescent who is different from me.

4. Analysis

- What statements do you find easy to decide on? Why?
- What statements do you find hard to decide on? Why?
- What factors influenced your decisions on where to go?
- Are there new things about yourself that you discovered during the activity? What are these?
- Are there things about your-self that have been affirmed? Validated? What are these?

5. Abstraction

What is a Value?

- Society's standards and norms that are carried on through generations by socialization.
- Shapes an individual's sense of what is right and wrong.
- Dictates our appreciation for the lovely, fine, and beautiful things in life.
- Influences individual behaviors.
- Personal worth or importance a person gives to an object, person or idea.
- A person's set of values which include principles, beliefs, standards or goals he accepts or lives by.

What are Examples of Values?

- Power - authority or influence over others
- Love - strong feeling of affection, warm attachment
- Aesthetic - appreciation and enjoyment of beauty for beauty's sake
- Emotional well-being - freedom from anxieties, tension, inner peace
- Health- condition of being sound in body, freedom from physical disease/pain

Influences of Values

- Family
- School
- Community
- Religion
- Social media
- Others

The Criteria in the Valuing Process

Choosing

- Choose freely
- Choose from alternatives

- Consider the consequences of each alternative

Prizing

- Cherish and happy with the choice
- Public affirmation


Acting


- Act on it
- Act on it repeatedly

6. Application

- On a piece of paper, make three columns and label it with: Family, Peers and Media (including social media).
- Choose any one of the five issues presented below and write down what does your Family say about the issue you have chosen?; What do your Peers say about the issue?; What does Media say about the issue?
- The five issues are:
 - a. Virginity
 - b. Boy-girl relationship
 - c. Same-sex relationship
 - d. Condom
 - e. Teenage pregnancy
- Ask for volunteers to share in the big group.
- Give the key messages:
 - a. It is very important for us to understand our own values and where these are coming from.
 - b. Each one has his/her set of values.
 - c. One cannot impose his/her values on others.
 - d. Values are not permanent. It can be changed for the better.

7. PowerPoint Presentation

**USAID**
FROM THE AMERICAN PEOPLE



**Peer Education Training on Adolescent
Sexuality & Reproductive Health & Teen
Pregnancy Prevention**Values Clarification on ARH Issues
and Concerns**OBJECTIVES**

TO GET IN TOUCH WITH ONE'S SELF REGARDING CONCERNS AND ISSUES ON SEXUALITY, REPRODUCTIVE HEALTH, AND FAMILY PLANNING.

TO ACKNOWLEDGE PERSONAL BIASES, JUDGMENTS, DISCOMFORT, AND FEAR WHEN IT COMES TO ADOLESCENT SEXUALITY & REPRODUCTIVE HEALTH.

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ACTIVITY: Values Voting (Agree/Disagree)

- I am comfortable naming/mentioning the body parts/reproductive system in our own language/dialect.

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Values Voting

- I am comfortable discussing sexuality and relationship with my own parents.

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Values Voting

- I am comfortable discussing sexuality and relationship with my brothers/sisters.

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Values Voting

- I believe that I have the right to decide what I want to do with my body.

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Values Voting

- I believe that parental consent is needed when an adolescent is seeking medical services related to pregnancy, STI and HIV-AIDS.

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Values Voting

- I am comfortable talking about sexuality to an adolescent who is different from me.

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Let's Talk about Values

- What is a value?
- What are the sources of values?
- Why are values important?
- How do we test a value?

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What are Values?

- Society's standards should like be and norms which are carried on through generations by socialization.
- Shape an individual's sense of what is right and wrong.
- Dictate our appreciation for the lovely, fine and beautiful things in life.
- Influence individual behaviors.
- Personal worth or importance a person gives to an object, person or idea.
- A person's set of values which include principles, beliefs, standards or goals he accepts or lives by.

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Examples of Values

- **Power**- authority or influence over others.
- **Love**- strong feeling of affection, warm attachment.
- **Aesthetic**- appreciation and enjoyment of beauty for beauty's sake.
- **Emotional well-being**- freedom from anxieties, tension, inner peace
- **Health**- condition of being sound in body, freedom from physical disease/pain.

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The Valuing Process

- CHOOSING** - choose freely
- choose from alternatives
 - consider consequences of each alternative
- PRIZING** - cherish and feel happy with the choice
- public affirmation
- ACTING** - act on it
- act on it repeatedly

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Individual Work

- Make 3 columns and write down: FAMILY, PEERS, MEDIA including SOCIAL MEDIA.
- Ask yourself: What does each one say about:
VIRGINITY
BOY-GIRL RELATIONSHIP
SAME SEX RELATIONSHIP
CONDOM
TEEN PREGNANCY
- INDIVIDUAL SHARING

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As Peer Educators/Helpers...

- It is very important for us to understand our own values... where these are coming from.
- Each one has his/her own set of values.
- One can not impose his/her values on others.
- Values are not permanent. It can be changed.

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Session 5: Understanding Adolescence, Puberty and Fertility Awareness

Objectives

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

1. Explain the meaning of adolescence as a period in human development including its accompanying changes.
2. Identify the risks and vulnerabilities adolescents could experience during this period which could compromise their health and general welfare, both now and in the long run.
3. Gain new information on how to manage risks and vulnerabilities in a safe and healthy way.

Time allotment: One (1) hour

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Understanding Adolescence, Puberty and Fertility Awareness.'

2. Introduction

Adolescence is a period when many changes are happening to an individual at the same time. These may range from the physical, emotional, social, psychological to spiritual aspects.

A growing adolescent has to understand that these changes are normal; they part of human development and can be managed in a safe and healthy way.

Adolescence is also a time of sexual awakening. It is a time when the body experiences strong urges and emotions. If left unchecked, these can lead to some difficult situations such as unintended teen pregnancy.

3. Activity: Truth or Lie

- Tell the participants that you will read some statements and they have to decide whether the statement is truth or lie.
- If the statement is true, the participant needs to stand up.
- If the statement is lie, the participant remains in his/her seat.
- The statements are as follows:
 - o Adolescence is a transition period from childhood to adulthood.
 - o Menstruation is a sign of puberty.

- A boy can be married below the age of 18.
- Teenagers have the right to receive information about growing-up, health, and sexuality.
- Adolescents make up at least 20 percent of the total population of the Philippines.
- Provide the necessary information for each statement. Correct any misconception.

4. Analysis

- What statements did you find easy to answer? Why?
- What statements did you find hard to answer? Why?

5. Abstraction

Age Definition of Adolescents

Adolescents – 10-19 years old (WHO)

Young people- 10-24 years old (WHO)

Youth- 15-30 years old (Section 4a of RA 8044: Youth in Nation Building Act)

One in every 5 Filipinos is a young person

Twenty million or 21.5% of the 92 million total population are adolescents (NSO 2010)

Definition of Adolescence

A period of TRANSITION from childhood to adulthood that is characterized by rapid physical, emotional and physiological changes in both sexes.

“It is like a bridge that connects childhood to adulthood. It is an exciting phase in human development which is characterized by many physical, emotional and psycho-social changes”. (FAD).

“It is defined as the period between 10 and 19 years of age. It is a continuum of physical, cognitive, behavioral and psychosocial change that is characterized by increasing levels of individual autonomy, a growing sense of identity and self-esteem and progressive independence from adults” (UNFPA).

The 5 I's of Adolescence

Independence

- Make own decisions
- Power to choose your friends, plan your activities
- You want to be consulted in areas that affect your life
- You want privacy and freedom
- Your focus gradually shifts from parents to peers
- Sometimes, you value the opinion of peers than family
- You develop and express your own opinions and ideas

Identity

- Big questions: Who am I? What do I want to be?
- You experiment with dressing, speaking, behaving
- You change the spelling of your name, adopt a new accent, new expressions
- You join cause-oriented activities like saving the environment, nationalism, Teen Health Club

- You daydream and image yourself in different roles, identities and situations
- Your interests and likes may change all the time

Intimacy

- You want to be connected with significant people who can understand and accept you for who you are
- You learn to manage and express your emotions
- You learn how to love and be loved
- You look for close relationships with your peers
- You may not know it but you are preparing yourself for a loving, stable relationship later on in life

Intellect

- You develop the power to think in new and exciting ways. You become smarter.
- You get better at abstract thinking and logical reasoning
- You may tend to over-believe in your theories and ideas to the point of becoming idealistic and impractical

Integrity

- You choose what is right and what is not right to guide your actions and choices
- You look for role models
- You begin to question things around you especially those which you believe are not right

The Philippines has existing laws that promote/safeguard adolescent sexuality and reproductive health such as:

- RA 8504: The Philippines AIDS Prevention & Control Act of 1998
- RA 7877: The Anti-Sexual Harassment Act of 1995
- RA 9710: The Magna Carta on Women

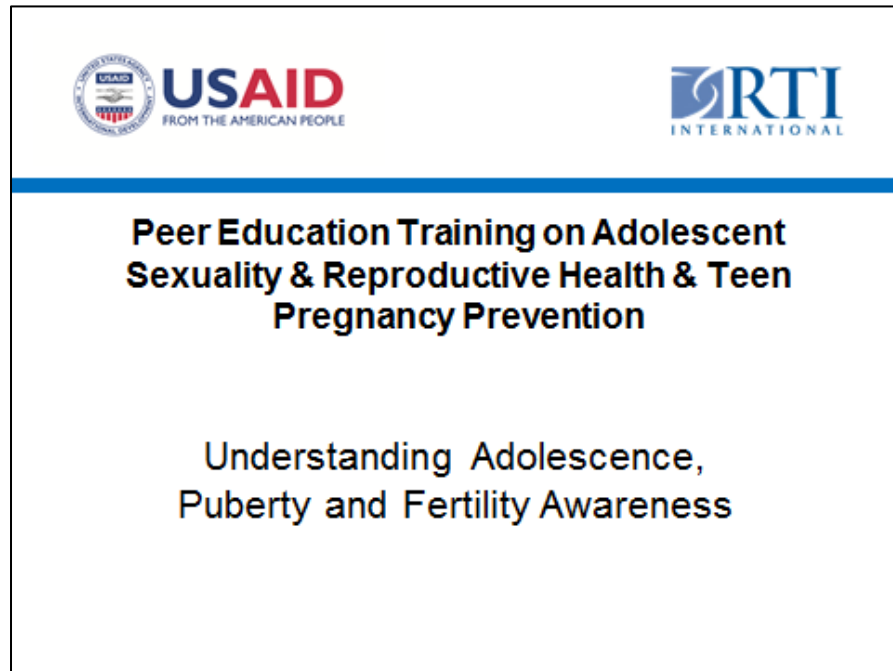
6. Application

Key messages

- Adolescence is a critical period in life. It is a time when you discover who you are and what you can become. Enjoy this period of development in a SAFE and HEALTHY way.
- During adolescence, there are many RISKS and VULNERABILITIES that a young person can encounter. Focus on your dreams and ambitions. Set personal goals in the short and long term. You are your best RESOURCE. You are your best INVESTMENT.
- The QUALITY of your health during adolescence will impact on the quality of your health in adulthood when you assume new roles and responsibilities related to work/career/family/parenthood.
- If you are in a RELATIONSHIP:
 - a. Learn to say NO.
 - b. Wait until you are mentally and emotionally prepared to have sex. Do not be pressured by anyone to do so.
 - c. Learn to RESPECT your body.
 - d. Do not smoke, drink, or do drugs. Let others respect your body too.

- e. Know your LIMITS.
- f. Avoid situations that will lead to unintended pregnancy or acquiring STI. The only 100% sure way of not getting pregnant or acquiring STI is by not having sex at all.
- g. Avoid situations where you will be meeting strangers such as eyeballing and chatting with strangers through the computer or texting.
- h. Approach a trusted adult for help such as your guidance counselor, school clinician, teacher, etc.

7. PowerPoint Presentation



OBJECTIVES OF THE SESSION

At the end of the session, peer educators are enabled to:

- Explain adolescence as a period of human development.
- Become more aware of the risks and vulnerabilities that they could face during this period in their lives which could compromise their health and future.
- Gain new information and skills to help them manage the challenges in a safe and healthy way.

Before we begin, let's have a little game. TRUTH OR LIE.

I will read some statements, and tell me if it is Truth or Lie. If it is Truth, please stand up.

- Adolescence is a transition period from childhood to adulthood.
- Menstruation is a sign of puberty.
- A boy can be married below the age of 18.
- Teenagers have the right to receive information about growing up, health, and sexuality.
- Adolescents make up at least 20 percent of the total population of the Philippines.

Now, let's talk about YOU!

- What do people call You?
- What do you call yourself?

AGE DEFINITION OF ADOLESCENTS

- Adolescents – 10-19 years old (WHO)
- Young people- 10-24 years old (WHO)
- Youth- 15-30 years old (Section 4a of RA 8044: Youth in Nation Building Act)
- 1 in every 5 Filipinos is a young person
- 20 million or 21.5% of the 92 million total population (NSO 2010)



ADOLESCENCE

**a period of TRANSITION
from childhood to adulthood that is
characterized by rapid physical, emotional and
physiological changes in both sexes**



WHAT IS ADOLESCENCE?

- “It is like a bridge that connects childhood to adulthood. It is an exciting phase in human development which is characterized by many physical, emotional and psycho-social changes”. (FAD).
- “It is defined as the period between 10 and 19 years of age. It is a continuum of physical, cognitive, behavioral and psychosocial change that is characterized by increasing levels of individual autonomy, a growing sense of identity and self-esteem and progressive independence from adults”. (UNFPA).

To better understand this period, let's look at the 5Is of adolescence

- Independence
- Identity
- Intimacy
- Intellect
- Integrity

ACTIVITY:

Form groups of 5

Choose any of the 5 Is and describe it through a role play.

You are given 5 minutes to discuss and plan.

Present your role play in 3-5 minutes.

The 5Is of Adolescence

INDEPENDENCE

- Make own decisions
- Power to choose your friends, plan your activities
- You want to be consulted in areas that affect your life
- You want privacy and freedom
- Your focus gradually shifts from parents to peers
- Sometimes, you value the opinion of peers than family
- You develop and express your own opinions and ideas



IDENTITY

- Who am I? What do I want to be?
- You experiment with dressing, speaking, behaving
- You change the spelling of your name, adopt a new accent, new expressions
- You join cause-oriented activities like saving the environment, nationalism, Teen Health Club
- You daydream and image yourself in different roles, identities and situations
- Your interests and likes may change all the time

INTIMACY

- You want to be connected with significant people who can understand and accept you for who you are
- You learn to manage and express your emotions
- You learn how to love and be loved
- You look for close relationships with your peers
- You may not know it but you are preparing yourself for a loving, stable relationship later on in life

INTEGRITY

- You choose what is right and what is not right to guide your actions and choices
- You look for role models
- You begin to question things around you especially those which you believe are not right

INTELLECT

- You develop the power to think in new and exciting ways. You become smarter.
- You get better at abstract thinking and logical reasoning
- You may tend to over-believe in your theories and ideas to the point of becoming idealistic and impractical

What KEY MESSAGES can we bring with us after the session?

- Adolescence is a **CRITICAL** period in life. It is a time when you discover who you are and what you can become. Enjoy this period of development in a **SAFE** and **HEALTHY** way.
- During adolescence, there are many **RISKS** and **VULNERABILITIES** that a young person can encounter. Focus on your dreams and ambitions. Set personal goals in the short and long term. You are your best 'resource'. You are your best 'investment'.
- The **QUALITY** of your health during adolescence will impact on the quality of your health in adulthood when you assume new roles and responsibilities related to work/career/family/parenthood.

KEY MESSAGES

If you are in a **RELATIONSHIP**:

- **LEARN TO SAY NO.**

“Wait until you are mentally and emotionally prepared to have sex. Do not be pressured by anyone to do so.”

- **LEARN TO RESPECT YOUR BODY.**

“Do not smoke, drink or do drugs. Let others respect your body too.”

- **KNOW YOUR LIMITS.**

“Avoid situations that will lead to unintended pregnancy or acquiring STI. The only 100% sure way of not getting pregnant or acquiring STI is by not having sex at all.”

KEY MESSAGES

- **AVOID SITUATIONS** where you will be meeting strangers like eyeballing, chatting with strangers through the computer or texting.

- **APPROACH** a trusted adult for help such as your guidance counselor, school clinician, teacher etc.

There are Laws protecting Pinoy Adolescents

The Philippines has existing laws that promote/safeguard adolescent sexuality and reproductive health

RA 8504: The Philippines AIDS Prevention & Control Act of 1998

RA 7877: The Anti-Sexual Harassment Act of 1995

The Family Welfare Program of the Department of Labor and Employment

RA 9710: The Magna Carta on Women

RA 10354: Responsible Parenthood and Reproductive Health Act of 2012

Session 6: Sex, Gender and Development

Objectives

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

1. Define sex and gender.
2. Explain the meaning of gender and development.
3. Explain gender equality in relation to adolescent health and development.

Time allotment: One (1) hour

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Agree and Disagree Card
- Permanent marker
- Masking tape
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Sex, Gender and Development'.

2. Activity: Gender vs. Sex

- Distribute two kinds of meta cards and permanent markers to all participants.
- Request the participants to write any word or phrase that first comes to mind for a BOY and a GIRL.
- Request the participants to post their responses in the column for a BOY and column for a GIRL.

3. Analysis

- Was it easy writing words/phrases for a BOY and words/phrases for a GIRL?
 - Was it difficult writing words/phrases for a BOY and words/phrases for a GIRL?
 - Do you see any pattern in your responses? What are these, if any?
 - In the column for a BOY, ask the participants if a particular response refers to sex? Or to gender?
 - In the column for a GIRL, ask the participants if a particular response refers to sex? Or to gender?
-

4. Abstraction

What is Sex?

“Sex refers to the genetic/physiological or biological characteristics of a person that indicate whether one is female or male” (WHO, 1998).

What is Gender?

Gender refers to a) socially learned behavior and expectations associated with males and females, and b) socially differentiated roles and characteristics attributed by a given culture to women and men.

What is Development?

“Development is the sustained capacity to achieve a BETTER LIFE.” It is defined in terms of a) Length of life and b) Quality of life that people succeed in living (Adapted from Amartya Sen, 1998).

The principles observed in development are ‘capability to be’ and ‘capability to do’. Underlying these capabilities is the ‘freedom of choice’.

What is Gender Equality?

DEVELOPMENT is for ALL, EQUALLY for MEN and WOMEN.’

Equality demands that everyone in society, whether male or female, has the same opportunity to achieve a better life.

Gender Equality over the Life Cycle


Gender equality is what we need to strive for, not just in one phase of a person’s life, but over that person’s life cycle.

“Equality of rights must be implemented over the entire life course – to enable girls and boys, women and men to progress from one state of life to another and to ensure that discrimination encountered at one stage is not perpetuated or that gains made at one stage are not lost at later stages” (ILO, 1990).

5. Application

- As a growing adolescent, how do you look at men and women in terms of the following areas: a) relationship and intimacy, b) planning one’s family; c) taking care of own children
 - What gender biases have you identified in yourself?
 - What can you do about it?
-




6. PowerPoint Presentation



Peer Education Training on Adolescent
Sexuality & Reproductive Health & Teen
Pregnancy Prevention

Sex Gender and Development

Outline

-  Gender vs. Sex
-  Gender and development
 - Meaning of development
 - Capability “to be” and “to do”
-  Gender equality

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Sex vs. Gender

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3

Gender vs. Sex



BOY

Strong
Penis
Mabilis
Sporty
Breadwinner
Nakakabuntis
Short Haired
Macho
Head of Family
Matapang

GIRL

Malamya
Sexy
Vagina
Mabagal
Makinis
Stays at home
Nanganganak
Mahaba ang Buhok
Ilaw ng Tahanan
Breastmilk



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4

Gender vs. Sex



“Women and men are different biologically – but all cultures interpret and elaborate these innate biological differences into a set of social expectations about what behaviors and activities are appropriate, and what rights, resources, and power they possess” (World Bank, 2001).



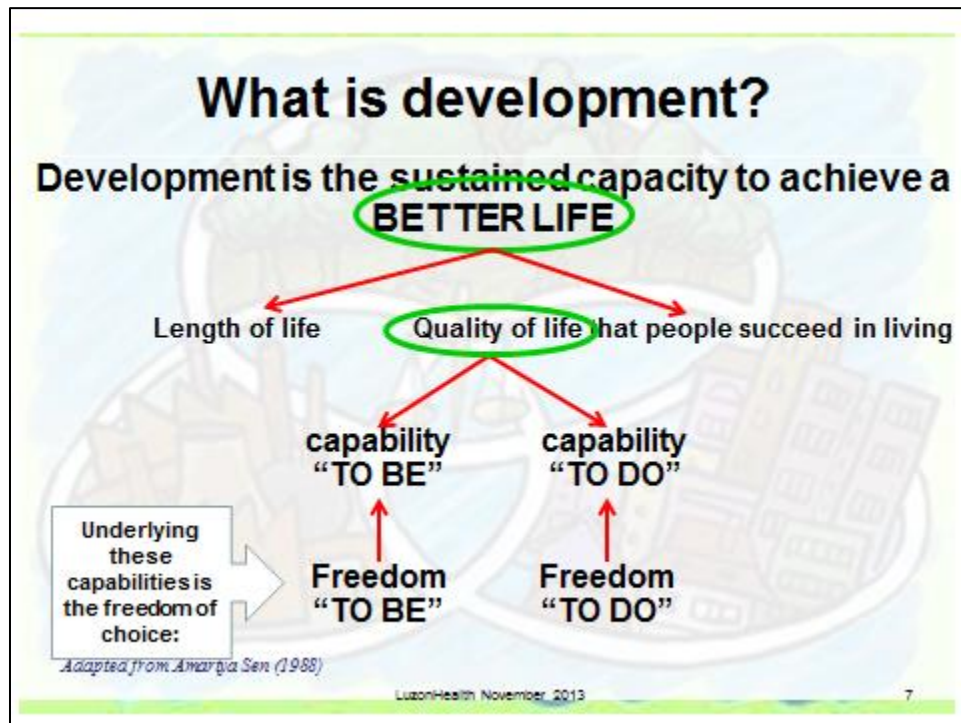
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Gender and Development

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Capability “to be” and “to do” (and common statistical indicators)

- to be free from premature death (*reduced mortality*)
- to be free from preventable illness and injury (*reduced morbidity*)
- to be well-nourished (*improved nutritional status*)
- to be able to communicate ideas and feelings (*increased literacy*)
- to be knowledgeable and skillful (*increased education and training*)
- to be free from physical harm and violence (*improved security*)

- to do productive and rewarding work (*increased employment*)
- to enjoy interaction with friends, family and other members of the community (*reduction of stigma related to certain diseases*)
- to migrate to take advantage of economic and social opportunities (*productive migration*)
- to bear and rear children (*achievement of desired fertility*)

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Gender Equality

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Gender
Equality



DEVELOPMENT is for ALL, EQUALLY for MEN and WOMEN

Capability

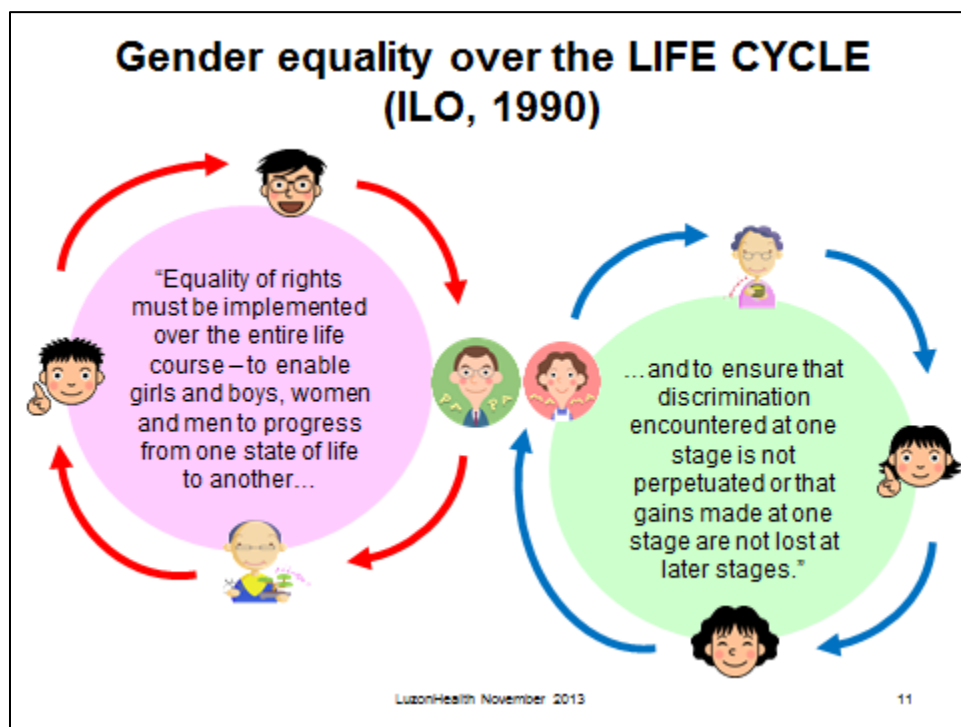
- To be free from premature death
- To be free from preventable illness and disability
- To be well-nourished
- To enjoy interaction with friends, family and other members of the community
- To be able to communicate ideas and feelings
- To be knowledgeable and skillful
- To be free from physical harm and violence
- To do productive and rewarding work
- To migrate in order to take advantage of economic and social opportunities
- To bear and rear children

Gender Equality

- Equal access to health and nutrition services
- Equal access to education and training
- Equal access to security and protection
- Equal access to productive employment and remunerative work
- Equal access to management and leadership position
- Equal responsibility in decision making for family welfare

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Session 7: HIV & AIDS and the Youth

Objectives

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

1. Distinguish STIs, HIV and AIDS, their modes of transmission, and their signs and symptoms.
2. Discuss the prevalence of HIV & AIDS in the country.
3. Explain STI, HIV and AIDS prevention.

Time allotment: One (1) hour

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'HIV & AIDS and the Youth.'

2. Introduction

As adolescent boys and girls become increasingly curious and aware of their sexuality, it is important that they be armed with accurate information regarding sex and the risks it involves—from unintended pregnancy and stigma, to sexually transmitted infections and HIV/AIDS. Possessing this information will make them knowledgeable on how to protect themselves from these risks, or may altogether deter them from early sexual initiation.

3. Abstraction

What is the HIV/AIDS Situation in the Philippines?

The Philippines is one of only seven (7) countries in the world with high rates of HIV transmission (UNAIDS, 2010). Sex is the main mode of transmission. From what used to be heterosexual, it has shifted to homo- and bisexual transmissions—up to 80% in 2010.

To date, there are 5-6 new HIV cases per day (DOH). This figure is a mark increase from an average of 1 case a day in 2006. In November 2014 alone, almost 500 new cases of human immunodeficiency virus (HIV) infections were documented, two-thirds of whom were aged 15 to 24 and mostly infected through sexual contact. Seventy percent (70%) of new HIV cases in 2013 come from the National Capital Region, Region 4-A and Region 7.

What are the Perceptions and Practices of Adolescents and Youth in Region IV-A and the Philippines as a Whole with Regard to Sex and HIV/AIDS?

- More than one in three youth in Region IV-A have sexual experience.
- Sexual debut is happening at younger ages.
- More than 4 in 10 Region IV-A youth believe that AIDS is curable.

What are the Red Flags Associated with HIV Transmission in the Country?

- Sexual debut among Filipino males is at age 14; females at age 17.
- There is poor knowledge on HIV and AIDS among:
 - Female sex workers – 2%
 - Intravenous drug users – 26%
 - Men who have sex with men (MSM) – 10%
 - Clients of sex workers – 9%
- Very low condom use
- High HIV vulnerabilities among migrant workers, including women

What is an STI?

An STI is an infection primarily transmitted through sexual contact, but may also be transmitted through non-sexual means.

STIs may be bacterial, viral, protozoal, fungal or parasitic in nature, examples of which are as follows:

- Bacterial – gonorrhea, syphilis, chlamydia
- Viral – genital herpes, genital warts, HIV
- Protozoal – trichomonas
- Fungal – candidiasis
- Parasitic – pubic lice, scabies

The common signs and symptoms of STIs include:

- Pain passing urine
- Severe itchiness
- Pain during intercourse
- Yellowish/abnormal discharge
- Ulcerations
- Abdominal pain

What is HIV?

HIV stands for human immuno-deficiency virus. The virus takes over the machinery of the human cell and creates a deficiency within the body's immune system. The immune system which protects your body is made up of white blood cells (WBC). WBCs fight disease and germs in your body. Across the years, HIV kills most of your WBCs, leaving your body unprotected, and enabling many other (secondary) diseases attack the body. One of these is AIDS.

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS compromises the immune system, preventing the body from fighting off infections. The infected person may suffer from two or more opportunistic infections which can eventually be fatal.

An opportunistic infection, on the other hand, is an infection or malignancy that attacks the body by taking advantage of an immune system that has been severely weakened by an advanced HIV infection. Examples are tuberculosis, swollen lymph nodes, shingles and Kaposi's sarcoma.

AIDS can be transmitted through four body fluids: blood, semen, vaginal/cervical fluid, and breastmilk. The common modes of transmission are: sexual intercourse, infected blood and blood products, and mother-to-child transmission.

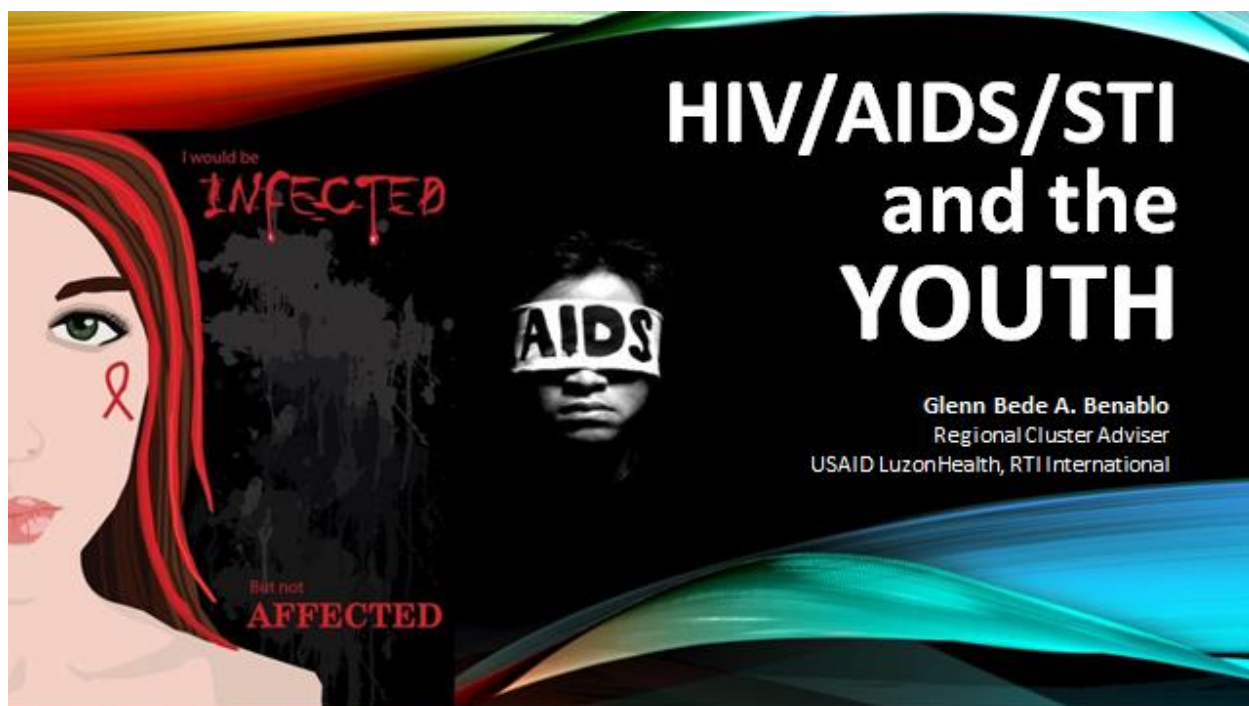
The following activities, however, do not allow HIV transmission:

- Casual contact (e.g. sharing food and utensils, shaking hands, hugging or kissing, coughing, sneezing, visiting a hospital, using a public phone)
- Feces, urine, saliva, sweat, tears
- Donating blood
- Sharing toilets
- Insect bites
- Swimming pools

How can I protect myself from HIV?

- A – Abstinence (*Ayoko muna! Learn to say NO!*)
- B – Be Mutually Faithful (*Ikaw lang at wala nang iba!*)
- C – Correct and Consistent use of Condoms/Safer Sex
- D – Don't Use Prohibited Drugs and Alcohol
- E – Education on STI, HIV and AIDS and your Rights

4. PowerPoint Presentation



HIV/AIDS Situation in the Philippines

- The Philippines is one of only 7 countries with high rates of HIV transmission
(UNAIDS 2010)

Scorecard: INCIDENCE

Changes in the Incidence Rate of HIV Infection, 2001-2009, Selected Countries

Increasing >25%	Stable	Decreasing >25%
Armenia	Angola	Belize
Bangladesh	Argentina	Botswana
Georgia	Belarus	Burkina Faso
Kazakhstan	Benin	Cambodia
Kyrgyzstan	Cameroon	Central African Republic
Philippines	Democratic Republic of the Congo	Congo
Tajikistan	Djibouti	Cote d' Ivoire
	France	Dominican Republic
	Germany	Eritrea
	Ghana	Ethiopia
	Haiti	Gabon
		Guinea
		Guinea-Bissau
		India
		Jamaica
		Latvia
		Mali
	Kenya	Malawi
	Lesotho	Mozambique
	Lithuania	Myanmar
	Malaysia	Namibia
	Niger	Nepal
	Nigeria	Papua New Guinea
	Panama	Rwanda
	Republic of Moldova	Sierra Leone
	Senegal	South Africa
	Sri Lanka	Suriname
	Uganda	Swaziland
	United States of America	Thailand
		Togo
		United Republic of Tanzania
		Zambia
		Zimbabwe

AIDS Scorecards, Overview: UNAIDS Report on the Global AIDS Epidemic, 2010

HIV/AIDS Situation in the Philippines

- HIV prevalence have gone as high as 4% amongst MSM and 52% amongst PWID
- Sex is still the main mode of transmission
- From what used to be heterosexual, it has shifted to homo and bisexual transmissions – up to 80% in 2010
- To date, there are 5-6 new HIV cases per day (DOH). This figure is a marked increase from an average of 1 case a day in 2006.
- 46,000 – estimated projection by end of 2015 from 6,015 as of end of 2010

HIV/AIDS Update in the Philippines as of January 5, 2015

- Almost 500 new cases of human immunodeficiency virus (HIV) infections were documented in November 2014
- two-thirds of whom were aged 15 to 24 and mostly infected through sexual contact
- 492 new cases of HIV, including 40 cases of acquired immunodeficiency syndrome (AIDS). A total of 134 of them were aged 15 to 24. There were 10 deaths.
- The DOH said the 492 cases are 28 percent higher than the 384 cases recorded in November 2013.
- Sexual contact accounted for 464 cases and 250 of them were due to homosexual contact and 146 due to bisexual contact. MSM (85 %) was the predominant type of sexual transmission. Twenty-eight cases were injecting drug users who shared infected needles.
- 83% of the new HIV cases came from the National Capital Region, Region 4-A, Region 2 and Region 11," the DOH said.
- The new cases brought to 5,502 the number of cases since January this year and to 22,018 since 1984
- Of the 22,018 cases, 2,011 developed AIDS while 1,101 have died. **A total of 5,750 of them belong to the 15 to 24 age group, while 69 were below 15 years old.**

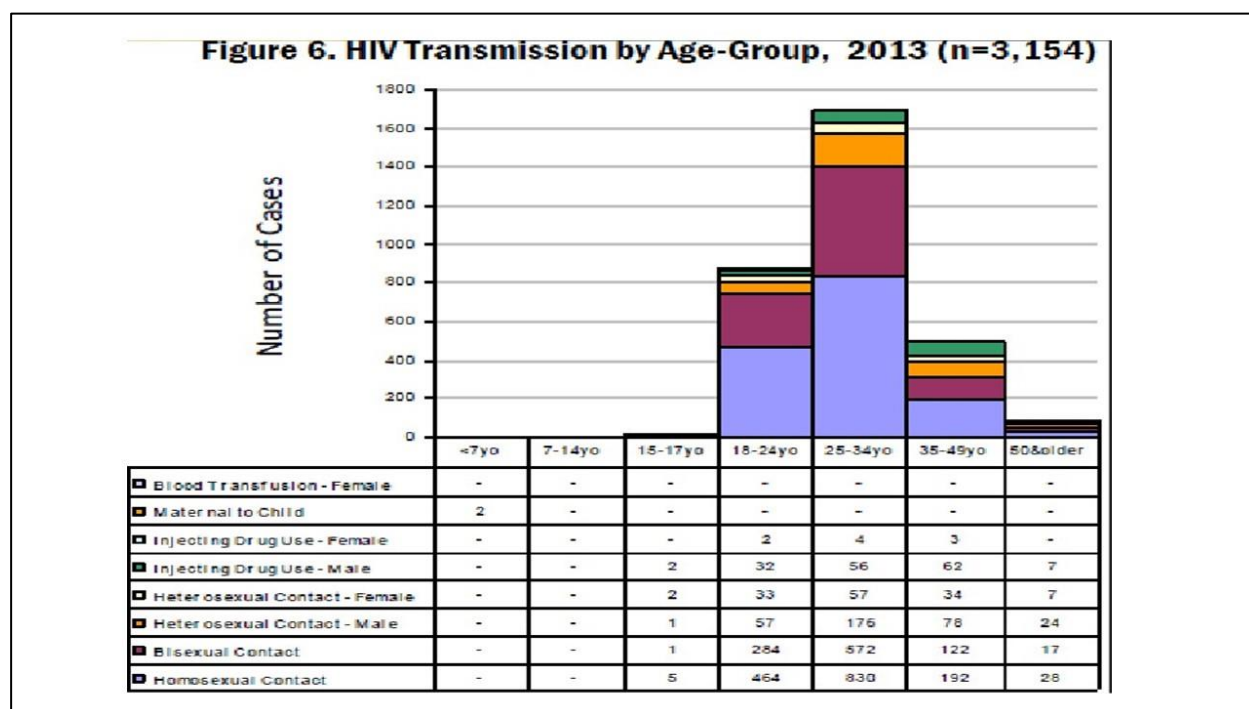
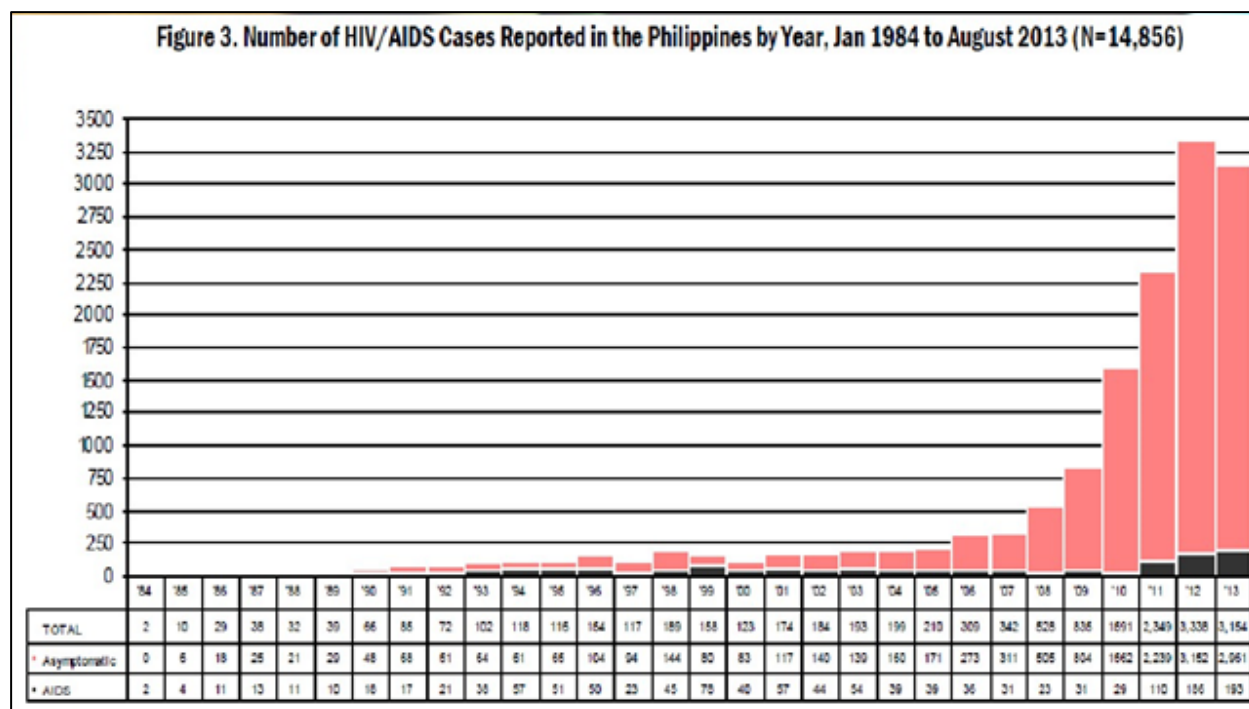
“While new infections continue to decrease globally, we are unfortunately seeing a very different pattern in **Indonesia, Pakistan and the **Philippines** with increasing numbers of new infections in 2013.”**

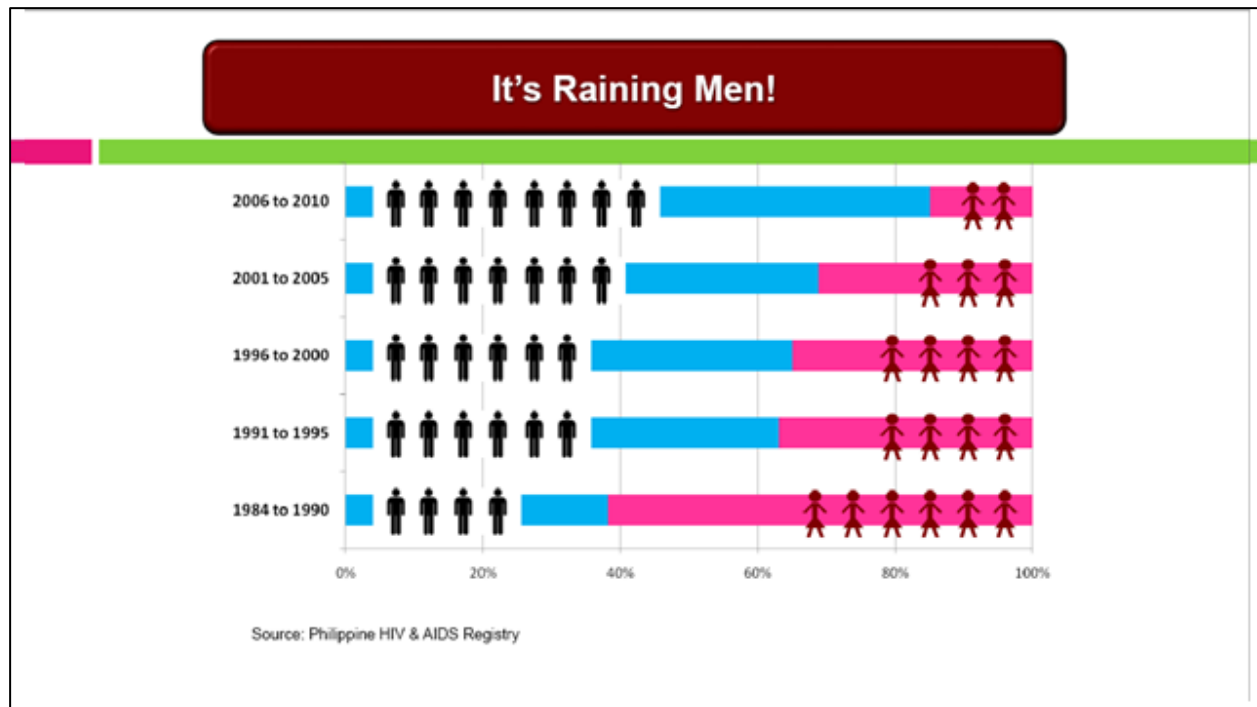
Prof. Sharon Lewin,

Co-chair, 2014 HIV/AIDS Global Conference, Melbourne, Australia
Infectious Disease and Biomedical Research Expert



National Epidemiology Center - DOH



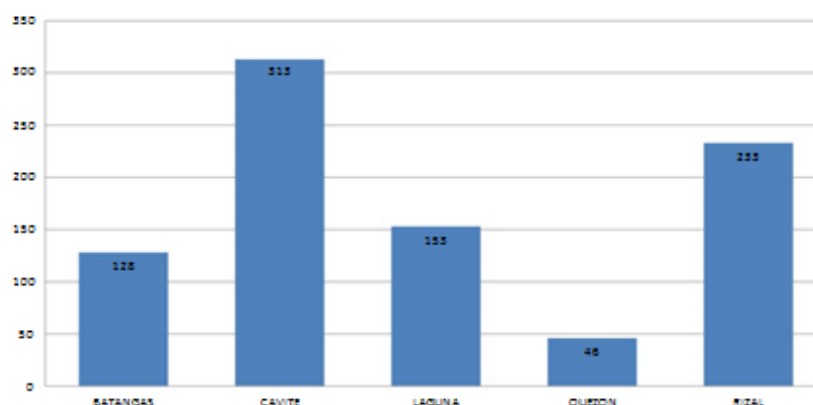


...ACCORDING TO THE UNAIDS

(2013 NATIONAL PREVALENCE OF HIV/AIDS POSITIVE CASES)

- National Capital Region ranked **FIRST** with 41 percent
- Region 4A or the CALABARZON (**Cavite**, Laguna, Rizal and Quezon provinces) area ranked **SECOND** with 15 percent
- Region 7 (**Cebu**, Bohol, Negros Oriental and Siquijor) ranked **THIRD** with 14 percent

HIV Cases in Region 4A: HIV Cases by Province (2001 - 2012*)



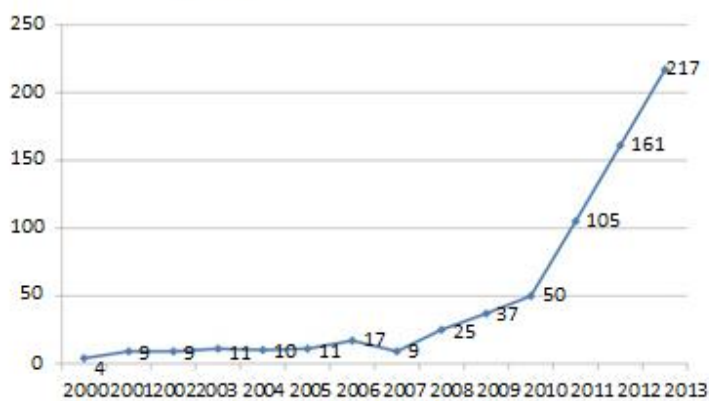
Source: Philippine HIV Registry
 *Data includes from January-February 2012 only



National Epidemiology Center - DOH

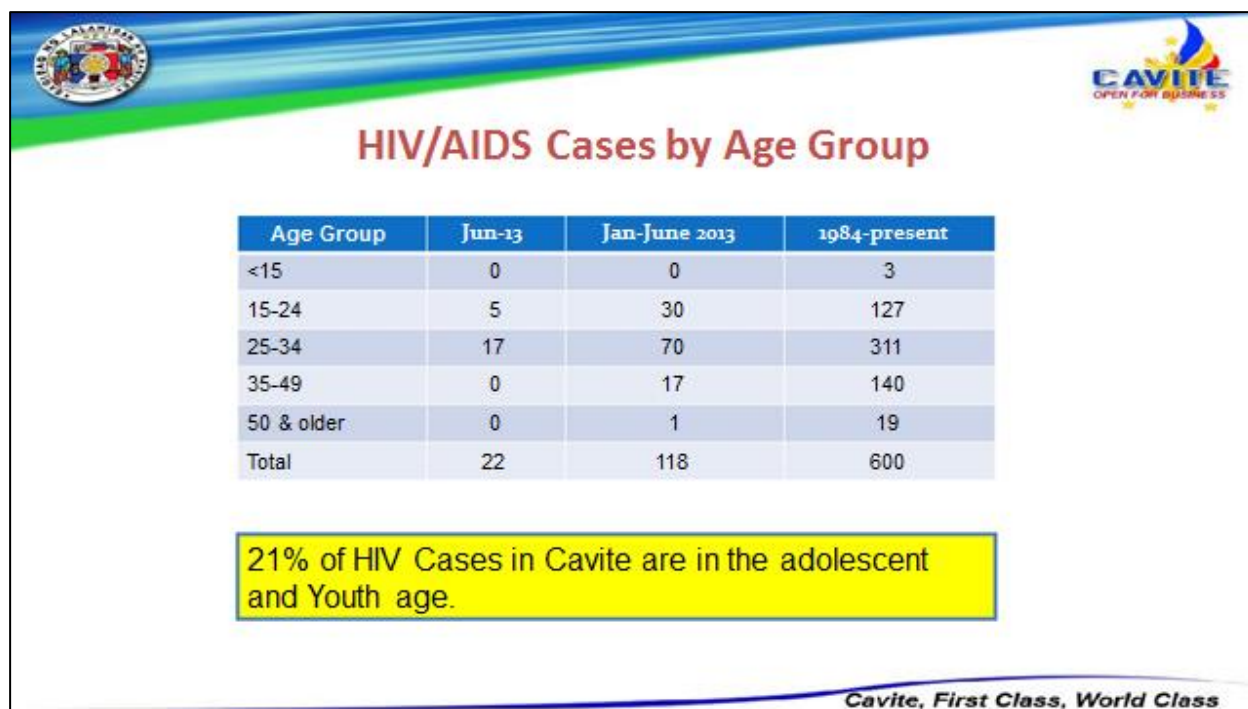


Number of HIV Cases Registered Cavite Province 200-2012



2013 - 217 new cases

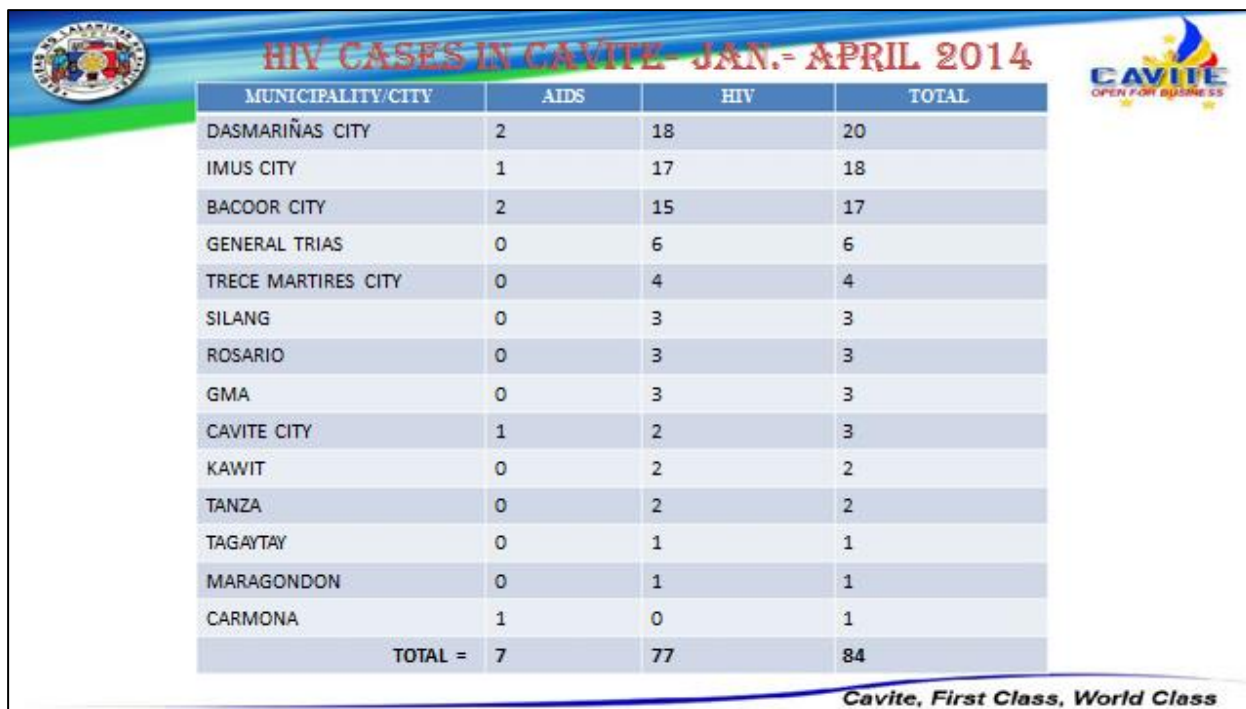
Cavite, First Class, World Class



HIV/AIDS cases in Cavite

Table 1. HIV/AIDS cases by city/municipality

City	2011		2012		2013		Total
	AIDS	Asymptomatic	AIDS	Asymptomatic	AIDS	Asymptomatic	
Alfonso	0	0	0	0	0	1	1
Amadeo	0	0	0	1	0	1	2
Bacoor	1	27	3	42	3	45	121
Carmona	0	5	0	4	0	1	10
Cavite	0	7	0	8	0	9	24
Dasmariñas	2	20	1	30	3	46	102
Gen. Aguinaldo	0	0	0	1	0	0	1
Gen. Trias	0	3	1	6	1	11	22
GMA	0	2	0	3	0	4	9
Imus	2	17	1	29	4	43	96
Indang	2	0	0	1	2	3	8
Kawit	0	2	0	3	0	4	9
Magallanes	0	0	0	0	0	1	1
Mendez	0	1	0	0	0	0	1
Naic	0	0	0	1	0	6	7
Noveleta	0	1	0	1	0	8	10
Rosario	0	2	1	1	1	5	10
Silang	0	5	1	8	0	8	22
Tagaytay	1	0	0	0	0	4	5
Tanza	0	4	1	10	0	9	24
Ternate	0	0	0	0	0	1	1
Trece Martires	0	1	0	2	0	7	10
Unknown	0	0	0	1	0	0	1
Total	8	97	9	152	14	217	497

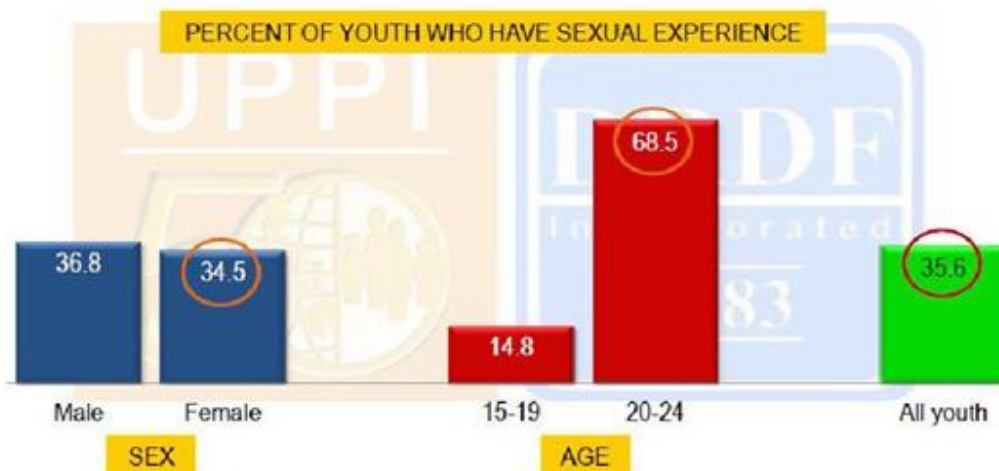


HIV CASES IN CAVITE- JAN.- APRIL 2014

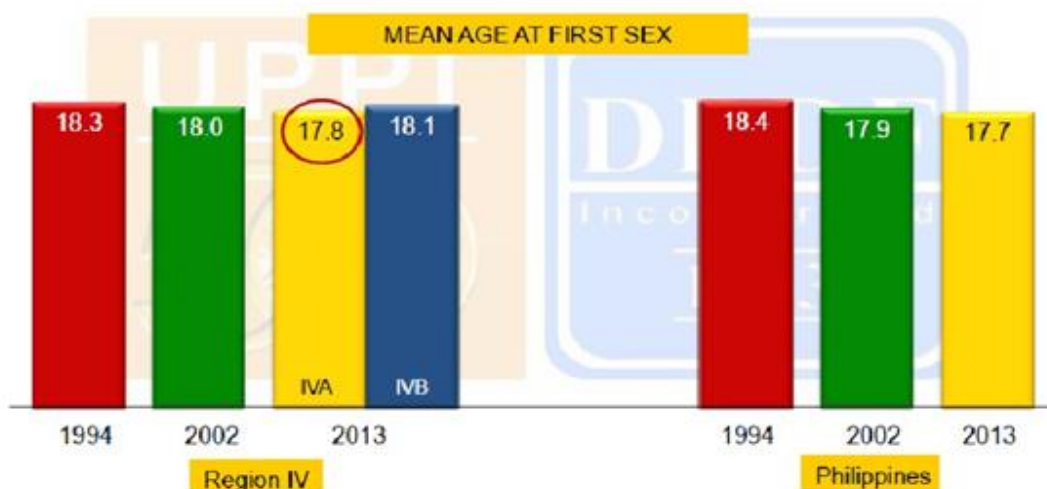
MUNICIPALITY/CITY	AIDS	HIV	TOTAL
DASMARIÑAS CITY	2	18	20
IMUS CITY	1	17	18
BACOR CITY	2	15	17
GENERAL TRIAS	0	6	6
TRECE MARTIRES CITY	0	4	4
SILANG	0	3	3
ROSARIO	0	3	3
GMA	0	3	3
CAVITE CITY	1	2	3
KAWIT	0	2	2
TANZA	0	2	2
TAGAYTAY	0	1	1
MARAGONDON	0	1	1
CARMONA	1	0	1
TOTAL =	7	77	84

Cavite, First Class, World Class

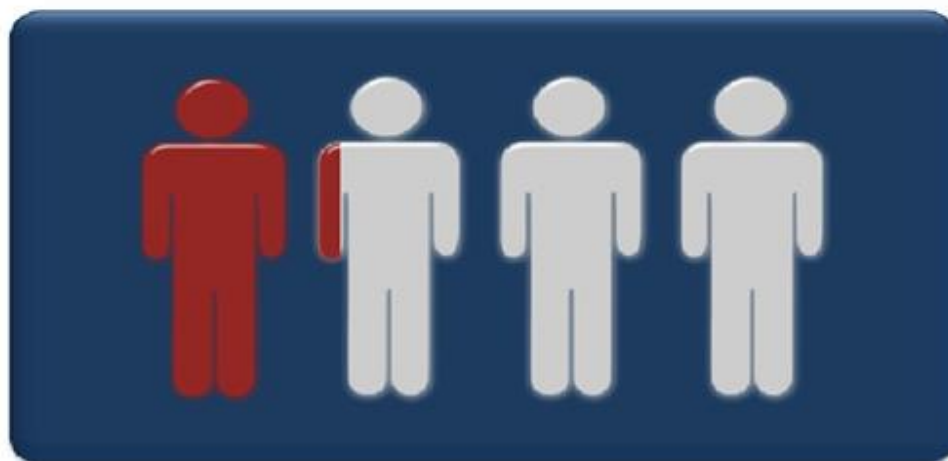
More than 1 in 3 youth in Region IV-A have sexual experience



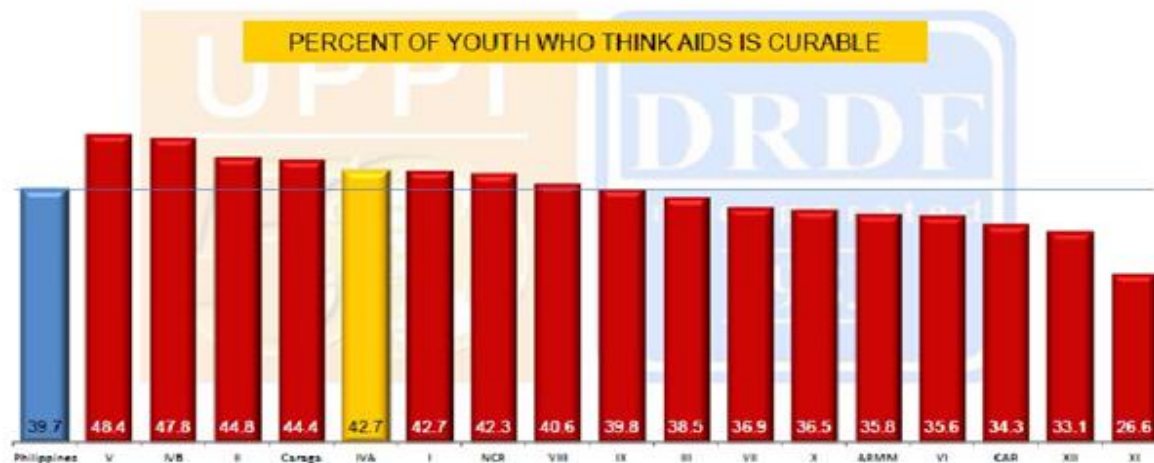
Sexual debut is happening at younger ages



More than a quarter of Region IV-A youth have engaged in premarital sex

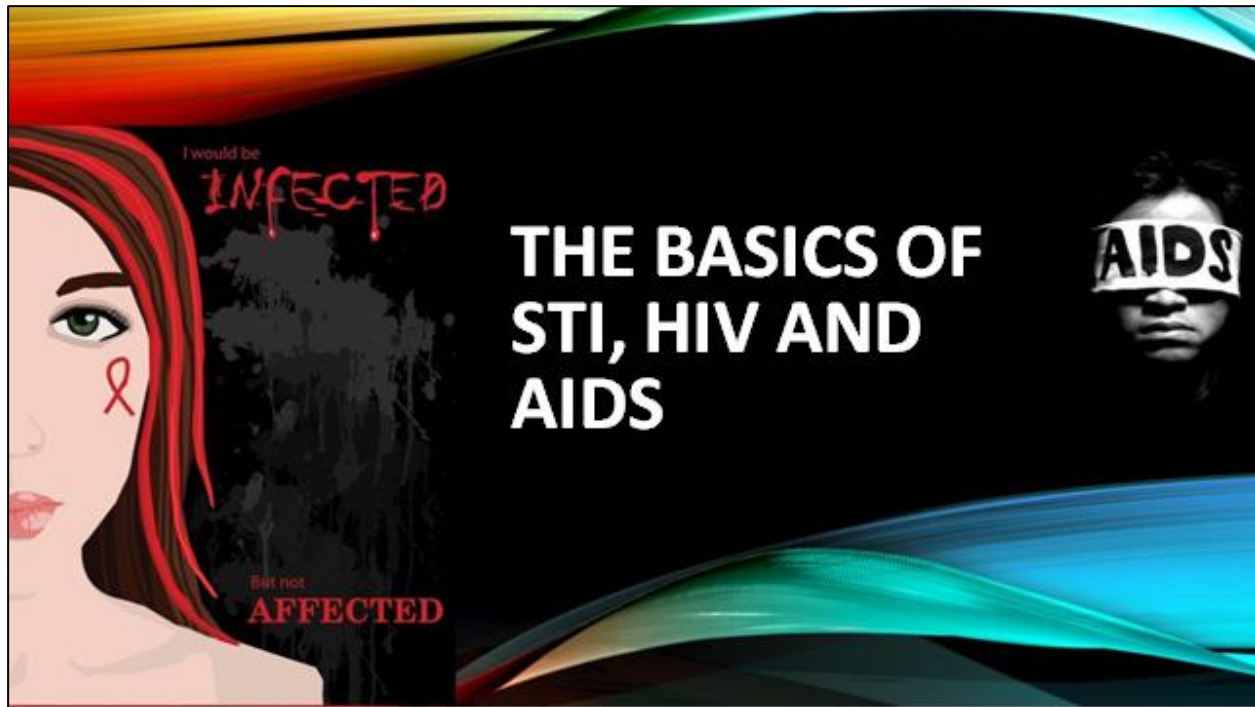


More than 4 in 10 Region IV-A youth believe that AIDS is curable



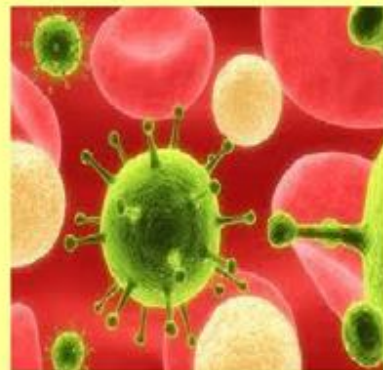
RED FLAGS FOR HIV TRANSMISSION

- sexual debut 14 for males and 17 for females
- Poor knowledge on HIV and AIDS
 - - FSW: 2% - MSM: 10%
 - - IDU: 26% - Clients of SW: 9%
- Very low condom use
- STI cases remain high in the past 5 years
- Sharing of injecting equipment among IDU (48%)
- High HIV vulnerabilities among migrant workers, including women

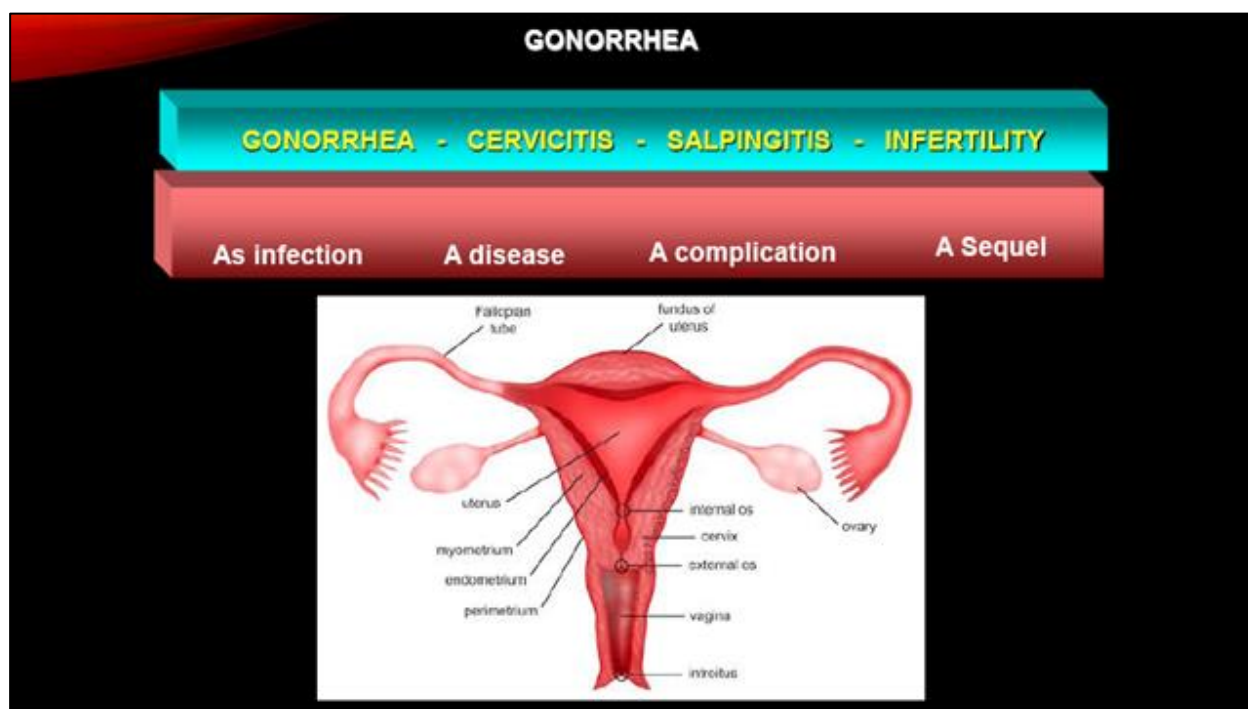
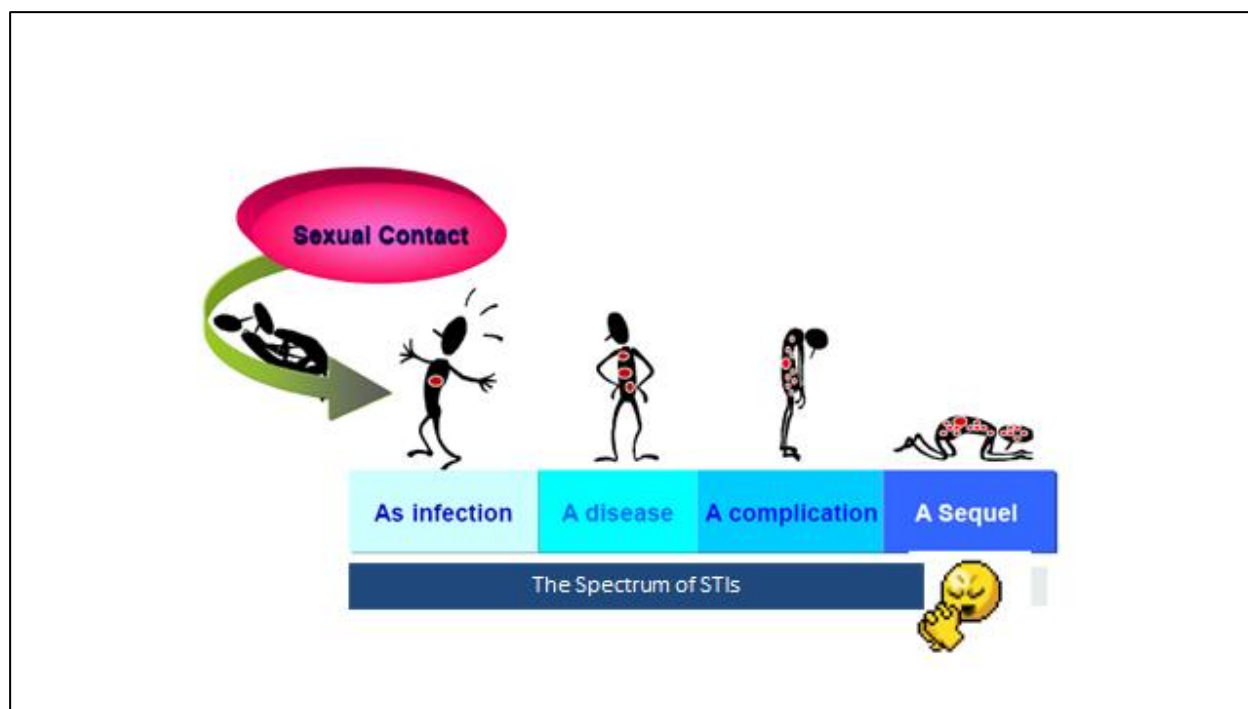


What is an STI?

It is an infection primarily transmitted through sexual contact, but may also be transmitted through non-sexual means



Philippine National AIDS Council



Common STIs



Bacterial	Viral	Protozoal	Fungal	Skin Parasites
<ul style="list-style-type: none"> ■ Gonorrhea ■ Syphilis ■ Chlamydia ■ Chancroid 	<ul style="list-style-type: none"> ■ Genital herpes ■ Genital warts ■ Genital molluscum ■ HIV ■ Hepatitis B * 	<ul style="list-style-type: none"> ■ Trichomonas 	<ul style="list-style-type: none"> ■ Candidiasis 	<ul style="list-style-type: none"> ■ Pubic Lice ■ Scabies ● passed on by close body contact & do not require actual penetrative intercourse

Picture1.png

Common Signs and Symptoms of STI



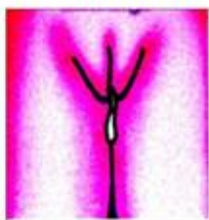
Pain passing urine



Severe itching



Pain



Yellowish/abnormal discharge



Ulcerations



Abdominal pain

What is HIV?



HUMAN

This virus can only infect human beings

IMMUNO-DEFICIENCY

The effect of the virus is to create a deficiency (a failure to work properly) within the body's immune system

VIRUS

This organism is a retro virus, which means it can reproduce itself by taking over the machinery of the human cell

Source: UNAIDS. *Training manual on HIV & AIDS for Catholic Church pastoral workers*. Makati: UNAIDS, 2007.

How does the immune system work?

Your body is protected by the immune system made up of White Blood Cells



Your body is protected

White Blood Cells
fight disease and
germs for your
body



The Struggle HIV the victor

After a very long
struggle lasting
years, HIV kills most
of your White Blood
Cells, leaving your
body unprotected



No protection

Many other
(secondary)
diseases attack and
kill the body:

**Acquired
Immune
Deficiency
Syndrome (AIDS)**



What is AIDS?



ACQUIRED

The infection may be transmitted from one person to another

IMMUNE

The immune system is compromised

DEFICIENCY

The body can no longer fight off infections; individual may suffer from two or more opportunistic infections

SYNDROME

A person experiences a collection of symptoms which could be fatal

Source:
UNAIDS. *Training manual on HIV & AIDS for Catholic Church pastoral workers.*

Four Body Fluids Known To Transmit HIV



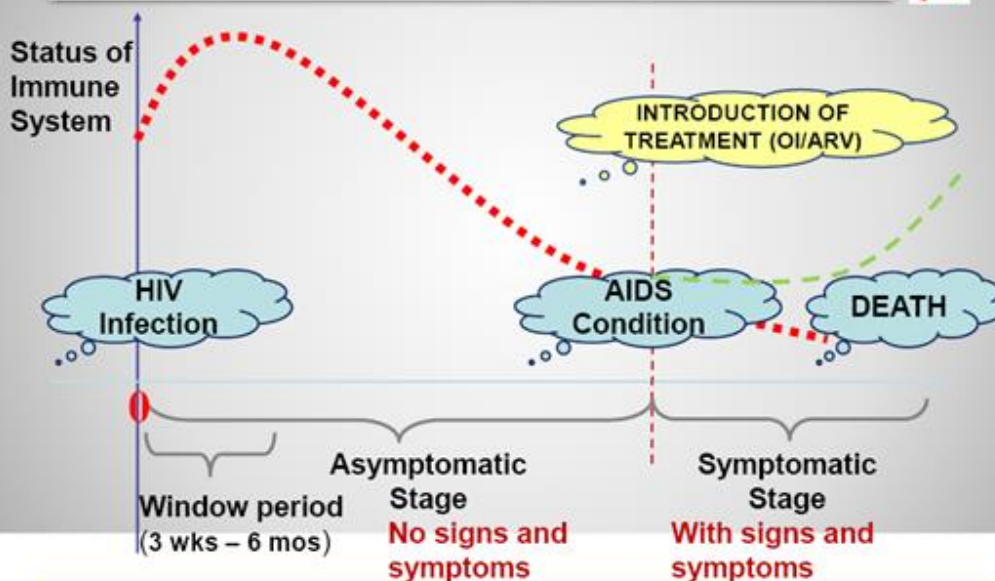
BLOOD

SEMEN

VAGINAL/CERVICAL FLUID

BREASTMILK

Progression of HIV Infection



What is an Opportunistic Infection?



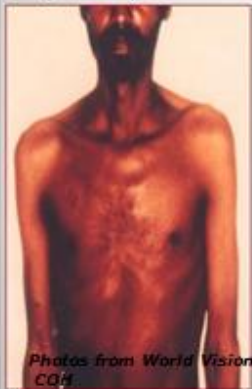
It is an infection or malignancy that attacks the body by taking advantage of an immune system that has been severely weakened by an HIV infection.

Source: Avert.org

Examples of Opportunistic Infections



infection
(ex. TB)



Photos from World Vision, CQ4



Fungal infections



Swollen lymph nodes

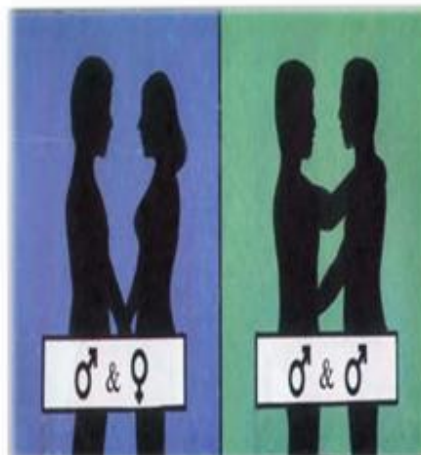


Kaposi's sarcoma, shingles

Philippine National AIDS Center

HIV Transmission Risk 1:

Sexual transmission of HIV



Source of illustration: DOH, Remedios AIDS Foundation, UNICEF

HIV Transmission Risk 2:



Source: DOH, Remedios AIDS Foundation, UNICEF

Infected Blood and blood products

- *Blood transfusion from an HIV-infected donor & sharing of infected syringes and needles*



HIV Transmission Risk 3:



Mother to Child

Picture1.png

From an HIV-infected mother to her child

► During pregnancy



► natural delivery



► breast-feeding

Source of illustrations: DOH, Remedios AIDS Foundation, UNICEF

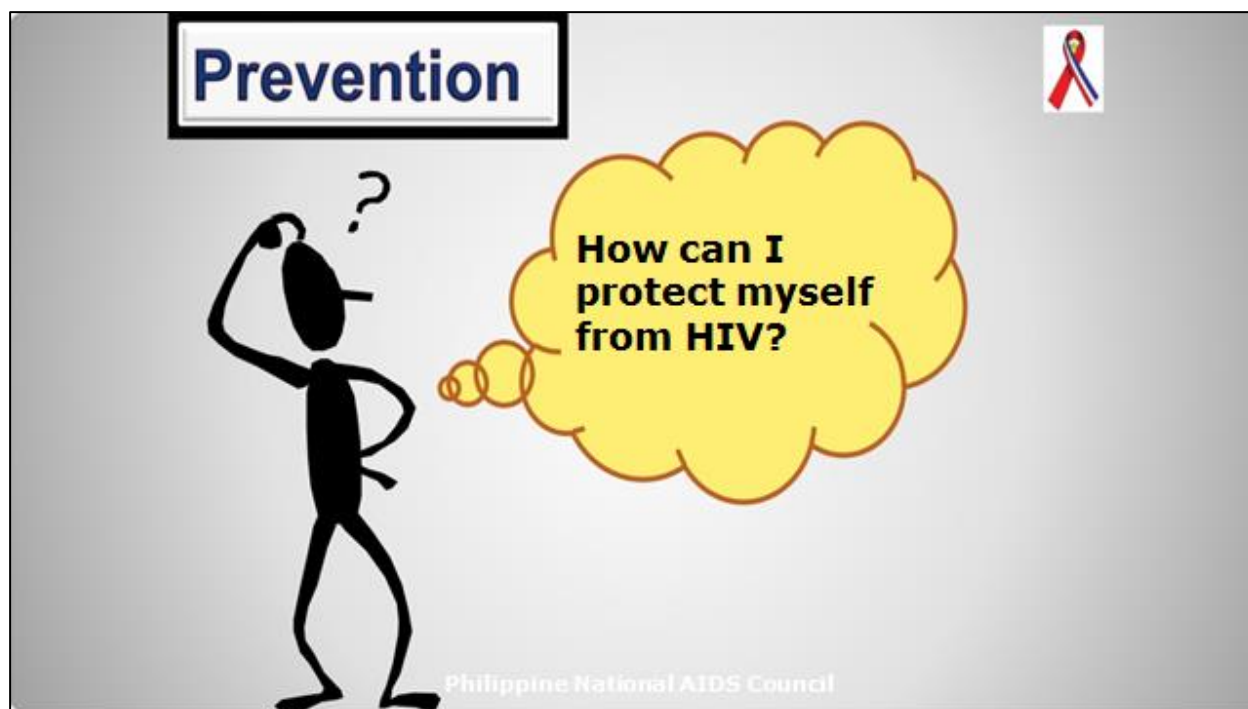
Activities That Do Not Allow HIV Transmission



- ❑ Casual contacts (sharing food and utensils, shaking hands, hugging or kissing, coughing, sneezing, using public phone, visiting a hospital)
- ❑ Feces, urine, saliva, sweat, tears
- ❑ Donating blood
- ❑ Sharing toilets
- ❑ Insect bites
- ❑ Swimming pools



Sources of illustrations: DOH, Remedios AIDS



- A – Abstinence (Ayoko muna! Learn to say NO!)**
- B – Be mutually faithful (Ikaw lang at wala ng iba!)**
- C – Correct and Consistent use of Condoms/Safer Sex**
- D – Don't use prohibited Drugs and Alcohol**
- E – Education on STI, HIV and AIDS and your Rights**

WHAT WE CAN DO

UNAIDS Outcome Framework 2009–2011: nine priority areas

- We can reduce sexual transmission of HIV.
- We can prevent mothers from dying and babies from becoming infected with HIV.
- We can ensure that people living with HIV receive treatment.
- We can prevent people living with HIV from dying of tuberculosis.
- We can protect drug users from becoming infected with HIV.
- We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.
- We can stop violence against women and girls.
- We can empower young people to protect themselves from HIV.
- We can enhance social protection for people affected by HIV.

LIVING WITH HIV/AIDS



"WHAT IF YOU WERE HIV POSITIVE?"

I would count my **blessings**

I would **live** every moment

I would do the things I've always **dreamed** of doing

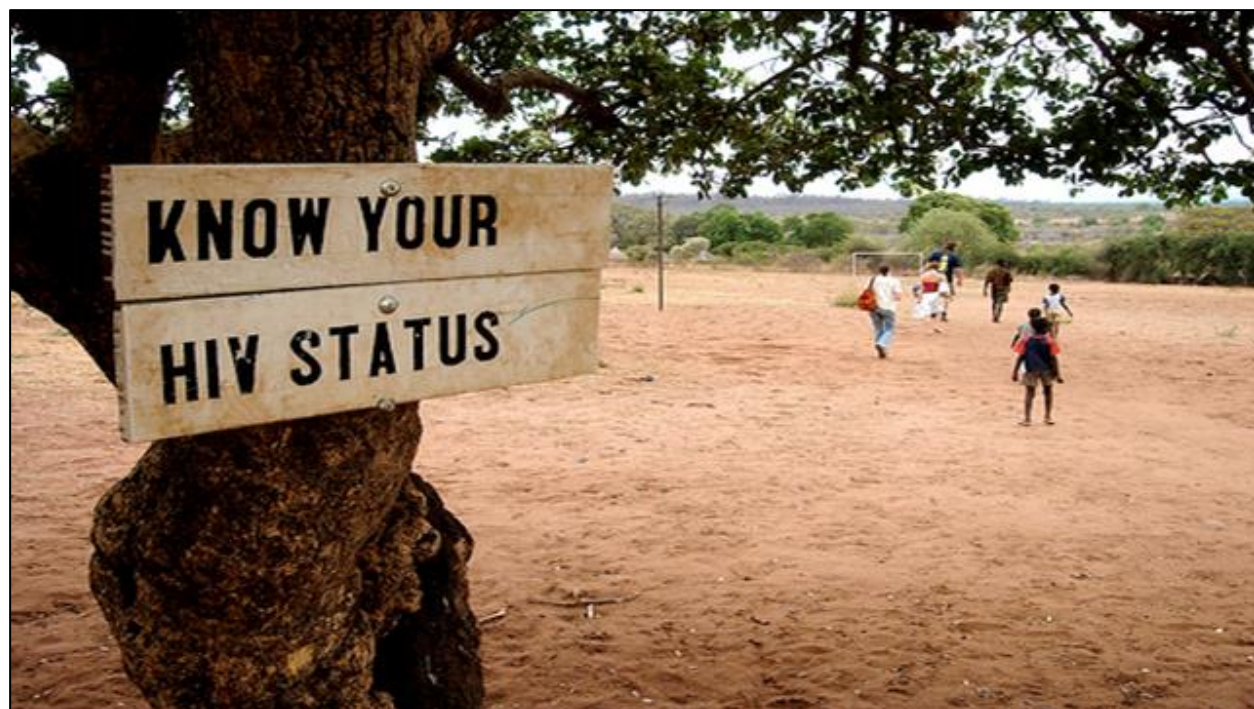
I would **tell** my story



WHAT IF IT WERE **YOU** ?

A project of HIVictorious, Inc.
 HIVICTORIOUS

www.whatifitwereyou.org - www.hivictorious.org



Session 8: Drug Abuse and the Youth

Objectives

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

1. Discuss the prevalence of drug abuse in the country.
2. Distinguish the most commonly abused drugs and their ill effects.
3. Identify common signs of drug abuse and how to deal with suspected users among peers.

Time allotment: One (1) hour

Materials

- Power point presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Drug Abuse.'

2. Introduction

Adolescent boys and girls may experience some peer pressure to engage in drugs. Drug use is a very risky behavior which may lead to abuse and dependency. It is important that adolescents like you are not ignorant of the facts surrounding drug use.

3. Activity

- Group the participants into five.
- Ask each group to list down all the terms they know about drug abuse (e.g. street name of drugs).
- Share with the big group.

4. Analysis

- Where did they learn about these terms?
- What are some situations where introduction to drugs among adolescents could come in?
- What could you do to avoid being involved in drug use?

5. Abstraction

What are Drugs?

Drugs are chemicals that affect a person in such a way as to bring about physiological, emotional, or behavior change. Dangerous drugs' are those that have high tendency for abuse

and dependency. These substances may be organic or synthetic, and pose harm to those who use them.

What is Drug Abuse?

Drug abuse exists when a person continually uses a drug other than its intended purpose. This continued use can lead to drug dependence, a state of physical and psychological dependence or both on a dangerous drug.

What is Drug Addiction?

Drug addiction is a complex, and often chronic, brain disease. It is characterized by excessive drug craving, seeking, and use. Addiction is caused by brain changes caused by constant drug use.

What is Drug Dependence?

This is the state of physical and psychological dependence, or both, on a dangerous drug or drugs, experienced by a person following the use of that substance on a periodic or continuous basis. A person dependent on drugs will experience withdrawal reactions (also known as “cold turkey” symptoms that occur after long-term use of a drug is reduced or stopped abruptly) after abstaining from drugs.

Drug Abuse in the Philippines: Facts and Figures

Estimated drug users in the Philippines: 1.7 million

Profile of drug users

- Mean Age: 28 years old
- Ratio of male is to female users: 10:1
- Civil status: Single (58.21%)
- Employment status: Unemployed
- Educational attainment: High school level
- Average monthly household income: PhP 16,290.80
- Residence: Urban areas

Most Commonly Abused Drugs and their Ill Effects

Shabu

Methamphetamine hydrochloride is found to have harmful effects to the brain. It changes how the brain functions. Studies have shown that methamphetamine abusers have reduced motor skills and impaired verbal learning as a result of alterations in the activity of the dopamine, a neurotransmitter involved in reward, motivation, experience of pleasure, and motor function.

Street names: shabs, ice, meth, crystal, kristal, basura, tawas

Marijuana

Cannabis sativa use impairs a person's ability to form new memories and to shift focus. Its active component, tetrahydrocannabinol (THC) also disrupts coordination and balance, posture, and

reaction time (experience commonly referred to as “spacing out”). Thus, chronic marijuana use significantly reduces a person’s capacity to learn, carry-out complicated tasks, participate in sports, and drive and operate other machineries. Studies also show that marijuana use can lead to lung cancer and other problems in the respiratory and immune systems.

Street names: weed, jutes, pot, grass, damo, chongke

Inhalants

The effects of inhalants are similar to that of alcohol, including slurred speech, lack of coordination, euphoria and dizziness. Inhalant abusers may also experience lightheadedness, hallucinations, and delusions.

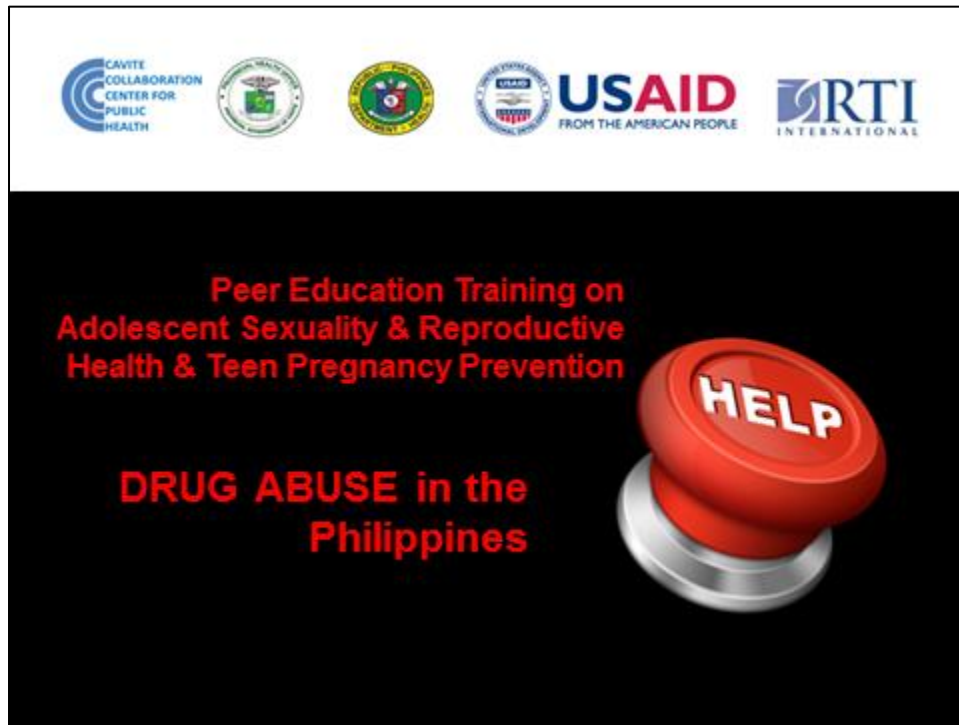
Signs of Drug Abuse

- Declining interest in school or work
- Suddenly changes friends (hangs out with individuals known for their drug use)
- Becomes pessimistic, irritable and anxious all the time
- Asks to be left alone a lot
- Always tired (or makes it as an excuse to be left alone)
- Becomes careless and often becomes involved in accidents
- Becomes implicated in a lot of fights
- Frequent mood swings
- Sudden change in appearance and conduct (red or puffy eyes, weight changes, constant complaints of headaches or stomachaches, shaking, incessant cough, brown stains on fingertips, stumbling, or a constant runny nose)
- Loss of interest in hobbies or sports
- Exhibits poor judgment
- Finds it difficult to concentrate

6. Application

- If you suspect that a friend is using drugs, talk to him or her. Let your friend know that you care. Talk to your parents, teacher, school counselor, or another trusted adult. Offer to go with your friend to his parents or a counselor for help.
- You alone can't make your friend stop doing drugs. It takes professional help. Counseling, treatment and rehabilitation are among the interventions that can help someone struggling with the compulsion to use drugs.
- You may contact Dangerous Drug Board via their website and social networking accounts or over the phone (+63-2-929-1753) for other queries and means of helping a person recover from drug dependency.

7. PowerPoint Presentation



Facts About Drug Abuse

- Drug use can lead to abuse, addiction, legal offenses, serious health problems, and even death.
- We must understand that there is no way to predict the effect that a drug can have on a person, especially if it is the first time they try it, and even regardless of dose and amount. Given that each person's brain and body chemistry are different, each person would also have a different tolerance for drugs.

Drugs

- Drugs are chemicals that affect a person in such a way as to bring about physiological, emotional, or behavioral change.
- ‘Dangerous drugs’ are those that have high tendency for abuse and dependency. These substances may be organic or synthetic, and pose harm to those who use them.

3

Drug Abuse

- Drug abuse exists when a person continually uses a drug other than its intended purpose. This continued use can lead to drug dependence, a state of physical and psychological dependence or both on a dangerous drug.

4

Drug Addiction

- Drug addiction is a complex, and often chronic, brain disease. It is characterized by excessive drug craving, seeking, and use. Addiction is caused by brain changes caused by constant drug use.

5

Drug Dependence

- This is the state of physical and psychological dependence, or both, on a dangerous drug, or drugs, experienced by a person following the use of that substance on a periodic or continuous basis. A person dependent on drugs will experience withdrawal reactions (also known as “cold turkey” symptoms that occur after long-term use of a drug is reduced or stopped abruptly) after abstaining from drugs.

6

Drug Abuse by the Numbers

- Estimated Drug Users in the Philippines: 1.7 Million
- Profile of Drug Users
- Mean Age: 28 years old
Ratio of Male is to Female Users: 10:1
Civil Status: Single (58.21%)
Employment Status: Unemployed
Educational Attainment: High School Level
Average Monthly Household Income: Php 16,290.80
Residence: Urban Areas

7

Drug Abuse by the Numbers

- Duration of Drug Use: More than 6 years
- Nature of Drug Use: Polydrug-use
- Commonly Abused Substances:
- (1) Methamphetamine Hydrochloride (Shabu)
(2) Cannabis (Marijuana)
(3) Inhalants (Contact Cement)

8

Most commonly abused drugs and their Ill Effects

SHABU



Methamphetamine hydrochloride has harmful effects to the brain. It changes how the brain functions. Studies have shown that methamphetamine abusers have reduced motor skills and impaired verbal learning as a result of alterations in the activity of the dopamine, a neurotransmitter involved in reward, motivation, experience of pleasure and motor function.

Street names: shabs, ice, meth, crystal, kristal, basura, tawas

9

Most commonly abused drugs and their Ill Effects

SHABU



Other adverse effects:

- Extreme weight loss
- Severe dental problems ("meth mouth")
- Anxiety
- Confusion
- Insomnia
- Mood disturbances
- Violent behavior

10

Most commonly abused drugs and their Ill Effects

MARIJUANA

Cannabis sativa use impairs a person's ability to form new memories and to shift focus. Its active component, tetrahydrocannabinol (THC) also disrupts coordination and balance, posture, and reaction time (experience commonly referred to as "spacing out"). Thus, chronic marijuana use significantly reduces a person's capacity to learn, carry-out complicated tasks, participate in sports, driving and operating other machineries. Studies also show that marijuana use can lead to lung cancer and other problems in the respiratory and immune systems.

Street names: weed, jutes, pot, grass, damo, chongke



11

Most commonly abused drugs and their Ill Effects

MARIJUANA

Health problems with the use of marijuana include:

- Problems with memory and learning
- Distorted perception (sights, sounds, time, touch)
- Trouble with thinking and problem solving
- Loss of motor coordination
- Increased heart rate and palpitations



12

**Most commonly abused drugs
and their Ill Effects**

INHALANTS



The effects of inhalants are similar to that of alcohol, including slurred speech, lack of coordination, euphoria and dizziness. Inhalant abusers may also experience lightheadedness, hallucinations, and delusions.

13

**Most commonly abused drugs
and their Ill Effects**

INHALANTS



Harmful irreversible effects of inhalants include:

- Hearing loss
- Limb spasms
- Central nervous system or brain damage
- Bone marrow damage

14

SIGNS of Drug Abuse

The following are common signs of drug abuse revealed by individual using drugs:

- declining interest in school or work
- suddenly changes friends (hangs out with individuals known for their drug use)
- becomes pessimistic, irritable and anxious all the time
- asks to be left alone a lot
- is always tired (or makes it as an excuse to be left alone)
- becomes careless and often becomes involved in accidents



15

SIGNS of Drug Abuse

The following are common signs of drug abuse revealed by individual using drugs:

- becomes implicated in a lot of fights
- frequent mood swings
- sudden change in appearance and conduct (red or puffy eyes, weight changes, constant complaints of headaches or stomachaches, shaking, incessant cough, brown stains on fingertips, stumbling, or a constant runny nose)
- loss of interest in hobbies or sports
- exhibits poor judgment
- finds it difficult to concentrate



16

Helping Victims of Drug Abuse



- If you suspect that a friend is using drugs, talk to him or her. Let your friend know that you care. Talk to your parents, teacher, school counselor, or another trusted adult. Offer to go with your friend to his parents or a counselor for help.
- You alone can't make your friend stop doing drugs. It takes professional help. Counseling, treatment and rehabilitation are among the interventions that can help someone struggling with the compulsion to use drugs.
- You may contact Dangerous Drug Board via their website and social networking accounts or over the phone (+63-2-929-1753) for other queries and means of helping a person recover from drug dependency.

17

Words to Know

- **Addiction** is a state of dependency or craving for a drug. All an addicted drug user can think about is getting the next dose after getting high.
- **Depressant** is a drug that slows a person down. Doctors prescribed depressants to help people be less angry, anxious, or tense. Depressants relax muscles and make people feel sleepy.
- **Hallucinogen** is a drug, such as LSD, that changes a person's mood and makes him see, hear, or think things that aren't really there. Hallucinogens change the way a person feels time, making it seem to slow down. As the name implies, hallucinogens may cause hallucinations - this is when people think they see or hear imaginary people or things.

18

Words to Know

- **High** is the feeling that drug users want to get when they take drugs. There are many types of high, including a spacey feeling, euphoria, or a feeling that a person has “special powers,” such as the ability to fly or see into the future.
- **Stimulant** speeds up a person's body and brain. Stimulants make a person feel high and energetic. However, when the effects of a stimulant wear off, a person feels tired or sick.

Session 9: Understanding the Risks and Realities of Teenage Pregnancy

Objectives

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

1. Discuss the status of teenage pregnancy in the country.
2. Explain the ill effects of teenage pregnancy based on the following aspects: physical, psycho-social, and economic.
3. Discuss how to prevent teenage pregnancy.

Time allotment: One (1) hour

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Understanding the Risks and Realities of Teenage Pregnancy.'

2. Introduction

The Philippines is one of the few countries in South East Asia where teen pregnancy has been dramatically increasing. There is a growing concern over unplanned and unintended teen pregnancy. Data from the DOH show that cases of teen pregnancy are getting younger, i.e., as young as 10 years old.

3. Activity: Brainstorming

- Divide the participants into groups.
- Ask each group to identify the factors affecting teen pregnancy and present these through a role play.

4. Analysis

- Based on the role plays you have seen, what are the common reasons why teen pregnancy occurs?
 - Is teen pregnancy preventable?
 - How can an adolescent girl avoid being pregnant at a young age?
 - How can an adolescent boy avoid making somebody pregnant at a young age?
-

5. Abstraction

Current Situation in the World³

- 16 million adolescents, usually from low-middle income households, give birth every year
- An estimated 3 million adolescent girls aged 15-19 y/o undergo abortion every year
- Pregnancy complications are among the leading causes of death among adolescent from low-middle income group.

Current Situation in the Philippines

- Teen pregnancies in the country rose by 70% in a span of 10 years. From 114,205 in 1999 to 195,662 in 2009 (UNFPA, 2011).
- 10% of all Filipino women aged 15-19 have already given birth
- The proportion of maternal deaths doubled from 5% to 10% between 2000 and 2010
- 16% of abortion attempts occur among teenagers (DOH)
- 13 to 14 % of registered marriages are among teens below 20 years old (NSO)
- Present teen deliveries in the province concerned

Consequences and Impact of Teenage Pregnancy

Medical

- High risk pregnancy which may lead to maternal death
- Stillbirth and newborn death among 0-1 year old is 50 % higher among 15-19 years old compared to infants of women from 20-29 years old
- Infants of adolescent- mothers are more likely to have low birth weight
- Poor health of mother and her baby w/c could lead to sickness, and even death
- High probability of the couple to have another child (1-3) before the age of 20

Economic

- Higher cost of health services
- Loss of various opportunities (educational and social advancement)
- Less opportunity to land a good job – limited provision for household needs
- Increase in economic burden to the family/country

Psycho-social

- Poor husband-wife relationship (immaturity)
- High possibility of separation
- Less opportunity to enjoy adolescence and to mingle with friends
- Poor psycho-social development of children

Just do 'HI-SKUL'

To help others protect themselves, do "HI"

- Help spread teenage pregnancy prevention information/messages.
Share the information you learned from this campaign.
- Influence others for the better.
Be a good influence. Help your peers stay away from risky behaviors.

To protect yourself, do "SKUL"

- Stay away from risky sexual behaviors.

³ WHO Media Center, May 2012

Abstain from sex. You are still young. Focus on your studies. You don't need to have sex to enjoy adolescence.

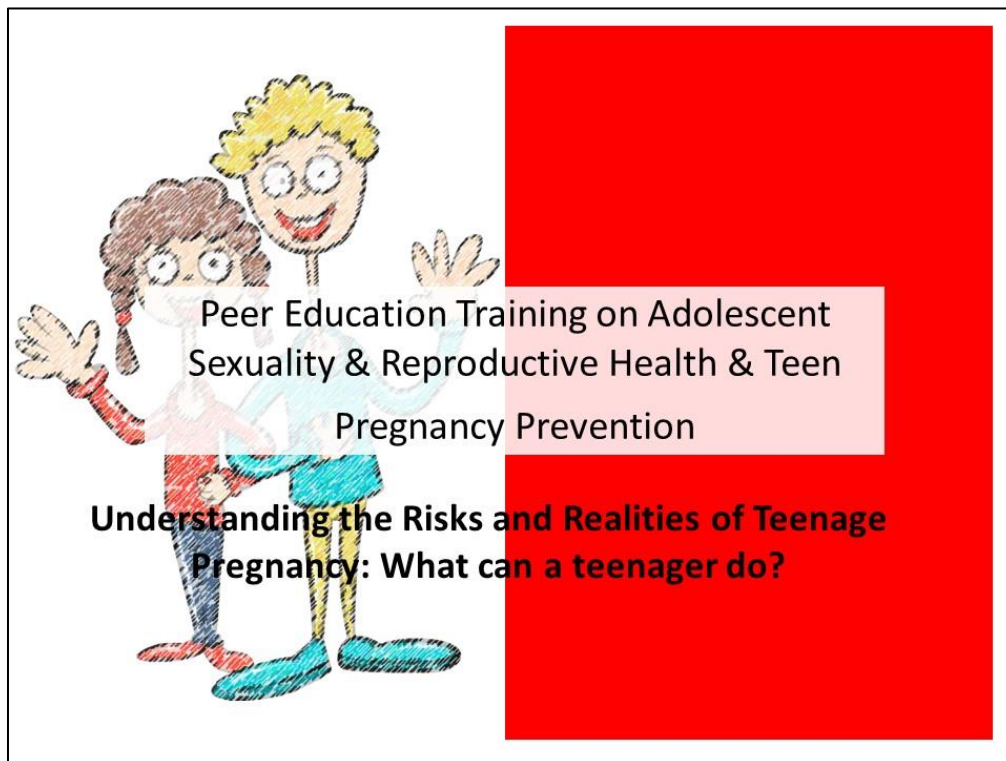
- Keep yourself drug-free.
Avoid drugs and alcoholic drinks. These can make you lose control of yourselves and make it harder to stop having sex.
- Use your time in worthwhile activities.
Focus on your studies. Join decent youth organizations. Be part of extracurricular activities.
- Learn to value yourself.
You are a precious individual. Your body is a gift from God, respect it and care for it.

6. Application

Now that you know that teen pregnancy can be avoided, what would you do to avoid this potential crisis situation in your life?

As peer educator, what would you do to educate other adolescents about the reality and risks of teen pregnancy?

7. PowerPoint Presentation



OBJECTIVES OF THE SESSION

- Discuss the status of teenage pregnancy in the country
- Explain the ill effects of teenage pregnancy
 - Physical (mother & baby)
 - Economic
 - Psycho-social
- Discuss how to prevent teenage pregnancy

Current Situation in the world

- **16 M** adolescents, usually from low-middle income households, give birth every year
- An estimated **3 M** adolescent girls aged 15-19 y/o undergo abortion every year
- **Pregnancy complications** are among the leading causes of death among adolescents from low-middle income group



Source : WHO Media Center, May 2012

Current Situation in the Philippines

1. Teen pregnancies in the country rose by 70% in a span of 10 years. From **114,205 in 1999 to 195,662 in 2009** (UNFPA, 2011).
2. 10% of all Filipino women aged 15-19 have already given birth.
3. The proportion of **maternal deaths** doubled from **5 % to 10 %** between 2000 and 2010
4. 16% of abortion attempts occur among teenagers (DOH).
5. 13 to 14 % of registered marriages are among teens below 20 years old (NSO).

Teen Deliveries in Oriental Mindoro

2014	January-June 2014	July-December 2014	Total
Baco	32	25	57
Bansud	5	7	12
Bongabong	9	7	16
Bulalecao	1	1	2
Calepan	192	148	340
Gloria	15	16	29
Mansalay	5	4	7
Neujan	76	65	141
Pinamalayan	31	15	46
Pala	19	5	27
Puerto Galera	27	17	44
Roxas	5	4	9
San Teodoro	11	9	20
Socorro	21	23	44
Victoria	11	5	16
TOTAL	456	354	810

Teen Deliveries in Oriental Mindoro

2015	January-June 2015
Baco	25
Bansud	4
Bongabong	4
Bulaleco	2
Calepan	102
Gloria	7
Mansalay	1
Naujan	60
Pinamalayan	19
Pala	11
Puerto Galera	11
Roxas	0
San Teodoro	10
Socorro	12
Victoria	17
TOTAL	255

Teen Deliveries in Oriental Mindoro

Period Covered: January-December 2014

- 13 years old= 2
- 14 years old= 6
- 15 years old= 19
- 16 years old= 80
- 17 years old= 160
- 18 years old= 255
- 19 years old= 288

TOTAL = 810



Teen Deliveries in Oriental Mindoro

Period Covered: January-June 2015

- 13 years old= 0
- 14 years old= 1
- 15 years old= 14
- 16 years old= 31
- 17 years old= 73
- 18 years old= 86
- 19 years old= 78

TOTAL = 283



Consequences/Impact of Teenage Pregnancy

Medical

- High risk pregnancy which may lead to maternal death.
- Stillbirth and Newborn death among 0-1 y/o is **50 % higher** among 15-19 y/o compared to infants of women from 20-29 y/o.
- Infants of adolescent mothers are more likely to have low birth weight.
- Poor health of mother and her baby w/c could lead to sickness, and even death.
- High probability of the couple to have another child (1-3) before the age of 20.

Consequences/Impact of Teenage Pregnancy

Economic

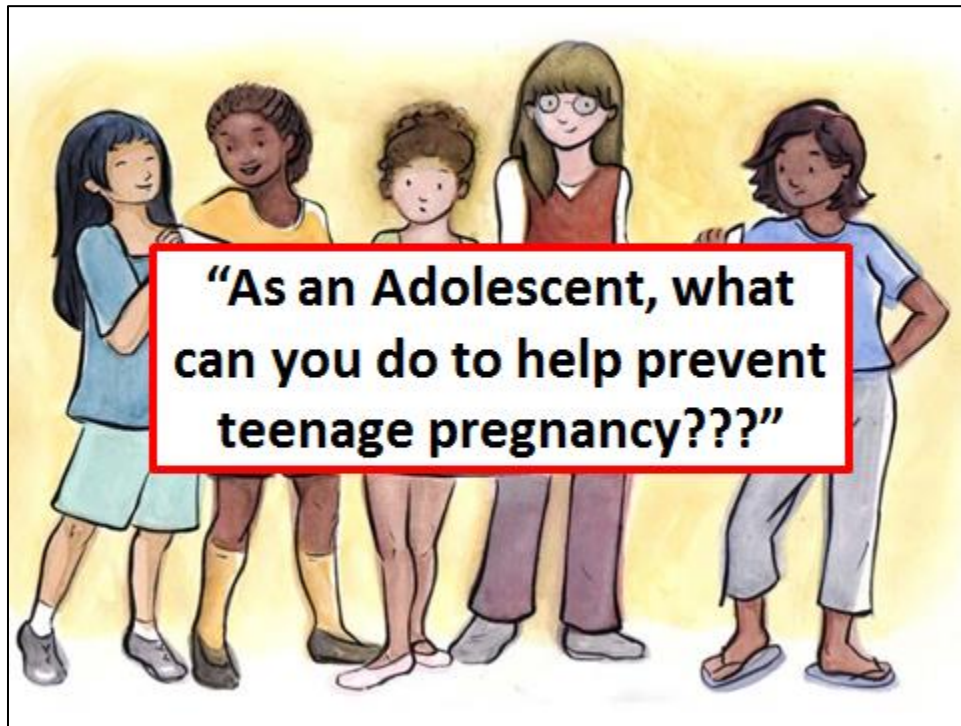
- Higher cost of health services
- Loss of various opportunities (educational and social advancement)
- Less opportunity to land a good job – limited provision for household needs
- Increase in economic burden to the family/country

Consequences/Impact of Teenage Pregnancy

Psycho-Social

- Poor husband-wife relationship (immaturity)
- High possibility of separation
- Less opportunity to enjoy adolescence and to mingle with friends
- Poor psycho-social development of children

[..\..\..\Videos\Adolescent\A 15 year old becomes a mother in 'Peligro sa Batang Ina'.mp4](#)



It's very simple...

PROTECT YOURSELF

**HELP OTHERS
PROTECT THEMSELVES**

Just do “HI-SKUL”

To help others protect themselves, do “HI”

Help spread teenage pregnancy prevention information/messages.

- Share the information you learned from this campaign.



Just do “HI-SKUL”

Influence others for the better

- Be a good influence. Help your peers stay away from risky behaviours



Just do “HI-SKUL”

To protect yourself, do “SKUL”

Stay away from risky sexual behaviours

- Abstain from sex. You are still young. Focus on your studies. You don’t need to have sex to enjoy adolescence.

**I SAY
NO**

Just do “HI-SKUL”

Keep yourself Drug-free

- Avoid drugs and alcoholic drinks. These can make you lose control of yourselves and make it harder to stop having sex.



Just do “HI-SKUL”

Use your time in worthwhile activities

- Focus on your studies. Join decent youth organizations. Be part of extracurricular activities.



Just do “HI-SKUL”

Learn to value yourself

- You are a precious individual. Your body is a gift from God, respect it, care for it.



Now let's do the recap...

H

Help spread Teenage Pregnancy prevention information/messages

I

Influence others for good

S

Stay away from risky behaviours

K

Keep yourself drug-free

U

Use your time in worthwhile activities

L

Learn to value yourself

Session 10: Power Walk

Objectives

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

1. Identify the different life situations affecting adolescents today and how these situations influence their access to information and services on adolescent sexuality and reproductive health.
2. Become more sensitive and empathetic with adolescents who are in difficult situations especially when it comes to adolescent sexuality and reproductive health information and services.

Time allotment: One (1) hour

Materials

- Power point presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'The Power Walk.'

2. Introduction

Earlier, we learned that adolescents live in environments that may affect their smooth transition from childhood to adulthood such as disaster-prone locations and areas of armed conflict. Adolescents who belong to poor households typically lack access to complete and accurate information about growing-up, fertility, and reproductive health, to name a few. They also lack the confidence to approach service providers.

This activity aims to help us become more sensitive and empathetic to the needs of other adolescents who may be in disadvantaged positions.

3. Activity: Power Walk

- On a piece of paper, write down different life situations experienced by adolescents.
- Request each participant to get a piece of paper. Do not tell anyone what is written on the paper.
- Set the mood that allows the participants to feel the character they have chosen (e.g. provide some music).
- Request the participant to pretend he or she is his/her chosen character and respond to each of the questions which shall be asked by the facilitator.
- The suggested characters shall include but are not limited to the following:

- honor student
 - youth leader
 - son/daughter of the Mayor
 - son/daughter of a doctor
 - son/daughter of a barangay official
 - son/daughter of the school principal
 - teenage mother
 - recovering drug dependent
 - orphaned child
 - out-of-school youth
 - indigenous youth
 - person living with HIV
 - gay/lesbian
 - others
- Ask the participants to take one (1) step whenever their answer to the question is a 'yes' and to remain where they are whenever their answer to the question is a 'no'.
- *Sa kabuuan, ako ay masaya sa aking buhay sa kasalukuyan.*
 - *Nabibili ko ang mga bagay na gusto kong bilhin.*
 - *Napupuntahan ko ang mga lugar na gusto kong puntahan.*
 - *May kakayanan akong malaman ang mga impormasyon tungkol sa HIV and AIDS.*
 - *May kakayanan akong malaman ang mga panganib na maaaring dulot ng maagang pakikipag-talik.*
 - *Kaya kong lumapit sa mga kinauukulan upang humingi ng kailangan kong serbisyong pangkalusugan.*
 - *Mayroon akong access sa mga serbisyong medikal galing sa kinauukulan.*
 - *Pakiramdam ko, may karapatan akong mangarap.*
 - *Pakiramdam ko, kaya kong abutin ang aking pangarap.*
 - *Nararamdaman kong ako'y may karapatang mabuhay sa mundo.*
 - *Malaya kong nagagawa ang mga bagay-bagay na gusto kong gawin.*
 - *May kakayanan akong pangalagaan ang aking sarili at tustusan ang aking mga pangangailangan.*
 - *Kaya kong makibahagi sa pagpapaunlad ng aking bayan.*
 - *Maaari akong maging impluwensya ng magandang pagbabago sa kapwa kong mga kabataan.*
 - *I am living life to the fullest.*

4. Analysis

- What questions do you find easy to answer?
- What questions do you find hard to answer?
- What/who influenced your decision to take a step forward?
- What/who influenced your decision not to take a step forward?
- What did you feel with the character you have chosen?
- What advantages, if any, do you see with the character you have chosen?
- What disadvantages, if any do you see with the character you have chosen?

Session 11: Responsible Parenthood and Family Planning

Objectives

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

1. Explain the meaning of responsible parenthood.
2. Explain the role of parents in rearing their children.
3. Identify the different family planning methods, from artificial, natural, to long acting permanent methods.

Time allotment: One (1) hour

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Responsible Parenthood and Family Planning.'

2. Introduction

Responsible parenthood is not about the future. It is about NOW. Today, we will learn the meaning of responsible parenthood and how we can prepare for it.

3. Activity: Slogan-Making Contest

- Divide the participants into groups of five.
- Ask each group to develop a slogan depicting messages on responsible parenthood.
- Ask each group to post the slogan.
- Ask participants to view all the slogans through a gallery walk.

4. Analysis

- What did you feel when you were doing the activity?
- Was it easy developing a slogan on responsible parenthood?
- Was it difficult developing a slogan on responsible parenthood?
- Why did you choose this particular message?

5. Abstraction

What is Responsible Parenthood?

- The willingness and ability of the couple to meet the needs of the family
- A shared responsibility between parents

- Presence of a CHILD/CHILDREN
- It is the constant behavior of couples, which involves the adequate performance of their roles as parents, in response to the needs of the child and the community where they live.

What are the Roles of Parents?

- Provide basic needs
- Provide emotional needs
- Provide spiritual and social needs
- Plan the family size

What is Family Planning?

- Achieving the desired number of children that the couple can raise
- Spacing properly the birth between children. The ideal is 3-5 years birth interval
- Getting pregnant at the proper age. Too young (below 20) or too late (beyond 35) is considered high risk pregnancy

What are the Artificial Methods of Family Planning?

- Pills
- Progestin only injectable
- Condom

What are the Natural Methods of Family Planning?

- Standard Days Method (SDM)
- Sympto-thermal Method

What are the permanent methods of family planning?

- Bilateral tubal ligation (BTL)
- Vasectomy

Access to family planning information and services

No person shall be denied information and access to family planning services, whether natural or artificial:

Provided, That minors will not be allowed access to modern methods of family planning without written consent from their parents or guardian/s except when the minor is already a parent or has had a miscarriage (*Sec. 4 of RH Law or R.A. 10354*)

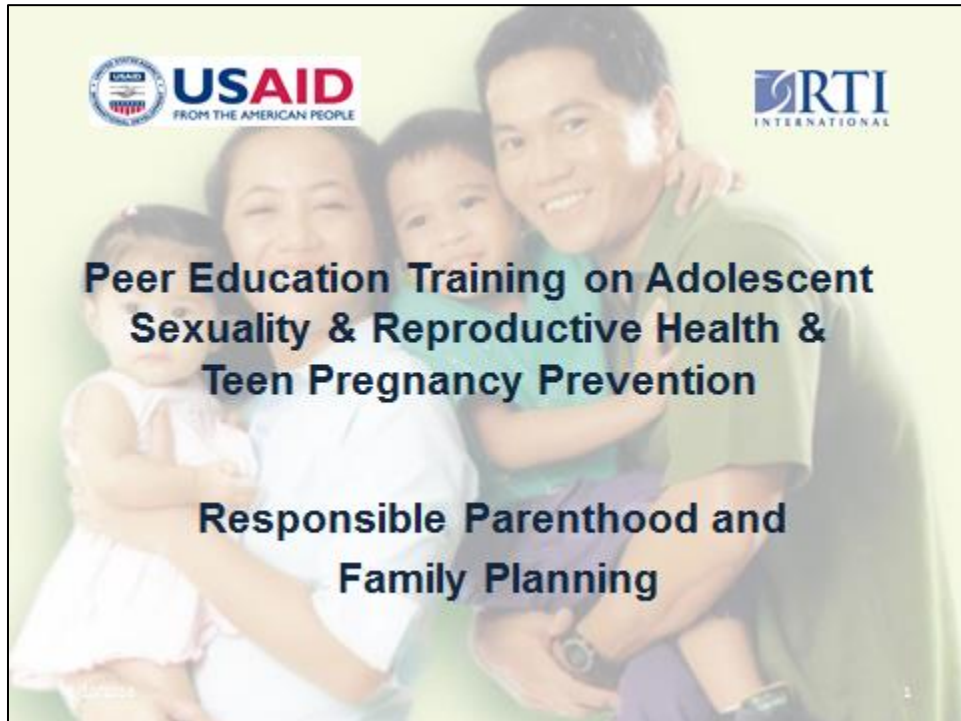
Key messages

- Responsible parenthood is the willingness and consistent ability of the couple to meet the needs of the family
- Responsible parenthood is a shared responsibility
- Planning one's family is a major task in responsible parenthood
- Couples have a choice on which family planning method is suitable to their circumstances and personal beliefs
- Planning the family is a shared responsibility between husband and wife

6. Application

- How would you prepare for your future role as spouse?
- How would you prepare for your future role as parent?
 - o After learning the meaning of responsible parenthood, do you think you are now ready to become a parent and assume all the accompanying responsibilities? Why?
 - o What preparations do you need to do to become a responsible parent in the future?

7. PowerPoint Presentation



Outline

- Responsible Parenthood
 - Role of parents
- Family Planning Methods
 - Artificial
 - Natural
 - Long acting and permanent methods

Responsible Parenthood

- The willingness and ability of the couple to meet the needs of the family
- A shared responsibility between parents
- Presence of a **CHILD/CHILDREN**

Responsible Parenthood

- Is the constant behavior of couples, which involves the adequate performance of their roles as parents, in response to the needs of the child and the community where they live.

Responsible Parenthood

Roles of the Parents

1. Provide basic needs
2. Provide emotional needs
3. Provide spiritual and social needs
4. Plan family size



Spiritual and Social needs



Planning the size of the family



What is Family Planning?

- ✓ Achieving desired number of children that the couple can raise
- ✓ Spacing properly birth between children. The ideal is 3-5 years birth interval
- ✓ Getting pregnant at the proper age. Too young (below 20's) or too late (beyond 35) is considered high risk

Artificial na Pamamaraan

Progestin Only Injectable

- 99.7% mabisa
- Isang iniksyon lang kada 3 buwan
- Walang epekto sa pagpapasuso at pakikipagtalik



U U U U U U



Mga Natural na Pamamaraan

Standard Days Method (SDM)

- 95% mabisa
- Ginagamit ang cycle beads para maging gabay ng babae o mag-asawa sa pagtukoy ng panahong mabunga (fertile) ang babae, at maiwasan ang pagtatalik upang di mabuntis
- Angkop sa mga babae na may 26-32 araw na siklo (menstrual cycle)
- Angkop sa mag-asawang may kakayahang hindi magtalik sa panahong mabunga (fertile) ang babae



Mga Natural na Pamamaraan

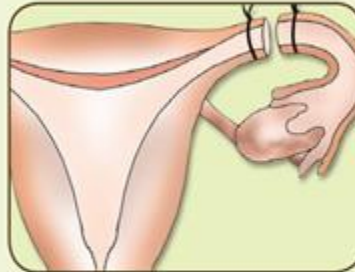
Sympto-Thermal Method

- 98% mabisa
- Ito ay ang pag-observa ng temperatura sabay ng ilang sintomas ng pagiging mabunga ng isang babae tulad ng lumalabas na mucus sa kanyang puwerta, ang pagkirot sa puso, at iba pa
- Angkop sa mag-asawang may kakayahang hindi magtalik sa panahong mabunga ang babae

Pangmatagalan at Permanente

Bilateral Tubal Ligation (BTL), para sa babae

- 99.5% mabisa
- Tinatalian at pinuputol ang dalawang anurang-itlog (fallopian tubes) ng babae
- Hindi nakakaapekto sa pakikipagtalik kay mister



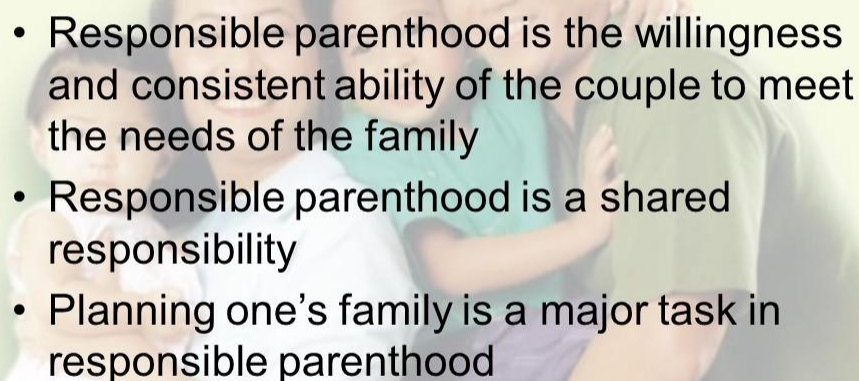
Access to Family Planning Methods

No person shall be denied information and access to family planning services, whether natural or artificial:

Provided, That minors will not be allowed access to modern methods of family planning without **written consent** from their parents or guardian/s **except** when the minor is already a parent or has had a miscarriage. (Sec. 4 of RH Law or R.A. 10354)

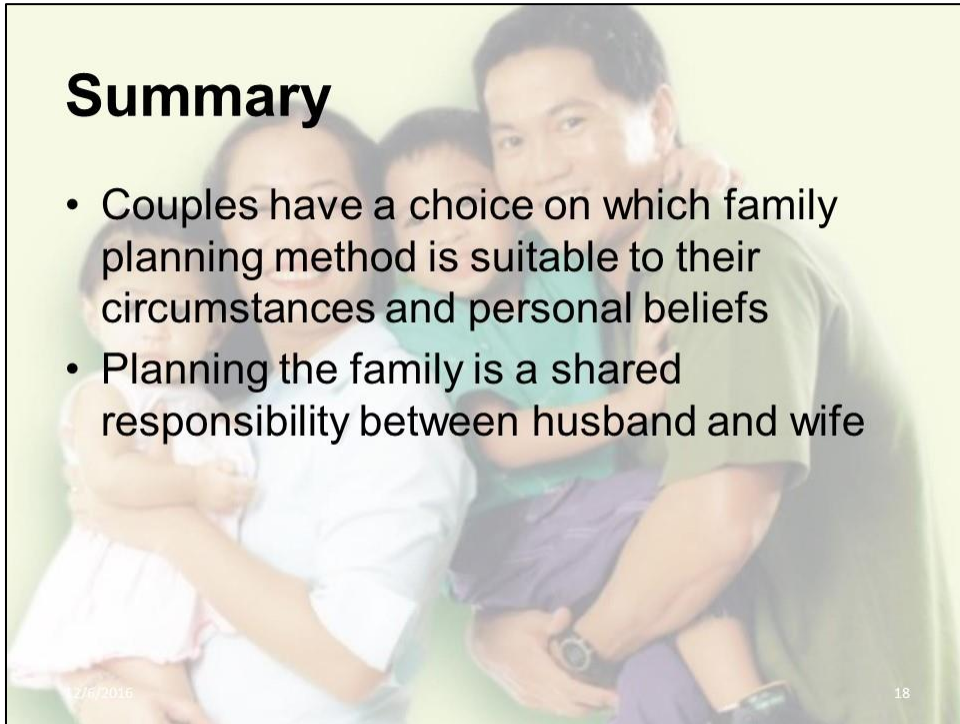


Summary

- 
- Responsible parenthood is the willingness and consistent ability of the couple to meet the needs of the family
 - Responsible parenthood is a shared responsibility
 - Planning one's family is a major task in responsible parenthood

Summary

- Couples have a choice on which family planning method is suitable to their circumstances and personal beliefs
- Planning the family is a shared responsibility between husband and wife



Session 12: Peer Education 101

Objectives

At the end of the session, the participants are able to:

1. Explain the meaning of a peer, education, and peer education.
2. Discuss the rationale and importance of peer education.
3. Explain the qualities, roles, and responsibilities of a facilitator in a peer education session.

Time allotment: Two (2) hours

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Peer Education 101.'

2. Introduction

Adolescents would like to approach and consult their peers on questions related to growing-up, relationships with the opposite sex, peer pressure, and intimacy, among others. Oftentimes, peers themselves are not equipped with the correct and complete information. It is in this light that we are training you on the basics of peer education.

3. Activity: Pass the Message

- Divide the participants into two groups.
- Write down a message for each group.
- Tell the first participant to pass on the message to the next until the message reaches the last participant.
- Ask the last participant to recite the message as he received it.

4. Analysis

- How was the activity?
- Was it easy passing on the message to the next participant?
- Was it difficult passing on the message to the next participant?
- What are the facilitating and hindering factors in passing on the message to others?

5. Abstraction

What is a Peer?

A 'peer' is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, etc.

What is Education?

It is the development of a person's knowledge, attitudes, beliefs or behavior as a result of the learning process.

What is Peer Education?

It is the process whereby well-trained and motivated adolescents undertake informal or organized educational activities with their peers.

What is the Purpose of Peer Education?

- To help peers improve their knowledge, attitudes, beliefs and skills in order to be responsible for and to protect their own health.
- To help peers contribute to the development and well-being of their families, communities and society.

What is the Rationale of Peer Education?

- Peers are traditional providers of information to their peers
- Peer education programs are flexible
- Peer educators benefit themselves

What are the Benefits of Peer Education?

- Proven effective
- It is personal
- It is based on mutual trust
- Peer educators are not seen as 'authority figures'
- It is accessible

The Use of Group Approach in Peer Education

Group approach enables the discussion of a concern or problem common to a group. Conclusions or solutions are reached by the group.

What are the Advantages of the Group Approach?

- Participative
- Wealth of information shared by the group
- Participants are responsible for their own learning

What are the Disadvantages of the Group Approach?

- Not ideal for large groups (ideally 15-20 individuals)
 - Time consuming
 - Can be tiring or disorganized if facilitator is not ready
-

Who is a Facilitator in a Group Approach?

- Someone who facilitates group sharing and interaction.
- Someone who facilitates group dynamics or relationships among members.
- If a person can lead the participants to experience an activity, see the meaning of the activity, help the participants relate learning to day-to-day practical situations, then this person is a Good Facilitator.

What are the Roles and Responsibilities of a Facilitator During a Group Discussion or Peer Education?

- Active listening
- Reflecting feedback
- Clarifying
- Linking
- Showing acceptance
- Achieving humanness

What Does a Facilitator do as Group Discussion Leader?

- Leads the group in formulating group rules and its observance
- Creates conducive learning environment
- Allows sharing of opinions and respect of each other's views
- Recognizes differences in opinions
- Traffics discussion
- Corrects misinformation and clarifies confusion

What Does a Facilitator Do as Resource Person?

- Provides correct, complete, up-to-date information
- Moderates the open forum

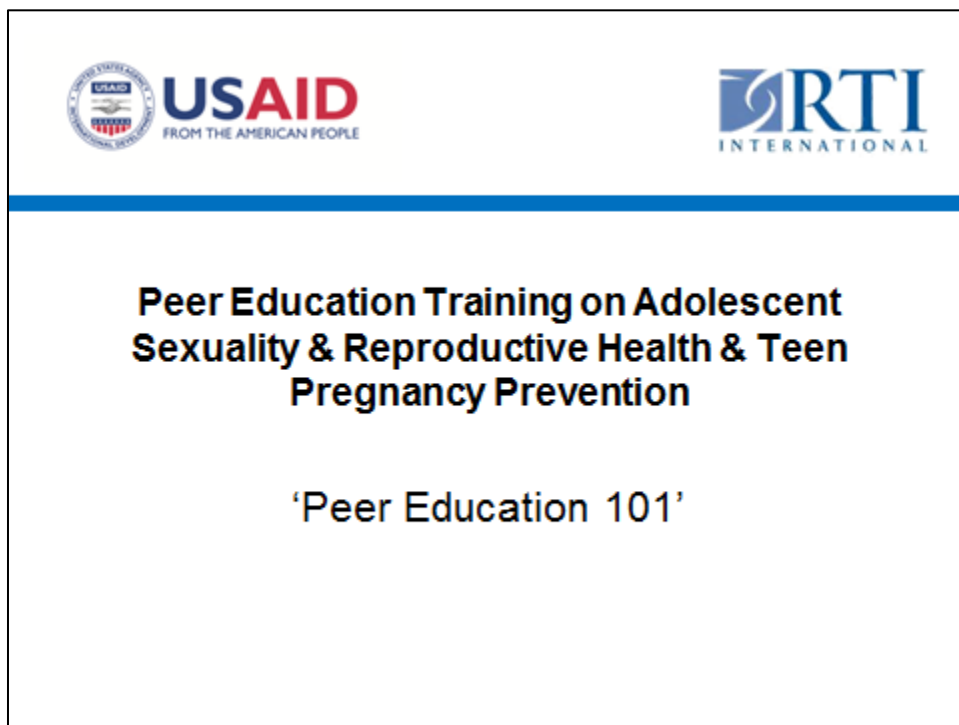
What Does a Facilitator Do as Peer Helper?

- Finds time to meet with and listen to peers who wish to talk after the session.
- Makes a referral to an appropriate agency/institution.

6. Application

- Peer educators will serve as 'bridge' between the students and the health service providers.
 - Peer educators will help create 'demand' for ARH/FP/MNCHN information and services among A/Y.
 - Peer educators will help students develop their 'health and help seeking behaviors' in order to avoid crisis situations such as unplanned teenage pregnancy.
 - Peer educators will provide the 'voice' of A/Y during program planning, implementation and evaluation.
-

7. PowerPoint Presentation



Who is a Peer?

- A 'peer' is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, etc.
- **WHAT IS EDUCATION?**
It is the development of a person's knowledge, attitudes, beliefs or behavior as a result of the learning process.

Source: Peer Approach in Adolescent RH Education: Some Lessons Learned, UNESCO

What is Peer Education?

It is the **process** whereby well trained and motivated adolescents undertake informal or organized educational activities with their peers.

Purpose of Peer Education

- To help peers improve their knowledge, attitudes, beliefs and skills in order to be responsible for and to protect their own health.
- To help peers contribute to the development and well being of their families, communities and society.

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Reasons for Peer Education

- Peers are traditional providers of information to their peers
- Peer education programs are flexible
- Peer educators benefit themselves



LuzonHealth

Benefits of Peer Education

- Proven effective
- It is personal
- It is based on mutual trust
- Peer educators are not seen as 'authority figures'
- It is accessible



LuzonHealth

Group Approach

- Discussion of a concern or problem common to a group. Conclusions or solutions are reached by the group.



LuzonHealth

Advantages

- Participative
- Wealth of information shared by the group
- Participants are responsible for their own learning



LuzonHealth

Disadvantages

- Not ideal for large groups (ideally 15-20 individuals)
- Time consuming
- Can be tiring or disorganized if facilitator is not ready

LuzonHealth

Who is a Facilitator?

- Someone who facilitates group sharing and interaction. Someone who facilitates group dynamics or relationships among members.
- If a person can lead the participants to experience an activity, see the meaning of the activity, help the participants relate learning to day-to-day practical situations, then this person is a **Good Facilitator**.

LuzonHealth

Functions of a Group-centered, People-centered Facilitator:

- Active listening
- Reflecting feedback
- Clarifying
- Linking
- Showing acceptance
- Achieving humanness



LuzonHealth

Active Listening for

- Content and feeling
- Verbal and non-verbal behavior



- Reflecting back
- Paraphrasing what is said/expressed (e.g. As I understand you...; What I hear you say is...)



Clarifying

- Participant's thoughts and feelings
- Does not assume things



LuzonHealth

Linking

- Connects related ideas and thoughts
- Summarizes long narration (paligoy-ligoy) and links to pertinent points

LuzonHealth

Shows acceptance

- In words, attitude and behavior
- Objective not judgmental. Does not moralize
- Descriptive not prescriptive
- Avoids the use of “should” and “should not”

LuzonHealth

Achieves humanness

- Sensitivity to one's own humanness and those of others
- Appreciates people's strengths, limitations and potentials
- Willingness to disclose both positive and negative personal qualities, if necessary and in the context of learning

LuzonHealth

The Facilitator is:

- Group discussion leader
- Resource person
- Counselor



LuzonHealth

Group Discussion Leader

- Leads the group in formulating group rules and its observance
- Creates conducive learning environment
- Allows sharing of opinions and respect for each other's views
- Recognizes differences in opinions
- Traffics discussion
- Corrects misinformation and clarifies confusion

LuzonHealth

Helpful Tips

What to do with bored participants...

- ☐ Invite questions
- ☐ Increase variety in your voice
- ☐ Invite someone in the group to contribute
- ☐ Give an energizer



LuzonHealth

Helpful tips

What to do with confused participants?

- Ask questions to find out their level of understanding.
- Explain deeply or shift to another learning mode (visual, auditory, kinesthetic).

LuzonHealth

Helpful tips

When the group is not functioning on its own during workshop/exercise...

- Leave the room during workshop from time to time.
- Let the participants lead.
- Keep the discussion on track but try not to dominate.

LuzonHealth

Resource Person

- Provides correct, complete, up-to-date information
- Moderates the open forum

LuzonHealth

Counselor

- Finds time to meet with and listen to peers who wish to talk after the session.
- Makes a referral to an appropriate agency/institution.

LuzonHealth

The Role of Peer Educators/Helpers in AYHP

- Peer educators will serve as **'bridge'** between the students and the health service providers, e.g. Rural Health Unit.
- Peer educators will help create **'demand'** for ARH/FP/MCH information and services among A/Y.
- Peer educators will help students develop their **'health and help seeking behaviors'** in order to avoid crisis situations such as unplanned teen pregnancy.
- Peer educators will provide the **'voice'** of A/Y in program planning, implementation and evaluation.

References

**Adolescent and Youth Reproductive Health
Peer Education Training Manual, PRISM 2**

**Peer Approach in Adolescent RH Education:
Some Lessons Learned, UNESCO**

**Understanding and Practice of Peer
Education, MAMTA**

Session 13: Practicum on Peer Education and Critiquing

Objectives

At the end of the session, the participants are able to:

1. Demonstrate the conduct of a complete peer education session based on a given topic.
2. Distinguish the dos' and don'ts in peer education based on the mock sessions prepared and conducted by the participants.
3. Apply group work during the preparation and actual conduct of the sessions.

Time allotment: Four (4) hours

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Practicum on Peer Education and Critiquing.'

2. Introduction

Today, we will practice what we have learned about the basics of peer education. We will also see our team works in preparing and conducting a peer education session.

3. Activity

- Ask the group representatives to draw lots to determine the order of presentation.
- Based on a chosen topic, each group will conduct a complete peer education session for at least 30 minutes. The session will consist of an activity, analysis, abstraction, and application.
- Using the Observer's Notes found in Annex D, the observers will critique the peer education session in writing, highlighting the strengths and areas for improvement.
- Critiquing will be done after each demonstration.

4. Analysis

- What did you feel when you were conducting the return demonstration?
- What parts of the peer education session were easy to do?
- What parts of the peer education session were difficult to do?
- What new things about yourself did you discover during the return demonstration?
- What strengths as peer educator did you see/experience during the return demonstration?
- What areas for improvement did you realize during the return demonstration?

5. Abstraction

- A good peer education session illustrates that learning can be fun.
- A good peer education session requires adequate preparation.
- A good peer education session is one where participants are helped to be responsible for their own learning.

6. Application

- How would you prepare for a peer education session when you get back to your school?
 - How would you conduct a peer education session when you get back to your school?
-

Session 14: Roles and Responsibilities of Peer Educators and Introduction to the Referral System

Objectives

At the end of the session, the participants are able to:

1. Explain the roles and responsibilities of peer educators in the school-based teenage pregnancy prevention program in general and the Teen Health Kiosk in particular.
2. Identify agencies and institutions which have relevant programs and services for adolescents and which are part of the referral network.

Time allotment: One (1) hour and thirty (30) minutes

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Roles and Responsibilities of Peer Educators and Introduction to the Referral System.'

2. Introduction

Distribute the handout on the 'Roles and Responsibilities of Peer Educators.' Mention to the participants that for easy recall, we have an acronym called PEER ACTION.

3. Abstraction

To easily understand the roles and responsibilities of peer educators, explain carefully the meaning of the acronym PEER ACTION.

P- Promote
E- Educate
E- Empathize
R- Refer
A-Advocate
C-Come
T- Track
I- Inform
O-Observe
N- Nurture

What are the Key Messages on Teen Pregnancy Prevention Trained Peer Educators Can Advocate and Disseminate in their Respective Schools and/or Student Organizations?⁴

- Learn to say NO. Wait till you feel mentally and emotionally prepared to have sex. Do not be pressured by anyone to do so.
- Learn to respect your body and demand that others respect your body.
- Know your limits. Avoid situations that will lead to unwanted pregnancy or acquiring STI. The only sure way to not get pregnant or acquire STI is by not having sex at all.
- Avoid situations where you will be meeting strangers like eyeballing, chatting to strangers through the computer or texting.
- If you have had sex without a condom, check with your health provider on what to do to be screened from being pregnant or from having acquired STI.
- If you suspect that you might be pregnant, or that you might have STI, seek help from a health worker.

4. Application

Let's practice and do PEER EDUCATION

5. Resources

Roles and Responsibilities of Trained Peer Educators

Under the leadership and supervision of the THK Program Advisers, the Guidance Office and the School Clinic, the trained peer educators will:

P- Promote the 'Teen Health Kiosk' as an 'adolescent-friendly' space for education, counseling, referral services on adolescent development, relationships, life skills, teen pregnancy, STI including HIV and AIDS etc.

E- Educate peers and classmates by organizing and conducting peer education sessions in collaboration with relevant student organizations of the school, e.g., Girl Scouts, Boy Scouts, Supreme Student Government, etc., both inside the Teen Health Kiosk or elsewhere.

E- Empathize with peers by encouraging them to open up personal issues, concerns, and problems in an atmosphere that is accepting and non-judgmental, in order to avoid potential crisis situations.

R- Refer cases needing professional counseling and help to the Teen Health Club advisers, guidance counselors, and school clinicians. They, in turn, will make an official referral to the government health centers, hospitals, concerned agencies and institutions, NGOs, etc.

A- Advocate and influence relevant student organizations in the school on how to integrate 'adolescent-friendly' discussions on ARH/FP/MCH in their plans and programs.

C- Come to the Teen Health Kiosk during agreed upon schedule and attend regular meetings.

T-Track one's performance as a peer educator through the use of the journal. Track the performance of the Teen Health Kiosk and Teen Health Club through the use of appropriate recording and reporting forms.

⁴ Adolescent Job Aid Manual, SAMPI/UNFPA/DOH/WHO, 2009.

I- Inform peers about key messages on responsible sexuality and teen pregnancy prevention through the distribution of IEC materials.

O-Observe good modeling behaviors to prevent unsafe and unhealthy lifestyle.

N- Nurture 'adolescent perspective' in the development of plans, programs, activities for the promotion of healthy sexuality and development among adolescents.

Session 15: Recording and Reporting in the Teen Health Kiosk

Objectives

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

1. Become familiar with the recording and reporting forms to be used in documenting the outputs of the school-based teenage prevention program, particularly the Teen Health Kiosk.
2. Appreciate the importance of recording and reporting their outputs as peer educators.

Time allotment: One (1) hour

Materials

- PowerPoint presentation of the topic
- LCD projector
- Laptop
- Handout on the topic

Procedure

1. Greetings

Say: Good morning/afternoon everyone. I am _____. I will be facilitating the session on 'Recording and Reporting in the THK.'

2. Introduction

Today, we will learn about the simple recording and reporting requirements of our peer education sessions. This is important to document our efforts and initiatives and to show results. As the saying goes, if there are no reports, the activities did not happen.

3. Activity

Distribute copies of the recording and reporting forms which: a) the peer educators will accomplish, and b) the THK adviser will accomplish on a monthly basis.

4. Abstraction

Explain the Importance and Content of the Forms. Why Record and Report?

- Record and track accomplishments in terms of adolescents reached with information.
- Make informed decisions regarding adolescent issues in school based on evidence.
- Leverage resources from the school administration and other public and private partners for support in THK activities.
- Assess the extent to which the program is making the desired impact, in what areas it is effective, and where corrections need to be considered.

Practice the filling-in of the forms.

Entertain any question/clarification.

5. Application

Actual use of the recording and reporting forms

6. Resources

Peer Education Activity Report

ADOLESCENT HEALTH AND DEVELOPMENT PROGRAM (AHDP)

AHDP Form A: Peer Education Activity Report

Date and time: _____

Place: _____

School: _____

City/Municipality: _____

Province: _____

Note: Please accomplish per activity. To be submitted to the THK adviser monthly.

I. Peer Education Sessions:

Session Topic(s)	Venue	Total No. of Attendees (by age group and sex)						Remarks (Issues and concerns, observations, recommendations, etc.)
		10-14		15–19		20-24		
		M	F	M	F	M	F	

Note: Peer Education Topics can be any of the following:

1. Adolescent Development
2. Sex, Gender and Development
3. Teen Pregnancy Prevention
4. HIV and AIDS
5. Responsible Parenthood and Family Planning
6. Others (please specify)

II. Promotion and Information Dissemination Activities

Activity	Total No. of Attendees (by age group and sex)						Remarks (Issues and concerns, observations, recommendations, etc.)
	10-14		15–19		20-24		
	M	F	M	F	M	F	

Note: Promotion and information dissemination activities can be any of the following:

- a. Room-to-room campaign
- b. Student Forum
- c. Distribution of IEC materials
- d. Health caravan
- e. Photo booth with adolescent-friendly messages
- f. Others (please specify)

Prepared and Submitted by:

	PEER EDUCATOR'S NAME	AGE	SEX
Team Leader			
Members			
1.			
2.			

Quarterly Accomplishment Report

ADOLESCENT HEALTH & DEVELOPMENT PROGRAM (AHDP)
AHDP Form B: Quarterly Accomplishment Report

Quarter & Year: _____

School: _____

City/Municipality: _____

Province: _____

Note: This form shall be accomplished by the Teen Health Kiosk (THK) Adviser.

I. Peer Education Sessions		10-14 yrs. old		15 – 19 yrs. old		20-24 yrs. old		Total
		M	F	M	F	M	F	
1.Total number of adolescents and youth given peer education (sum of 2a to 2f)								
2. Number of participants per session topic:								
2a. Adolescent Development								
2b. Sex, Gender and Development								
2c. Teen Pregnancy Prevention								
2d. HIV and AIDS								
2e. Responsible Parenthood and Family Planning								
2f. Others								
II. Promotion and Information Dissemination Activities		10-14 yrs. old		15 – 19 yrs. old		20-24 yrs. old		Total

	M	F	M	F	M	F	
3. Total number of adolescents and youth participating in promotion and information-dissemination activities							
4. Total number of participants per activity:							
4a. Room-to-room campaign							
4b. Student Forum							
4c. Distribution of IEC materials							
4d. Health Caravan							
4e. Photo booth with adolescent-friendly messages							
4f: Others (please specify)							
III. Referrals							
5. Total number of adolescents and youth referred for counseling							
5a. Number of referrals received and managed by the reporting Peer Education Adviser/Guidance Counselor							
Concerns/Problems received and managed:							
i.							
ii.							
iii.							
5b. Number of referrals received by the reporting Peer Education Adviser/Guidance Counsellor and forwarded to the school clinic							
<u>School clinic</u>							

Concerns referred: i. ii. iii.							
5c. Number of referrals received by the Peer Education Adviser/Guidance Counselor and referred to other agencies/institutions							
Agency A: _____ Concerns referred: i. ii. iii.							
Agency B: _____ Concerns referred: i. ii. iii.							
Agency C: _____ Concerns referred: i. ii. iii.							

Prepared and Submitted by:

Name: _____

Position: _____

ADOLESCENT HEALTH AND DEVELOPMENT PROGRAM
Peer Education Action Plan Matrix

School: _____

City/Municipality:		Province:	
--------------------	--	-----------	--

OBJECTIVE/S:

[illegible]

ACTIVITY	PERSON/S RESPONSIBLE/INVOLVED	TIMEFRAME	RESOURCES NEEDED	OUTPUT INDICATOR

Prepared and submitted by: _____

Name and Signature of
THK Adviser/Guidance Counselor

Date: _____

References

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Annexes

Annex A: Consent Form

I hereby willingly and voluntarily give consent to the participation of my child _____
_____, student of _____
_____, to participate in the Peer Education Training to be held
on _____ at _____.

I have considered the benefits that my child will get from his/her participation in this activity, provided that, due care and precaution will be observed to ensure the comfort and safety of my child, and that school personnel and organizers will not be held responsible and liable for any untoward incident which may happen beyond their control.

Signature over Printed Name of Parent/Guardian

Date

Annex B: Personal Information Sheet

NAME _____ NICKNAME _____

HOME ADDRESS _____

AGE _____ SEX _____ BIRTHDAY _____ RELIGION _____

MOBILE NO. _____ EMAIL ADDRESS _____

SCHOOL _____ YEAR LEVEL _____

SCHOOL ADDRESS _____

MEMBERSHIP IN SCHOOL ORGANIZATION

Organization

Position

HOBBIES/TALENTS/SKILLS

TRAINING PROGRAMS ATTENDED

Title of Training

Date

Place

Annex C: Pre-Test/Post-Test

Dear Student,

We are pleased to inform you that your school has opened a Teen Health Kiosk (THK) located at the _____ where you can meet new friends, enjoy exciting discussions with peer educators, and watch educational videos. The THK is a place where you can open up about questions and problems related to growing up, body changes, peer pressure and relationship, parent-child relationship, bullying, and other concerns.

We have prepared a simple questionnaire to find out what you know about your health as a growing teenager and to help us design and prepare exciting activities and events for you this school year. Answering these questions is completely voluntary. Your answers will be kept confidential. This will only take a few minutes. Thank you for your cooperation.

I. True or False

- _____ 1. Adolescents are individuals aged 10-19 years old.
- _____ 2. Adolescents compose about 20 percent of the total population of the Philippines.
- _____ 3. During adolescence, an individual wants to be independent from his/her family.
- _____ 4. Sex is about the biological characteristics that differentiate a male from a female.
- _____ 5. Gender is about the expectations of society from a man and a woman.
- _____ 6. Values do not influence one's behaviors.
- _____ 7. A girl cannot get pregnant with only one sexual intercourse.
- _____ 8. Pregnancy below 18 years old is not dangerous.
- _____ 9. An adolescent girl who has had her menstruation is already capable of getting pregnant.
- _____ 10. Older men are capable of impregnating women.
- _____ 11. HIV stands for human immuno-deficiency virus.
- _____ 12. A person can identify someone who is positive for HIV by looking at that person.
- _____ 13. Adolescents have the right to get information on reproductive health even without parental consent.
- _____ 14. HIV/AIDS has a cure.

II. Multiple Choice: Encircle your answer.

1. What do you call a situation when your friends force you to do something against your will?
 - a. Peer leisure
 - b. Peer measure
 - c. Peer pressure
 - d. Peer venture

2. What are the challenges faced by today's adolescents?
 - a. Teenage pregnancy
 - b. Absentee parents
 - c. Bullying
 - d. HIV/AIDS
 - e. All of the above
 3. What part of the female reproductive system is responsible for the production of egg cells?
 - a. Fallopian tubes
 - b. Ovary
 - c. Uterus
 - d. Vagina
 4. As a growing teenager, the first person I prefer to approach and talk to about changes in my body is:
 - a. My mother
 - b. My father
 - c. My sister
 - d. My brother
 - e. My friend
 - f. Others, please specify: _____
 5. When experiencing problems related to relationships (e.g. boy-girl, same-sex), bullying, and the like, the first person I prefer to approach and talk to is:
 - a. My class adviser
 - b. Our guidance counselor
 - c. Our school doctor/nurse
 - d. Others, please specify: _____
 6. HIV can be transmitted through:
 - a. Sexual contact
 - b. Infected blood and blood products
 - c. HIV-positive mother to child
 - d. All of the above
 7. How can one protect oneself from HIV?
 - a. Abstinence
 - b. Be mutually faithful
 - c. Correct and consistent use of condom
 - d. Do not use prohibited drugs and alcohol
 - e. Educate oneself on STI, HIV/AIDS and one's rights
 - f. All of the above
 8. Responsible parenthood involves:
 - a. Provision of basic needs
 - b. Provision of emotional needs
 - c. Provision of social and spiritual needs
 - d. Planning the size of the family
 - e. All of the above
-

9. Two modern family planning methods are:
- Withdrawal
 - Pills
 - Calendar method
 - Implant
 - b & d

III. Situation Analysis. Encircle one (1) answer that best represents your thoughts on the given situation.

- Claire is a 12-year-old Grade 6 student. She experienced her first menstrual period while in school. She has no ready sanitary pad. What should Claire do?
 - Call the attention of her teacher.
 - Go to the school clinic and ask the help of a school nurse.
 - Avoid embarrassing herself by remaining in her seat until the end of the class period.
 - Ask for a sanitary pad from her classmates.
- Noel is a 12-year-old Grade 6 student who experienced wet dreams for the first time while sleeping. He doesn't know anything about wet dreams. What should Noel do?
 - Tell his father or brother to understand what has happened.
 - Tell his close friend/friends about the experience.
 - Search online to understand what has happened.
 - Wish that it would happen again.
- Robert is a 16-year-old Grade 9 student. He feels very attracted to Michelle, 15 years old, who became his friend on Facebook. One day, Robert and Michelle decided to meet up for the first time. What should Robert do?
 - Plan a date in a public place.
 - Do not tell his parents about Michelle and their meeting.
 - Bring Michelle to a place where they could be alone.
 - Bring along a companion when meeting Michelle.
- Ana is a 14-year-old Grade 8 student. She is a transferee and wants to feel a sense of belonging in her new school. She met some new acquaintances who happened to be members of a 'clan'. They are quite adventurous with their activities. They are inviting Ana to join the 'clan'. What should Ana do?
 - Tell her parents or a trusted adult about the invitation of the 'clan'.
 - Encourage others to join the 'clan' too.
 - Join the activities of the 'clan' to have new friends.
 - Remain friends with the members of the 'clan' without joining their activities.
- Diane and Kevin have a boy-girl relationship for about one (1) year now. Both are in Grade 10. Kevin is pressuring Diane to prove her love by having sex with him. What should Diane do?
 - Let Kevin make the decision.
 - Say 'no' to Kevin and explain the possible consequences if they engage in sex.
 - Say 'yes' to Kevin to prove her love.
 - Break up with Kevin because of the pressure he is giving her.

Annex D: Training Evaluation

PEER EDUCATION TRAINING ON ADOLESCENT SEXUALITY AND REPRODUCTIVE HEALTH

Please evaluate our three-day training based on the following aspects: presentation; content; training management; training venue; and food and accommodation. Your feedback is important to us. Thank you.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I. Presentation				
The presentations were clear and well organized				
The resource persons were knowledgeable of the topics				
The pace of discussion was appropriate				
The power point materials/handouts were helpful				
II. Content				
The data and information shared were useful and appropriate				
The data and information shared were easy to understand				
III. Training Management				
The training team was responsive to the needs of the participants				
The training team managed the time well				
IV. Training Venue/Accommodation/Food				
The venue was conducive to learning				
The food was of good quality and quantity				
The hotel room was clean and comfortable				
The hotel staff were helpful and courteous				

V. Other topics you want to discuss in the future:

VI. Other comments and suggestions:

