TRAINING MANUAL
FOR PEER EDUCATORS

by

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FOREWORD

Young people today are faced with so many challenges in a fast paced environment, influenced by technological advancements, the import of new cultures and life styles and yet looming out there is the HIV/AIDS scourge. As a result, young people are increasingly being required to behave more responsibly in an environment where they apt to find themselves taking over family responsibilities; as caregivers and as heads of households.

TPO has been at the forefront of working with the young people, helping them to become responsible and productive citizens in their communities. Over the past ten years, TPO has been training children, youth and adolescents to manage their life style better as well as increasing their awareness on prevalent issues that impact negatively on their development e.g HIV/AIDS, teenage pregnancies, early marriages, alcohol and substance abuse.

TPO Trainers have consolidated these issues affecting young people into a training manual. We believe that this manual will provide an opportunity to all those working with young people to disseminate knowledge and life skills to them.

Patrick Onyango – Mangen
Country Coordinator
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INTRODUCTION

The Training Manual for Peer Educators has been written to guide psychosocial trainers prepare youth and adolescents to build life skills that help their fellow peers deal with various psychosocial challenges in life. Psychosocial challenges include among others issues such as HIV/AIDS, sexually transmitted diseases, child pregnancies, child abuse, alcohol and drug problems.

The peer educators training is designed to last two weeks. Emphasis is put on knowledge about psychosocial issues related to youth and adolescents as well as skills for training other youth to build life skills. Often many organizations and individuals conduct similar trainings for youth and adolescents in a hurried manner without emphasizing on the practical aspect. The result is that the peer educators trained are not able to practically educate their peers.

After attending this training participants should be able to:
- Attain personal growth in not only preventing psychosocial problems, but also effectively dealing with problems that they may experience as adolescents
- Identify psychosocial problems of adolescents and the effect of these problems on individuals, families and the community at large
- Explain the concept of life skills and its importance to young people
- Help develop life skills in young people
- Integrate life skills education into group activities of young people

This manual is only a guide to the process of training. The trainer needs to make references to other literature to enrich his/her knowledge. It is suggested that the trainer thoroughly reads the entire manual and understand its structure before using it.

STEPHEN L WORI
TPO Uganda Training Coordinator
INTRODUCTION TO PEER EDUCATION

OBJECTIVES:

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

- Describe and explain the meaning of peer education
- Identify and describe critical roles and qualities of an effective peer educator
- Facilitate young people’s activities that promote peer education within their community.

CONTENT:

The topic consists of the following sub-topics

- Introduction / Background
- Roles of a peer educator
- Qualities of a Peer Educator

METHODOLOGY:

- Lecture
- Brainstorming
- Small group work / presentations
1. INTRODUCTION:

Trainer’s Statement

In the 2001 - 2005 UNICEF Country Program committed itself to supporting the Uganda Government to achieve the National Goal to further reduce the HIV infection rate by 25% in young boys and girls (Between 10-24 years).

In 2001, a declaration commitment was signed between the Uganda Government and UNICEF and a strategic medium plan was made. Peer educator was identified as a key element to be used to work towards the Uganda national goals towards prevention of HIV among young people. Peer education is based on the reality that many people make changes not based on what they know, but on opinions and actions of their close trusted peers. The UNICEF 2001 Baseline study for example, found that among young people aged 10-19 years.

- “Friends” were the second leading source of information on HIV/AIDS.
- Young people listen to one another and peer education builds on the advantage to convey information to the group through a trusted and readily available resource.
- Peer education for HIV prevention is most effective when linked effectively to existing health, school and community based services and initiatives in the community.

2. WHO IS A PEER EDUCATOR?

Step 1

Ask participants to brainstorm on the following questions:

• Who is a peer?

Record participants’ responses on a flip chart/newsprint and identify key words.

Ensure a consensus is reached on the meaning of “Peer” while emphasizing the following main words:

“Peer” is someone similar to yourself, they maybe the same age, sex or profession

(The Teenagers’ Toolkit Pg 8) ****
• What is Peer Education?
Write participants’ contributions on a flip chart. Together with participants identify common element in their contribution and agree on a definition of peer education. Remember to include the following important points:
Peer education is when people from a group such as street children, students, orphans, out of school children etc educate other members of their group (their peers on sexual reproductive health matters. (The teenagers’ Tool Kit PG 8) *****

3. ROLE OF A PEER EDUCATOR

Step 2
Trainer’s Lecture
Peer educators can help raise awareness, provide accurate information, and help their peers develop skills to change behaviour. Peer educators can communicate and understand in a way that the best-intentioned adults cannot, and can serve as role models for change. Peer educators can provide and/or facilitate information sharing and peer group learning.

Step 3
Group Work
Ask participants to go into small groups (of not more than 5 people) each to work on the following task:
Discuss the roles/functions of a peer educator

In plenary, groups present their work, followed by discussions after each presentation. Participants are encouraged to reach consensus.

Step 4
Work with participants to compile a list of functions/roles of peer educator. Add any other functions/roles not mentioned by the participants to include:
• Leading group discussions which may build on print or and visual materials (radio, drama, talk shows, video and TV show)
• One-to-one talking, provide emotional support and comfort in and out of health
units, in schools and the community.

- Handing out condoms, leaflets and information brochures.
- Making referrals to services from appropriate professionals (health, education, parents, community based leaders etc)
- Co-ordinating recreational activities together with service providers in the community to help introduce services or build a link between the service provider and the peer group.
- Facilitating information gathering visits for the peer groups in schools and with community groups.
- Help distribute IEC material within health facilities.
- Co-facilitate reproductive health workshops for adolescents.
- Advocate for those who need specialised services.
- Mobilise their peers and younger children to link them to information and opportunities for further information, services and participation.

4. QUALITIES OF A PEER EDUCATOR

Step 1
Group Work
Divide participants into 2 groups. Ask one group to discuss and compile a list of what they, as peer educators think are good qualities of a peer educator. Then ask the second group to discuss and list the qualities of a bad peer educator. Each group should list their points on a flip chart.

Step 2
The 2 groups then meet to compare their lists and discuss reasons for any differences.

Step 3
In addition to qualities given by participants, the trainers can add the following:
- Be acceptable to his/her peers
- Have correct information (be knowledgeable) about sexual and reproductive health issues.
- Be a good communicator
- Be a good listener
- Be non-judgemental
- Be approachable
• Be reliable/consistent/genuine/honest
• Be willing to learn
• Be able to keep/maintain confidentiality
• Have leadership qualities/skills
• Be empathetic
• Know where to refer young people for other services
• Be a positive role model/be exemplary

**Trainer’s Lecture**

The list may definitely be longer but these are the major qualities of an effective peer educator. This therefore, means that a peer educator should not:

• Use his/her position to find sexual partners.
• Be unfair to anyone
• Be dictatorial
• Be arrogant
• Be short tempered
• Show or feel that he/she is much more important than the peers/colleagues
• Pretend to know everything.

**5. SELECTION OF PEER EDUCATORS**

**Step 1**

**Trainer’s Lecture**

Because of the role the peer educator plays as a leader, advocate, mobiliser, facilitator, counsellor and communicator, he/she must be selected based on their demonstration of the skills required to perform these roles. It is important that the peer educators to be selected are

• Trusted by the peer group
• Respected by the peer group
• Similar to the peer group (age, sex, circumstance, etc).

In addition, the following are some suggestions of criteria for selection that have been used by the Ministry of Health (DISH-MOH Best practices - AFRHS)

1. Peer educators can be in and out of school but ensure balanced representation of each group.
2. Male and female must be equally represented in the peer educator group
3. Peer educator should be able to read and write in a predominant local language
4. Peer educator should demonstrate the ability to motivate age-mates
5. Peer educators should be comfortable speaking in public
6. Peer educators should be willing to enthusiastically volunteer or sacrifice time for service.
7. Peer educators must be able to advocate passionately for the reproductive health rights of young people (information, services, freedom from sexual violence and abuse)
8. Peer educators must be able to commit to a 5-day training as peer education.

6. STAKEHOLDERS IN PEER EDUCATION

Trainer’s Lecturette

Stakeholders are individuals, groups of people, sectoral heads, donor agencies, implementing partners and/or target beneficiaries who have interest in a programme or project or activity and may offer to support it. The presence of committed and trusted body of stakeholders in peer education has been found to greatly affect motivation and success of the peer educator and the success of the strategy in reaching and engaging young people.

The following are some of the people that can affect and facilitate the success of the use of peer education in the district or sub-counties:

- District Response Initiative (DRI) facilitators.
- Parish Development Committees (Paces)
- Sub-county Health Assistants
- Community-Based social workers e.g. CDAs
- Teachers
- Health workers
- Implementing NGOs/CBOs
- Donor Agencies e.g. UNICEF
- Parents etc

These stakeholders all have a role to play in the success of the peer education and should be brought on board to identify their roles in helping this strategy succeed in their community in reaching young people, raising their awareness about HIV, STI and
pregnancy prevention.
Sensitisation of such stakeholders as well as involvement of the peer educators in planning and implementation of broader community mobilisation activities will both help to raise the profile of the peer educators and build their acceptability in the community with increased likelihood for commitment from the adults to support them.

7. SUMMARY

Life skills education/Peer education is one of those GOU-UNICEF Country Programme activities, which is directly meant for the young generation, hence, it must therefore be taken seriously since it is life saving for young people.

Peer educators should be an integral part of any community social mobilisation initiatives. This is because they bring forward at the beginning level, the views of young people to make sure their special needs are considered and therefore appropriately addressed.

Peer education also creatively and appropriately provides innovative and knowledge-based strategies for reaching, attracting and communicating with young people. It is therefore, important that during implementation, peer educators should be actively involved as they are a ready, able, welcome and energetic force to mobilise and engage their peers.
OBJECTIVES
By the end of this topic, participants will be able to:

• Explain the meaning of the concept “psycho-social”.
• Identify and list the psychosocial problems prevalent among young people.
• Describe the effects of psycho-social problems on the well being of an individual, family and community.
• Identify ways to prevent and manage effects of psychosocial problems.
• Demonstrate practical skills in helping adolescents suffering from effects of psychosocial problems.
• Discuss different methods of coping

CONTENT

• Definition of “What is psycho-social”.
• Identification of psychosocial problems related to adolescents/young people.
• Effects of psychosocial problems.
• Prevention and management of effects of psychosocial problems.
• Coping mechanisms

METHODOLOGY

• Brainstorming
• Interactive Lecture
• Small GroupWare/discussion
• VIPP cards
• Case studies/examples
1. WHAT IS PSYCHOSOCIAL?

Step 1
Small working group discussion
The trainer divides the participants into small groups (of not more than 5 members).
Each group is newsprint with a situation and questions to answer. They are asked to
discuss the situation and find answers to the questions.

- **Case Study 1**

A 16-year-old girl named Maggie lost her parents at a tender age. She is studying in
Homing Dove Primary School. She is not getting enough support from her guardians.
There is a rich man aged 45 years who is a family friend. He always sends gifts and
pocket money to Maggie. Sometimes he invites her to his shop. One day when Maggie
was with the him in his place something happened. The old man asked her for sex.
Maggie did not want to have sex with the old man but did not know what to say. As
she was still thinking, the man pulled her to his bedroom and had sex with her.

Discuss the answers to the following questions:
1. Does this happen in your community?
2. Identify the problems encountered by Maggie.
3. What are the likely consequences of this situation on Maggie? Maggie’s family
4. How would you feel is Maggie was your sister?
5. What do you think about this problem?
6. How do you think Maggie feels?

- **Case Study 2**

A schoolgirl aged 17 became pregnant and her parents rejected her from the family and
chased her to go and stay with the man who made her pregnant. The man responsible
for the pregnancy moved away from the district and abandoned her. The girl attempts
to commit suicide by taking an overdose of tablets.

1. Discuss your answers to the following questions
2. Does this happen in your community/school?
3. What kind of situations leads to such early/unwanted pregnancies?
4. What are the likely consequences of this situation on the girl and her family?
5. How would the man responsible for the pregnancy be affected?
6. How would you feel if this happens to your sister?
7. How would you feel if this happens to your brother?

**Case Study 3**

Khadidi stays at Challenge Drop-In-Centre. Most of the children, who stay at the centre smoke marijuana, sniff petrol, harass each other, and chew an herb known as mairungi or khat (miraa). One day, Khadidi was found unconscious near his room. A man called Uncle Abdu rushed him to hospital. When the doctors examined him, he discovered that Khadidi had developed cancer. He had chest pain and general body weakness. He also experienced difficulty in breathing. The doctor admitted Khadidi and decided that he should undergo surgery. However, he ruled out the possibility of a full recovery for Khadidi. This was because of Khadidi’s past involvement in substance abuse.

**Source:** Life skills for Young Ugandans. Manual for trainers and Facilitators of out-of-school children, UNICEF. Pg. 113 ****

Discuss your answers to these questions

1. Does this happen in your community?
2. Mention the problem/dangers related to substance abuse affecting young people in the case study.
3. How do drugs affect one’s thinking?
4. How does one feel when under the influence of drugs?

**Note:** The trainer can use other situations as case examples

**Step 2**

**Large Group Discussion**

Let each group present its findings.

Allow time for reactions or discussion after each presentation.
Step 3

Trainer Lecture

The case studies/examples discussed above are psychosocial problems. The word psychosocial is made up of two words Psycho and Social.

**PSYCHO**

Draw a picture of a human being. Show the mind and the heart. And explain that:

**PSYCHO** refers to the mind. Ask participants what they call the mind in their dialect/language.

**PSYCHO** refers to one’s emotions, behaviour, thoughts, beliefs, attitudes, perceptions and understanding.

Draw houses, family members and trees. These refer to the social world that includes relationships with others and natural environment.

**SOCIAL**

**SOCIAL** refers to the person’s relationships and to the influence of the environment on his/her well-being. These relationships include family, school, peers, friends, neighbours and the community as well as with the natural environment.

Putting the two words together, we get the term “Psycho-Social” which refers to the dynamic relationship between psychological and social experience where the effects of each continually influence the other (NUPSNA, 1998)

As people always live within relationships, their individual problems automatically affect their relationship and vice-versa. That is, when a person’s way of living is affected, the
mind (feeling, thoughts and emotions) is affected. Similarly, if the mind is affected, in turn this affects the social world.

For example, when a girl is defiled, this is a social crisis that affects the way of living or social world of the girl and her family. This in turn causes psychological response in the victim thus:

<table>
<thead>
<tr>
<th>Social problem</th>
<th>Psychological problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defilement &amp; rape</td>
<td>Sadness</td>
</tr>
<tr>
<td></td>
<td>Fear</td>
</tr>
<tr>
<td></td>
<td>Anger</td>
</tr>
<tr>
<td></td>
<td>Frustration</td>
</tr>
<tr>
<td></td>
<td>Helplessness</td>
</tr>
<tr>
<td></td>
<td>Hopelessness/Uselessness etc</td>
</tr>
</tbody>
</table>

The psychological problems due to social problems could cause additional social issues e.g. Disputes in the families about how to handle the problems and possibly as a result, the feeling of frustration or helplessness leads to overuse of alcohol. This means that the relationship between the psychological experiences and social experiences is dynamic or one affects the other.

**Step 4**  
**Small Group Discussion**

Let participants go in small groups. Ask them to discuss and list on a flip chart the psychosocial problems common among young people.

**Step 5**

Let participants present their findings and allow time for discussion after each presentation.

**Step 6**

Together with participants, generate a list of psychosocial problems prevalent among the
young people in their communities.

Add the following important points where necessary.

- Substance abuse
- Early/unplanned pregnancies
- Early marriages
- Violence/fighting
- STD/HIV/AIDS
- Defilement/Rape
- Peer pressure/influence
- Dropping out from school
- Abandonment/parental neglect
- Idleness
- Theft
- Exploitation/child labour
- Abduction
- Child soldier
- Sexual harassment
- Unemployment
- Influences from media and electronics e.g. video shows
- Suicidal ideation
- Feeling helpless, useless, hopeless

2. EFFECTS OF PSYCHO-SOCIAL PROBLEMS

Step 1
Brain Storming
Ask participants what would happen if any one of them were affected by some of the problems above?

List down their answers and explain that when people experience social problems or psychological problems, it is normal for them to react to these as a way of adjusting to them.

For example:
If a person lost a family member, he or she would react by crying, feeling sad, useless, does not get enough sleep etc. However, with time and support from friends and other family members as well as the community, the person begins to adjust to the loss and
returns to normal functioning. This is a normal reaction to psychosocial problems. Sometimes however some people continue to react abnormally longer to these problems and there lives become more dysfunctional. Such people will experience additional problems psychologically, physically, behavioral and in the way they relate to other people.

**Step 2**

Write on the flip chart four headings as follows and together with participants generate a list of problems under each heading:

- **Psychological**
- **Physical Behaviour**
- **Relations with others**

**Step 3**

Trainer may talk briefly about psychosomatic complaints with reference to the physical symptoms listed above.

**Step 4**

**Experiential Exercise**

Divide the participants into small groups and guide them with the following questions in order for them to share their experiences about the effects of psychosocial problems:

*Share an experience of a problem you had gone through in the past. Please leave out some of the details that you consider too private to share in the class.*

1. How did this problem affect your life as an individual (in relation to your mind, body, behaviour and relating to other people?)
2. How did you manage to solve the problem?

**Step 5**

**Group Presentation**

Let each group share one experience out of all the experiences they shared in their small group discussions.
3. HOW TO PREVENT EFFECTS OF PSYCHOSOCIAL PROBLEMS

Step 1
Large Group Discussion
Allow participants to reflect on the experiences they just shared and ask them if some of the effects of the problems they experienced could be prevented. If yes, how could they have been prevented? Write down their answers:

Step 2
Trainer’s lecture
List and explain each of the following points:

• Involvement in recreational and sports activities can help people especially the young ones to relax thus preventing the effects of psychosocial problems and promoting constructive use of time.
• Conducting psychosocial life skills educational workshops for youth and children about alcohol and drug use, early sexual involvement, deviant behaviour, helping skills of communication,
• Sharing problems and experiences with a person you trust.
• Involvement in community activities e.g. prayer, social festivals and community work.
• Abstaining from alcohol and drug use.
• Talking about fears and anxiety.

4. HOW TO HELP PEOPLE WITH PSYCHOSOCIAL PROBLEMS

Step 1

Brainstorming
Let participants brainstorm on how their peers having psychosocial problems in the school community are being assisted. Write down their responses.

Step 2
Trainer’s Lecture:
People who are suffering from psychosocial problems need help. If they are not assisted
at this stage, they condition may worsen and they become depressed. A person who is depressed may have suicidal thoughts and they might actually succeed to commit suicide. It is the responsibility of the family and the entire community to offer assistance to their vulnerable members. Persons with these problems, even if they experience physical symptoms such as headaches, body pains, etc, cannot find any long lasting relief from medical treatment. Possible interventions that may be used to help people suffering from psychosocial problems include:

- Counselling to restore or regain hope.
- Advocacy for needed services e.g. food, shelter security, education, health care etc.
- Referring the affected person or group to specialised agencies or professionals, e.g. doctor’s probation and welfare officers counsellors etc.
- Acceptance and living in reality.
- Engage in activities that can relax your mind & body eg massage, meditation, sports etc.
- Talk to trusted friends, relatives, or elders.
- Avoid is using alcohol or drugs.

Steps 3
Trainer’s Explanation using the Stress Poster

Use the attached poster on stress to explain some of the ways to find relief (trainer
can use other posters that help to explain ways of helping people with psychosocial problems)

Step 4

Small Group Discussions

Divide the participants into small working groups. Ask each group to discuss the questions under the following case examples:

- **Case Example**

Wafula, Ojambo, Wanyama and Juma were close friends while living at the trading centre. Wafula and Ojambo were very hard working and convinced their two colleagues Wanyama and Juma to join them at the building site where they were employed as casual labourers. However, Wanyama, and Juma preferred to steal so as to get rich quickly. One day when more labourers were needed at the building site, the two hard-working colleagues convinced their lazy friends to join them since they would automatically get jobs. This proposal was turned down because they preferred loitering about. They were eventually caught stealing in the market.

- **DISCUSSION QUESTIONS**

1. Who do you like in this group? Why?
2. What role can you play in helping Wanyama and Ouma?
3. Who in the family can help the lazy friends?
4. Who else in the community can help?

- **Case Example 2**

A week had passed since Aisha’s father died, when a younger brother to her late father convinced Aisha that he would look after Aisha and ensure that she attends school. Aisha went to stay 30 km away from her mother’s home. She never went to school. Her uncle turned her into a house girl and whenever his wife was away, he forced her into sex. Aisha was afraid of reporting the matter to any body because the uncle holds a big
job in the government.

**DISCUSSION QUESTIONS**

1. How do you feel about Aisha’s dilemma?
2. What role can you play in helping Aisha? Show step by step
3. Who else in the community can be able to help?

**· Case Example 3**

Idra’s father had six wives and 45 children. When he died, each wife had to take care of her own children. Idra, 14 had to drop out of school because he was the first born to his mother who had six other children. He had to find something to do to support his mother who had no job.

He walked to the trading centre everyday to do some casual work, which included off-loading lorries of goods like sugar, salt etc. But there were days when there was no work and he returned home exhausted, with no money, yet with his mother and siblings expectantly awaiting his return. Idra spent sleepless nights sobbing away and wishing he could also die. “Why did Mzee have to die at this time? May be I should stand in the way of a speeding vehicle one day and I will be no more”. (Trainer can use any other case example).

**DISCUSSION QUESTIONS:**

1. What do you think makes Ibra’s situation uncomfortable?
2. What role can you play in helping Ibra?
3. How best would you deal with yourself in such a situation if you were Ibra?
4. Who else in the community can be able to help?

**Step 5**

**Large Group Discussion**

Let each group present their findings. Allow time for discussions. In each case help the participants to understand their role. *(Wrap up the session)*
5. COPING MECHANISMS

Step 1: Use VIPP Cards
Distribute cards to participants ask them to write down what they think coping means. Display the cards and together with the participants come up with a commonly agreed definition. Make sure the following main points are emphasised.

Step 3: Lecture
When exposed to stressful events, people try to reduce or overcome the negative effects of this stress. This is called ‘Coping.’ Coping refers to the way individuals, families or communities adjust or adapt to a life problem and manage to live with it. Coping is sometimes emotion-focused with its aim to control the emotional effects of the situation. For instance, by talking about the event or engaging in sports activities, people can be relieved from bad memories and from stress.

Coping can also be problem-focused, thus aiming at eliminating the problem itself e.g. leaving a camp or village to relocate where there is no security.

Some coping mechanisms can be negative. That is, they might not solve the problem in a way that is sustainable over time, or they may harm others. For example, alcohol and drug use is a common mechanism for releasing tension or for trying to forget all about one’s problems, yet afterwards the problem remains, poverty increases, and domestic violence often occurs and creates more suffering for the family.

Other coping mechanism is positive: A positive coping mechanism is one which helps address either the negative impact of stressful situations or the situation itself, thus increasing the individual’s well being and the well being of the family members as well as the community.

For example, religion and prayer can help in many ways, including encouraging a positive attitude, which in turn creates strength, hope for the future, and community cohesion. However it can also lead to feeling of helpless and
hopelessness e.g. If people focus entirely on life after death as the kerning sect did

Step 4: Experiential Exercise
Encourage participants to share their personal experiences. Each person is asked to tell another about a psychosocial problem he/she experienced and discuss both positive and negative personal methods of dealing with the problem.

Step 5: Presentations
In plenary each pair writes down at least 3 negative coping methods on news print or flip chart. The list should include the following:

<table>
<thead>
<tr>
<th>• Positive Coping Methods</th>
<th>• Negative Coping Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking about fears and anxiety</td>
<td>Alcohol or drug abuse</td>
</tr>
<tr>
<td>Sharing, experiences</td>
<td>Aggressive behaviour</td>
</tr>
<tr>
<td>Religion and prayer</td>
<td>Risky sexual behaviour</td>
</tr>
<tr>
<td>Self-defence or running away</td>
<td>Withdrawal or isolation</td>
</tr>
<tr>
<td>Engaging in recreational activities</td>
<td>Resignation</td>
</tr>
<tr>
<td>Sports and recreation activities</td>
<td>Denial</td>
</tr>
<tr>
<td>Hard working</td>
<td>Avoidance/running away</td>
</tr>
<tr>
<td>Seek advice</td>
<td></td>
</tr>
<tr>
<td>Performing rituals</td>
<td></td>
</tr>
</tbody>
</table>

Step 6: Trainer’s Lecture
Usually the normal coping cycle is:

- Problem ————> • Coping strategy ————> • Improvement.

Sometimes this normal cycle may not work due to various factors that influence coping

6. FACTORS THAT INFLUENCE COPING ABILITY:

Step 1: Trainer’s Lecture
Experience shows that people are different and have different capacities to cope with a situation. For example two persons may experience the same problem. One of them
may develop very severe problems while the other is able to regain a sense of peace and stability fairly quickly. Some of the factors that influence our capacity to cope include:

- Social support network or system of friend’s family neighbours and community
- Exposure to prior stressful events or experience
- Positive self-esteem (ability to appreciate oneself)
- Cognitive competence, that is level of intelligence attained (power to reason)
- General status of health
- Knowledge and skills of how to deal with the problem
- Material resources
- Magnitude of the problem and its frequency
- Resilient personality. Resilience means the capacity or ability to recover ones shape after being stressed.
- Meaning of the experience for example, defilement can be considered a very painful, traumatic experience, leading many defilement victims develops additional psychosocial problems. If the family of the victim under stands that what happened is not her (the victims) own making and could happen to anybody she will probably recover soon than one who does not have a loving relationship and does not share because of fears of being sent away or stigmatised.

**SUMMARY**

The coping behaviour of individuals can be seen as an interaction between the afore mentioned factors. Peer educators must understand which of these factors can be influenced which cannot and why.
OBJECTIVES:

To identify and practise basic skills commonly used in psychosocial helping.
Identify and explain the characteristics of an effective helper.

CONTENT

- Definition of helping
- Characteristics of an effective helper
- Compassion
- Empowerment
- Empathy
- Attentive listening
- Role model
- Referral and Advocacy

METHODOLOGY

Brainstorming
Case examples
Lecture

Role-play.
Use of metaphors
VIPP Cards

1. WHAT IS HELPING?

Step 1: Brainstorming
Let participants brainstorm on the following question:
Write down their responses on flip chart.

STEP 2: Trainer’s Statement
Identity the commonalties and together with the participants, come up with a generally agreed upon definition. Add the following points in case participants have not brought
them out.
Sometimes people fail to adjust or cope with problems by themselves this is when they need help from another person.
Helping can be understood to mean the process of assisting someone with problems through support, encouragement and problem solving through counselling in order to cope with or adjust to or solve his/her problems.
The appropriate ways through which a person is helped are referred to as helping skills.

Step 3: Experiential exercise
Ask participants to share an experience about a time they needed help, the type of help that was offered and the effectiveness of the help. Participants may leave out aspects of the experience, which he/she considers too private to share in class.

2. PHILOSOPHY OF HELPING

Step 1: Trainer’s Lecture
The philosophy behind all psychosocial helping is that of empowerment. Helping does not mean giving advice or telling someone what to do. Some peer educators are trained in basic psychosocial helping skills, and your peers may want to talk to you about their problems. Peer educators need to empower their colleagues to help themselves.

3. QUALITIES OF EFFECTIVE PEER EDUCATORS

Step 1: Brainstorming
Trainer refers the participants/ characteristics of effective peer educators discussed later in this manual. Ask participants to remind themselves with these characteristics. Generate a list of the opposite (Qualities of the ineffective peer educator) qualities also.

Step 2: Experiential Exercise
• Ask participants the following questions.
• Do you possess the qualities of effective peer educators?
• What are some of the bad qualities that you have as a peer educator?
• How do you feel being helped by a person with bad characteristics?

4. EMPOWERMENT

Step 1: Brainstorming
Let the participants brainstorm on what empowerment means.
Write down their contributions on flip chart. Sort out the commonalties and come up with an agreed meaning of empowerment. Emphasise the following:

Trainer’s Lecture
Empowerment refers to the process of helping someone to help him/herself. All helping is temporary, so it is critical that the person learns methods to help him/her self. The main goal is to empower a person to find inner strength and resources that he/she can use to help him/herself. For instance people who need help from us can be equated to a car whose engine can not start by it automatically. Such a car just needs a push and it starts up and goes. Therefore helping is all about building the confidence and skill of a person with a problem towards self-help. The process of self-help starts at the beginning of all helping and continues throughout.

Step 3: Brainstorm
Culturally communities also have the concept of empowerment in their day-to-day lives. This is usually emphasized through metaphors. Encourage participants to come up with metaphors in their community that promote empowerment. They should brainstorm for the meaning of each metaphor given to make sure they generate only relevant metaphors.

The following are some of the metaphors that the trainer could have ready as examples to help participants generate more.

• “If I give you fish, you eat for a day. If I teach you to fish you eat for a life time.”
• “Education is a well that cannot dry.”
• “If you want to eat liver, get your own cow.”(This encourages hard work)
• “Do not envy someone’s wealth, be contented with what you have.”
“You cannot run before you walk.”

“Life is like a ladder. Some climb while others come down.”

In each metaphor, guide participants to get the correct interpretation in order to understand the concept of empowerment.

5. COMPASSION

Step 1: Use VIPP Cards

Distribute cards to participants. Ask each one to write what he/she thinks is the meaning of “compassion.” Display the cards on the board. Select the common ideas and together with participants, come up with a generally accepted meaning. Put emphasis on the following points:

Step 2: Trainer’s Lecture

Compassion refers to the feeling of interest, concern and care for person in problems. It is a driving force behind all effective helping. People who have compassion are said to be compassionate. A compassionate person gets concerned with the suffering of other people. He/she strongly feels the person needs to be supported to come out of his/her problem.

Some people are born naturally compassionate but others learn compassion from their day-to-day lives. Whatever qualities they have, peer educators need to build compassion in their personality to be able to feel with the suffering person.

Step 3: Role-play

Choose volunteers to perform role-plays to show compassion. After each role-play be sure to check on the feelings of the participants. The following could be some of the situations role-played:

A 68 year old woman was walking to the village health unit. She developed high fever that escalated backache. As she was walking along the footpath, a speeding young man rode from behind on bicycle and bypassed her. The old woman missed a knock narrowly from the rider. She became frightened and began to talk to herself. After a short while
a young lady arrived on another bicycle got down then spoke to the woman. The young lady offered the old woman a lift up to her destination.

**Situation 2**

A 5 year old child was lost and did not know how to find his way home. He sat down and was crying. Several villagers had walked by and had not bothered about him. One young man passing by tried to find out what the problem was, but the child could not give enough information. The young man went his way. After an hour a woman who was a traveller attended to the child and handed him over to a community leader of that village before continuing with her journey.

Trainer can create other situations that he/she feels appropriate to the training group.

Ask participants the following questions after each role-play:

1. What have you learnt from the role-play?
2. How do you feel being treated with concern and love as shown by some of the helpers in the role-play?

6. EMPATHY

**Step 1: Lecture**

A compassionate person empathises with the suffering of another. He or she tries to understand what it feels like to be in situation of the suffering person. That is the helper tries to put him/ herself into the situation of the client and understand the feelings, thoughts, and why the suffering person behaves in a particular way and not how the helper would feel if this suffering happened to him/her. Thus, empathy involves translating your understanding of the client’s experiences behaviour and feelings into response through which you share that understand with the client. With empathy, you see the person as having a problem but also see that the person can have the capacity to help him or herself.

Empathy is different from sympathy; sympathy is when someone feels sorry for another person due to he’s/her problems. Feeling sorry often means person with a problem is
pitied and it is assumed that he/she cannot improve unless someone else helps. This creates feeling of self-pity, self-defeat, dependence syndrome in the client.

7. ROLE –MODEL:

Step 1: Brainstorming
Ask participants why being a role model or good example is important in helping
Write down their contributions. Explain the following:

Step 2: Trainer’s Lecture
Peer educators need to function as positive models and social influences to their peers (age-mates) whether what they want has a clouted personal life. e.g substances abuse, stealing, being abusive and all other forms of deviant behaviour can never be trusted to cope relatively well with their own problems before they are asked to assist others. Peer educators therefore need to build resilient personalities, know how to help themselves and behave in an exemplary way within the community/school.

8. ATTENTIVE LISTENING

Step 1: Lecturette
One of the most important skills in helping is Attentive Listening. Listening Attentively is the first step towards building a trusting relationship. For a helper to understand the problem of the person in need of assistance, he/she needs to listen to the person as he/she is telling the story.

Step 2: Experiential Exercise
Ask participants what shows that a person is listening to you?

Trainer’s Lecture
In addition to the ideas given explain that:
For helper to listen attentively he/she must give person whole attention with mind, body and soul. When Listening:
• Sit close facing the person (the space should be culture appropriate).
• Present an open posture (do not be tense or anxious).
• Lean slightly forward.
• Keep eye contact (should not be a fixed stare).
• Be relaxed.
• Nod to show that you are listening.
• Ask questions gently and calmly (open ended questions are preferred).
• Occasionally give feedback about what you have heard by paraphrasing and summarising.

What do we listen attentively to?
• Client’s words
• The tone of voice
• Body movements/gestures /facial expressions
• The silence
• Silence and what is not said
• Lack of words.

A good peer educator
• Does not interrupt
• Does not give advice or opinion
• Does not judge
• Respects confidentiality of their clients’ secrets
• Listens properly to sort out and untangle his/her feelings and worries
• Listens properly to other persons is saying
• Helps the person to he/she thinks or feels
• Helps the person to show his/her feelings in his/her own ways
• Helps the person to workout his/her own answers to problems
• Helps the person to accept what cannot be changed
• Helps the person and supports her/him while she/he does all these things

Step 3: Practical Exercises
Participants practice attentive listening through role-plays. The trainer can begin the exercise with a co-facilitator. One trainer can be the person with the problem and the other is the peer counsellor. The goal is not to do any problem solving but to practice listening attentively.

The person with the problem explains his/her life situation. And the helper listens attentively and asks questions. The concept of attentive listening can be clearer if some of the actors in the role-plays can intentionally show bad listening.

For example, while the person with problems is telling his/her story, helper does not pay attention. He/she is looking upwards or faces away from the person or asks an irrelevant questions or begins to, talk to another person e.g. family member.

After each role-play, partners should give a feedback to each other and then try again with another partner. This will help participants not only to make correction of their practice, but also understand how person needing help feels if attentively listened to or not attentively listened to.

Step 4: Feedback
• Ask the partner the following questions after they have role-played.
• Did the helper listen to you attentively?
• IF yes, what did the person do that made you feel that he/she listened to you?
• Did the person remember all that you said?
• Did the person care about you at all/what did the person do that let you think that he/she cared for you?
• Did you feel comfortable answering the entire question the helper asked?
• If you were client what would stop you from revealing more about yourself?
• What did the helper do to show that he/she was not listening to you?
• How did you feel about not being listened to?

*Trainer can include other appropriate questions.*

9. REFERRAL AND ADVOCACY:

**Step1: VIPP Card to Brainstorm**
Distribute two cards to each one of them to write down what she/he understands by the following terms:

1. Referral
2. Advocacy

**Step 2: Trainer’s Explanation**
Display the cards where the participants can view them. Identify the commonalities and come up with generally accepted definitions of these terms. Besides, explain that:

Helpers need to know the limit to their capacity to help. Sometimes the assistance that people need may not be the type available with the helper. In such a case the helper may send the person needing help to another helping institution or individual helper to find the needed assistance. This is called **REFERRAL**:

For example, a peer educator may refer a client to a health worker, trained counsellor, probation and welfare officer, police, etc. When you refer a young person to another person for service, offer to go with them, to give them confidence, and to help them. This however depends on the time the peer educator is willing to offer his/her clients.

On the other hand the person needing help may be too vulnerable to speak or seek help for him/her herself. For instance neglected children, orphans, sexually abused children etc. Helpers in this case need to speak on the child’s behalf or may go themselves, seeking the needed assistance for the client. This is called **advocacy**. It involves negotiating, convincing and in some critical matters, argument.
CONCLUSION:

Many young people in and out of school have psychosocial problems that they may not positively cope with. These people need their age-mates in particular to assist them. It is therefore a responsibility of peer educators in the community/ institutions to have compassion for all young people in need of their assistance. To be an effective peer educator, a person should have the appropriate skills and the accepted values in the community /school.
OBJECTIVES

By the end of this topic, participants should be able to

- Identify and describe the rights of the child and what they mean in practice.
- Identify and explain the roles and responsibilities of the child in Uganda
- Teach other children about their right, needs and responsibilities

CONTENT

Rights and needs of the Child in Uganda

The Responsibilities of Children in Uganda

METHODOLOGY:

Lecture
Brainstorming
Buzz groups
Small Group Discussions
Use of VIPP cards

1. INTRODUCTION

Step 1: Trainer’s Lecture

The respect for human rights and the rights of the child particularly is an indicator of how society treats its children. A caring society will give freedom and dignity to young people creating the conditions in which they (the children) can develop their full potential and look forward to a full and satisfying adult life. The basic principles of the
rights of the child are that society has an obligation to satisfy the fundamental needs of
children and to provide assistance for the development of the child’s personality, talents
and abilities.

What shall be discussed here are the Rights and Responsibilities for Children in Uganda
with specific reference to the UN Convention and African Charter on the Rights and
Welfare of the Child.

It should be pointed out right at the onset that children’s rights do not mean freedom
to do whatever they want without parental guidance or correction. A child enjoying
his/her rights has a duty or responsibility to bear towards those entitlements. Rights
always go with responsibilities. For example the “Right to Basic Education” requires that
the child should be obedient, respectful to those in authority, hardworking etc. What is
needed for her is to find a fair balance and children growing autonomy.

1. WHY PUT EMPHASIS ON THE RIGHTS OF THE
CHILD WITHIN A LIFE SKILLS PROGRAMME

Step 1: Lecture:

There is always a growing need to insist on children’s rights within life skills programme.
The rationale/justification around this emphasis is that knowing and asserting the
child’s rights successfully is an important part of self-esteem and development for
children. Besides, many vulnerable groups such as orphans, street children, children with
disabilities etc and girl children in general can be deprived of their basic rights, even to
education and health care. Life skills and children’s rights therefore go hand in hand due
to the following reasons:

- In knowing and understanding their rights, the children will increase and develop
  their self-awareness and self-esteem including confidence building.
- Life skills training based on the discussion of real life situations will help the
  children to discover how to assert themselves and their rights in acceptable ways.
• Both life skills and children’s rights are interpreted within the cultural context of Uganda.

2. CHILDREN’S NEEDS

Step 1: Small Group Discussion
Divide the participants into small groups (of about 4 -5 members). Ask them to discuss and write down their answers to the question below:

What does a child need for development?

Step 2: Large Group Discussion
Let the groups present their findings. Allow time for discussions. Together with the participants generate a list of what they consider are the needs of the child for development.

Step 3: Illustration and Lecture
Put up the following diagram and compare the lists of needs made by the participants with the diagram.
Children’s needs can be divided into the following categories:

**Basic needs:**

- **Food** – Not to go hungry, not to be malnourished. Ensures adequate growth appropriate to age.
- **Shelter** – Protection from environment. Provides a home for identity, stability and others.
- **Clothing** – Provides protection from weather elements. Provides identity of group and sex.

- **Love and Affection**
  Through attachment and nurturing by a loving and caring network i.e. parents, siblings, grandparents, uncles and aunties, peers, teachers and other caregivers in the child’s environment.
- **Acceptance**
  Through being made to feel that he/she is wanted and that the caregiver derives pleasure in his/her being, which he/she is an accepted member of the family.
- **Continuity**
  Through a continuous relationship with caregivers, families, rituals, routines and familiar surroundings.
- **Stimulation**
  - Through interaction with caregivers through being talked to, bodily contact, given explanations about how things function, etc.
  - Play activities that enrich the development process e.g. sports, dram, music and other recreational activities.
  - Educational activities e.g. reading, counting, drawing (both formal and non-formal educational activities)

- **ROLE MODELLING**
  - Cultural and behavioural models from caregivers.
  - Definitions of roles and responsibilities for different ages.
  - Preparation for adulthood through role modelling.
• Stability in Cultural Values and Beliefs
  • Beliefs particular to the culture.
  • Beliefs of his/her group
  • Religious values.

• Control in the Environment
  • To understand the causes and consequences of the environment phenomena.
  • To know what she can expect from the immediate environment.

Step 5: Summary
We have seen children have 3 broad categories of needs, namely physical, social and psychological needs to develop.

1. Physically, children need food, clothing, shelter and health care.
2. Socially, they need to have parents/guardians, friends, recreation, education, responsibilities and people who are positive role models around them.
3. Psychological needs include freedom, respect, values, beliefs, love and affection and independence

As a child’s needs are met, his/her capacity to cope with life develops commensurately.

3. THE RIGHTS OF THE CHILD

Step 1: Brain Storming

Ask participants to brainstorm on
What are “Rights” of the child? Who is a child?

Write their contribution on a flip chart.

Step 2: Lecture
Together with participants, identify commonalities and workout an agreed upon meaning/definitions. Ensure the following are mentioned:

• The rights of the child mean the basic needs that a child must have to ensure his/her normal growth and development.
• The child is defined by the Children’s Statue 1996 as a person below the age of 18 years.
Step 3: Small Group Discussions
Let participants form groups of not more than five (5) persons.
Ask each group to discuss what they think are the Rights of the Child in Uganda.
Ask them to write their responses on flip charts

Step 4: Presentations
Ask the group to present the results of their discussions in plenary and allow time for discussions. Add points that are not brought out by participants while emphasising the following:
The UN Convention on the rights of the Child (CRC) and the African Charter on the Rights and Welfare of the child broadly stipulate four (4) categories of the children’s rights.

**MAJOR CATEGORIES OF THE CHILDREN’S RIGHTS**

1. **Survival Rights**
The word survival introduces a dynamic aspect to the child’s rights such as food, clothing, and shelter including the need for preventative action such as immunisation.

2. **Development Rights**
The term development is interpreted in a broad sense and adds a qualitative dimension, which includes the development of the child’s personality, talents and abilities. The right to development is equated with the right to childhood.

3. **Protection Rights**
Protection from all forms of maltreatment (such as exploitation, abuse, harmful initiation rights, battering, etc) perpetuated by parents or other responsible for their care and to undertake preventive and treatment programme in this regard.

4. **Participation Rights**
A child shall no longer be seen as a merely as objects of actions on their behalf, but should be entitled to a voice in decisions affecting their well being and to play an active role in society.
SPECIFIC CHILDREN RIGHTS

The right not to be discriminated:
1. A child in Uganda should have the same rights irrespective of sex, religion, custom, rural, race, and marital status of parents or opinions.
2. The right to life, love and affection.
3. The right to grow up in a peaceful, caring and secure environment.
4. The right to have basic necessities of life including food, health care, clothing and shelter.
5. The right to a name and a nationality.
6. The right to know whom his/her parents and to enjoy family life with them and/or their extended family. Where a child has no family or is unable to live with them, he or she should have the right to be given the best substitute care available.
7. The right to have his or her best interests given priority in any decisions made concerning the child.
8. The right to express an opinion and to be listened to, and to be consulted in accordance with his/her understanding in decisions, which affect his/her well-being.
9. The right to have his/her health protected through immunisation and appropriate health care, and to be taught how to defend themselves against illness. When ill, a child should have the right to receive proper medical care.
10. A child with disability should have the right to be treated with the same dignity as other children and to be given special care, education and training where necessary so as to develop his/her potential and self-reliance.
11. The right to refuse to be subjected to harmful initiation rites and other harmful social and customary practices and to be protected from the customary practices, which are prejudicial to a child’s health.
12. The right to be treated fairly and humanly within the legal system.
13. The right to be protected against interference with his/her privacy, honour and reputation.
14. The right to be protected from elicit use of narcotic drugs and substance.
15. The right to access information and materials aimed at the promotion of his/her social, spiritual and moral well-being.
16. The right to be protected from all forms of abuse and exploitation including
prostitution and involvement in pornography, sale, trafficking and abduction of children, neglect and cruel treatment.

17. The right to basic education

18. The right to leisure which is not morally harmful, to play and to participate in sports and positive cultural and artistic activities.

19. The right not to be employed or engaged in activities that harm his/her health, education, mental, physical or moral development

20. A child if, a victim of armed conflict, a refuge, or in a situation of danger or extreme vulnerability, should have the right to be among the first to receive help and protection, and appropriate treatment for their recovery and re-integration.

4. RESPONSIBILITIES OF THE CHILD IN UGANDA

Step 1: VIPP Cards

Distribute cards to participants.

Ask them to write down what are the responsibilities of a child in Uganda.

Display the cards and work with the participants to generate a list of responsibilities of a child in Uganda.

Step 3: Trainer’s Statement

Add points that are not brought out by the participants to include the following:

Every child has responsibilities towards his family and society, the state and other legally recognised communities and the international community.

A child shall according to his age, ability and rights have the duty: -

1. To work for the cohesion of the family, to respect his/her parents, elders, superiors and other children at all times and to assist them in case of need.

2. To serve his/her national community by placing his/her physical and intellectual abilities at its service.

3. To preserve and strengthen social and national solidarity.

4. To preserve and strengthen cultural values in his/her relations with other members of the society, in the spirit of tolerance, dialogue and consultation and contribute to moral well being of society.

5. To preserve and strengthen the independence and integrity of his/her country.

6. To contribute to the best of his/her abilities at all times and at all levels, to the
promotion and achievements of African Unity.

5. SUMMARY

The rights and responsibilities of the Child in Uganda is in line with the Convention of the Rights of the Child (CRC) which talks of the responsibilities of the parents and guardians for ensuring that their children are brought up in accordance with the acceptable cultural norms. As mentioned earlier, children’s rights do not mean the freedom to do whatever they want without parental interventions.

It’s worthwhile observing that when talking about children’s rights, their responsibilities must also be emphasised. Thus the common saying, “There is nothing for nothing” is applicable in this context. What it all means is that we need to find a correct balance between adult guidance and children’s growing autonomy.

It should also be emphasised here that although a child has freedom of accessing or doing certain things, this liberty only works within a certain range or limit which every child has to adhere to.
OBJECTIVES:

- By the end of the topic, participants should be able to
- Explain the meaning, need for and importance of producing effective sexual and reproductive health services for young people.
- Describe various component of reproductive health.
- Identify and discuss sexual health problems prevalent among young people.
- Describe adolescent development characteristics in the young person.

CONTENT:

- Definition of sexual and reproductive health
- Component of reproductive health
- Adolescent sexual reproductive health (ASRH)
- Development characteristics in adolescents
- Factors that predispose the adolescents and the youths in problems
- Challenges of communicating with adolescents/young people
- Importance of communicating to adolescents and youths through counselling
- Teenage/early/unplanned pregnancy
- Sexually transmitted infections/diseases/HIV/AIDS

METHODOLOGY:

- Interactive lecture
- Brainstorming
- Small group work/discussion
- Buzzing
- Use of VIPP cards
- Role-plays
1. SEXUAL AND REPRODUCTIVE HEALTH

Step 1: Experiential exercise (use VIPP cards)

Distribute cards to participants.
Ask each participant to write down what she/he thinks is the meaning of the following terms.

1. Sexual health
2. Reproductive health

Display the cards and work with participants to categorise them according to the similarities i.e. putting of similar cards together and combining those with almost the same message.

Step 3: Trainer’s Lecture

Together with the participants identify common elements in their cards and come up with a mutually agreed upon meaning of the terms sexual health and reproductive health. Remember to emphasise the following points:


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- Sexual Health is the integration of physical, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love.
- The above definition implies that a young person enjoys sexual health when she/he feels good in relation to the area of his/her life to do with sex.
- She/He feels good in body, mind and spirit, and he/she feels comfortable within his/her society about the way he/she is conducting this part of his/her life.

Good sexual health, to a young person include being confident and able to:

- Make decisions about their own bodies and how they will express their sexuality without anyone forcing or pressurising them.
- Say “NO” to sex until they are in a loving relationship and are happy or ready to say “YES”.
If they do have sex, or if they must have sex at all, protect themselves from unwanted/planned pregnancy and diseases that are passed on during sexual intercourse.

- Enjoy pleasure from sex without regret and/or without harming others
- Enjoy their sexuality free from shame, guilt and fear.
- Visit the health centre if they have sex related health problems.

The term reproductive health refers to the state of complete physical, mental and social well being and not merely the absence of disease or infirmity (i.e. physical or mental weakness), in all matters relating to the reproductive system and to its functions and processes.

Reproductive health may also be referred to as the well-being of men, women and young people, as it concerns their reproductive functions.

On the other hand, reproductive health can be taken to mean the well being of an individual as determined by how one manages the functions and process of the reproductive system. This means that the reproductive system must be free of unplanned/unwanted pregnancy, STI/HIV/AIDS.

Reproductive health therefore implies that men and women (but not young people) can have a safe and enjoyable/satisfying sexual relationship and that they can decide freely if, when and how often to have babies.

Besides, women should be able to go through pregnancy and labour without risk/danger. Adequate care should be given to babies and mother immediately after birth. It is also involved in prevention of unwanted pregnancy and diseases spread through sexual intercourse.

### 2. REPRODUCTIVE HEALTH TARGET

**Step 1: Trainer’s Lecture**

When we talk about the reproductive health target we refer to the following aspects of reproductive health situation:
• Reduction of maternal mortality rate (MMR)
• Reduction of teenage pregnancy rate (TPR)
• Increase of contraceptive prevalence rate, at least from 4% - 7%
• Increase the provision of adolescent reproductive health services.
• Increase supervised deliveries

3. CAUSES OF MATERNAL DEATH

Direct causes:
Haemorrhage (an instance of bleeding), infection, unsafe abortions, high blood pressure, obstructed labour.

Underlying factors:
• Weak economy
• Mal-functional health system

Personal factors:
Poverty
• Illiteracy
• High fertility
• Teenage pregnancy
• High-risk pregnancy
• Low status of women in society

4. COMPONENTS OF REPRODUCTIVE HEALTH

Step 1: Lecturette:
The major components of reproductive health cover the following areas:
• Safe motherhood- Appropriate ante-natal care (ANC) to mothers
• Clean and safe delivery - preferably supervised delivery
• Post-natal health care for mothers and babies
• Family planning
• Immunisation
• Nutrition
• Prevention of mother to child transmission (PMTCT)
• Breast feeding
• STIs/HIV/AIDS prevention
• Adolescent reproductive health
• Management of menopause
• Infertility
• Post abortion care

5. ADOLESCENT REPRODUCTIVE HEALTH

Definition of terms

Step 1: Brainstorming
Ask participants to brainstorm on what they understand by the following terms:
1. An adolescent
2. A young person
3. A youth
4. Adolescence
List down their contributions on a flip chart.

Step 2: Trainer’s Lecture
Together with the participants identify common elements in their contribution and come up with mutually agreed upon definitions of the terms to include the following important facts:
• An adolescent is a boy or girl aged between 10 -19 years (with definition).
• A young person is a boy or a girl within the 10 -24 years age range.
• A youth is anyone below the ages of 35 years.

As mentioned earlier, adolescents are persons within the age group of 10 -19 years and characterised by physical, socio-emotional and psychological changes.
Adolescence is the transitional period between childhood and adulthood. It begins at 10 -12 years and continues till the age of 18 - 19 years.
The girls may start earlier than boys. It occurs at different speed in different people.

Step 3: Small Group Work
Let participants from small groups (of not more than 5 people) and give them the
following task:
1. Identify the characteristics/development changes in adolescents as they grow up.
2. Ask each group to write their points on a flip chart.

**Step 4: Big Group Discussion**
Let participants present and discuss their work.

**Step 5: Trainer’s Lecture**
Give summary of characteristic features of adolescents bringing out the main points.

**PHYSICAL CHANGES**
- Rapid growth
- Appearance of pubic hairs and armpit hair
- Voice cracks and deepens in boys and becomes soft for girls.
- Enlargement of breasts and hips in girls.
- Enlargement of sexual organ
- Penile growth, frequent erection of the penis, sometimes with wet dreams.
- Muscle growth and strength increases.
- He/She will sweat more and the body smell will change.
- Beards and moustache will begin to grow in boys.
- His/Her skin may get oilier and he/she may get pimples on the face or back or chest.
- Normal vaginal discharge in girls.
- Menstruation begins in girls.

**SEXUAL CHANGES**
- Sexual arousal/awareness (sexual urge)
- Masturbation for both male and female
- Sexual experimentation
- Attraction to and/or of the opposite sex.

**BEHAVIOUR CHANGES**
- Peer group formation
- Independence from family members
- Habit formation, e.g. alcohol consumption, drug abuse, smoking etc
EMOTIONAL CHANGES

- Shifting emotional moods, sometimes no explainable reason.
- Shyness and self-consciousness
- Emotional upset during menstrual cycle.
- Becomes very concerned about what is “normal” and what is “abnormal” to them.
- Shift in relationships i.e. less dependence on the family and greatly influenced by peers, age mates and older children.
- Anxiety over growth and development issues. That is, children grow and develop at different rates. Teenagers compare themselves to their age mates.

6. FACTORS THAT PREDISPOSE ADOLESCENTS AND YOUTH IN PROBLEMS

Trainer’s Lecture

Many sexual health problems arise because young people (both boys and girls) do not have control over their sexual lives. They are either ill informed or ill-equipped to deal with the consequences of sexual activity that they have entered into voluntarily, or they have been forced into sexual activity by one or more people who are more powerful than they are.

This examines the likely factors that expose adolescents and youth particularly to sexual health problems.

1. The body changes that occur during puberty and adolescence, and failure to cope with those changes expose young people to the risk of HIV/AIDS/STIs and unwanted pregnancy.

2. Misconceptions associated with growth of sexual organs and sexuality e.g.

   - An erection means one should have sexual intercourse.
   - If a girl has a small hip, she should have a lot of sexual intercourse so as to develop big hips.
   - If a boy doesn’t use his penis, it will shrink and his future wife will laugh at him.
   - If a girl stays a virgin after the age of 20, she will be impenetrable.
   - If a boy doesn’t play sex, they will get backaches or headaches from collected
Semen.
Such misconceptions/misinformation encourages adolescents and youths to be sexually active thus exposing them to high risks of sexual health problems.

3. Cultural factors/beliefs that encourage early marriage especially among the poor rural up-country communities.

4. During the process of habit formation that is the characteristic of adolescents, they may acquire behaviour, which may expose them to many risks for example alcohol and drug abuse.

5. Lack of parental guidance due to lack of knowledge and skills to talk to adolescents as parents.

6. Influence of peer pressure that may cause experiment leading to early pregnancy early parenthood, abuse of alcohol, sex, HIV/AIDS STI etc as consequences.

7. The environment factors such as living in a slum/urban area.

8. Lack of employment leading to poverty/idleness.

9. Rape and defilement.

10. Poverty

11. Poverty and intimacy may lead to early sex for money.

12. Dropping out of school.

7. CHALLENGES OF COMMUNICATING WITH ADOLESCENTS

Trainer’s Lecture
Providing young people with effective sexual health education and reproductive health care opportunities will contribute significantly to their safety, to their general health, to their education, and to the development of their self-confidence and their self-esteem.

However there are challenges to be met and addressed. Working with young people involves understanding their vulnerabilities and constraints. Among others these challenges include the following:
• Cultural factors that discourage or prohibit young people from discussing reproductive health issues or sexual practices.
• Young people may be hesitant to talk about sex or reproductive health issues with older people, if they talk about them at all.
• They may at times use language difficult to understand.
• They may not tell the truth.
• Poor hygiene practices among some youths, e.g. uncombed hair, shabby dressing, unpleasant odour etc.
• Their behaviour sometimes and attitudes to certain things may be disgusting.

8. OVERCOMING THE CHALLENGES

Trainer’s Lecture

Communicating with young people about issues that affect their lives either directly or indirectly presents a lot of challenges/constraints to the extent that some responsible parents, guardians or caretakers give up their vital role. The following are some suggestions presented to help address and overcome some of the most common challenges:

• Remain neutral and offer meaningful options to help your colleagues make decisions.
• Have a lot of probing skills for them to fully understand the discussions.
• Be knowledgeable on issues for discussion (This explains why a peer educator must undergo a 5 day training to be able to effectively support his/her peers.)
• Be open and talk freely.
• Show interest and care.
• Listen and hear with your ears and also with your heart.
• Prevent, do not wait for a problem. Prevention of a problem (like pregnancy) is more effective and cheaper than management.
• Give positive messages, support and repeated encouragement for positive choices.
• Identify some of the critical problems that they face which predispose them to risks. This will help them take informed decisions to reduce risks.
9. THE ADOLESCENTS REPRODUCTIVE HEALTH SITUATION

Trainer’s Lecture
This researched information may not be current/up to date but can tell at a glance what the situation is like on the ground country wide.

- Teenage pregnancy is 33% (out of every 100 pregnant mothers each year in Uganda, 31 are teenage girls)
- By the 19 years of age, 61.2% of the girls are either pregnant for the first time or are already mothers.
- 27.2% of female youths are affected as compared to 7.2% of male youth.
- HIV prevalence among the youth is 10.1%
- HIV/AIDS infection rate among the age bracket of 15-24 is 6 times higher among girls than boys.
- Maternal death caused by abortion among teenage is very high.
- Early marriage - age at first marriage is at 17 years.
- It is estimated that 22% of men are married by 20, compared to 75% of women.
- High fertility rate 7.1%
- Average age of first sex is with some children as early as 11 years.
- High rate of teenage abortions (i.e. 15% of youths) at the age bracket of 15 - 24 years.
- High alcohol and substance abuse among adolescent.

Source: SUWEP Training - August 2003, Arua

10. SEXUAL AND REPRODUCTIVE HEALTH ISSUES

Step 1 Trainer’s Lecture
In addition to general messages that relate to the promotion of good sexual and reproductive health, there are specific and important health messages that relate to particular sexual health issues that should be communicated to young people.

This part provides information and suggested messages for young people about some of the key sexual and reproductive health issues that they are likely to have to deal with.
They are covered under the following sub-topics:

1. Sexually transmitted infections (STIs) including HIV/AIDS
2. Early/Unplanned pregnancies.
3. Unsafe abortions
4. Alcohol/Substance Abuse

11. SEXUALLY TRANSMITTED INFECTIONS (STI)

Step 1: Buzz Groups
Ask participants to get into pairs. Allow each pair to discuss for about 5 minutes about what they understand by sexually transmitted infections (STIs) and identify some curable STIs.

Step 2: Big Group Discussion
In plenary, let each pair present their findings. Allow discussions after each presentation. Together with participants, identify similar elements and categorise them accordingly.

Step 3: Trainer’s Statement
Summarise the discussion by emphasising the following main points.

Sexually transmitted infections (STIs) are diseases that can be transmitted from one person to another by/during/through sexual intercourse/contact. Some curable STIs include:

- Gonorrhoea
- Trichomoniasis
- Syphilis
- Herpes
- Chlamydial infection etc

In addition to being knowledgeable about the names of specific STIs, Young people should be aware of:

- Possible symptoms
- The need for treatment
- The dangers of lack of treatment
STEP 4: Use VIPP Cards for Opinions
Ask participants to write on cards what they know/think are the signs/symptoms of the different STIs. Display the cards on a visible surface. Together with participants go through the cards and discuss the symptoms. Then give a summary of the symptoms. Make sure that the following signs/symptoms are mentioned.

STEP 5: Trainer’s Lecture

In women the following signs & symptoms of sexually transmitted diseases are common
- Vaginal itching, sores, or rashes or blisters
- Unusual vaginal discharge or odour
- Bleeding at times other than her menstrual period
- A burning pain when urinating (difficulty in urinating)
- Wanting to urinate often
- Pain when having sex
- Deep pain in the lower stomach (just above the private parts)
- Swelling in the groin
- Headaches and feverish feelings

NB: Sometimes STIs show no signs, especially in women. It is only in later years when the man or woman fails to produce children that they find they have an STI. These are known as “Silent STIs”.

In Men
- Itching, sores, rashes or blisters or any other sort of irritation around the genitalia.
- Discharge from the penis
- Pain on ejaculation
- Swelling of the genitals, especially the testes
- Pain, burning or difficulty while urinating
- Headaches and feverish feelings.
12. THE NEED FOR TREATMENT

Step 5: Brainstorming

Ask participants the following questions:

1. If people have sexually transmitted diseases what do they do?
2. What are the community ways of dealing with sexually transmitted diseases?
3. If you were suffering from sexually transmitted disease what would you do?

Step 6: Trainer’s Lecture

If one gets an STI, or thinks that he/she may have an STI, he/she should go for a medical examination quickly to determine which STI a person has and how it should be treated appropriately and timely.

All sexual partners affected should also receive treatment, even if they do not show obvious symptoms. There is a tendency by particularly young people, who have STI, but are too ashamed and afraid and feel guilty to go for treatment. This is dangerous as some STIs cause infertility and death if not treated in time.

NB: A suspected STI should not be self-treated with medicine purchased from a drug shop. Self treatment can be incurable. The disease can be under treated and still persist.

Dangers of Lack of Treatment

If an STI is not properly treated, the risks include the following

- Increased risk of getting infected with HIV
- The risk of passing infection to another partner and being re-infected.
- Problems with fertility and pregnancy
- Health problems for future children
- Death may occur in some severe cases.
13. HIV / AIDS

Introduction:
Step 1: Brainstorming

Ask the class: “What do you know about HIV and AIDS?”

Allow the participants to tell you some of the things they know. Correct any wrong information. Add these factors.

Step 2: Lecture
In Uganda today, everyone needs to be accurately informed about HIV/AIDS infection.

**HIV** refers to Human Immuno Deficiency. It is the virus which causes AIDS. HIV destroys the white blood cells hence the immune body system rendering it defenceless to infections. **AIDS** refers to Acquired Immuno Deficiency Syndrome. It’s a group of diseases that occur after the immune system has been destroyed or weakened by HIV.

It is important to note that there is a long time period from a few months, up to several years between a person contracting the virus and showing symptoms. An individual who is HIV positive looks perfectly health but can pass the virus on to others in sexual contact. Therefore, it is not possible to tell from appearances whether someone is HIV positive.

**Modes of Transmission**

Step 2: Buzz Groups
Ask participants to get into pairs.

Let them hold a buzz discussion for 5 minutes about this task. Ask them the following question
What are the different ways that HIV can be passed from one person to another?

Step 3: Large Group Discussion
Let each pair present their findings.

Allow discussions after every presentation.

After presentation, work with participants to come up with a list of common modes of HIV transmission. Correct any wrong information and add points if they are missed.

Make sure that they include the following.

HIV is transmitted:

- By/through unprotected sexual contact/intercourse with an infected person.
- From an infected pregnant woman to her child during pregnancy, childbirth, or, occasionally, through breast feeding.
- Through contact with infected blood (through unsafe practices such as unclean syringes, or a razor blade, blood transfusion of infected blood etc).

It is important to note that today in Uganda; studies reveal that sexual contact between men and women, boys and girls is the most common means or mode of transmission of HIV. The virus can be passed through any unprotected sexual contact, no matter how brief.

HIV cannot be transmitted through

- Casual contact like
- Kissing
- Touching an infected person
- Talking or conversing with an infected person
- Sharing clothes/plates/food/toilets with an infected person
- Shaking hands
- Hugging

It’s a misconception that HIV can be spread through everyday contact with an HIV positive person.
This is because HIV is carried in the body fluids. The most important are:

- Semen
- Blood
- Vaginal fluid

HIV gets into the body when activities that allow semen, blood or vaginal fluids enter the mouth, anus or vagina or to touch an open cut or sore such as mentioned earlier take place.

**Prevention of STI/HIV Transmission**

**STEP 1: Trainer’s Lecture**

This part looks at the different ways or methods to keep oneself safe from sexually transmitted infections (STIs) and HIV/AIDS. We will also release that it is a person’s behaviour and not status or personality that keep him/her safe from HIV or STIs. Hence, a saying that “Prevention is not only better, but also cheaper and more effective than cure”.

**STEP 2: Brainstorming**

Ask participants to talk about ways that we can stop STIs and HIV/AIDS.

List and discuss participants’ ideas and reach consensus.

**STEP 4: Trainer’s Statement**

The common suggestions for preventing transmission of STIs/HIV are:

- Abstinence which means avoidance of all sexual contact i.e. no playing sex at all
- Being faithful and sticking to one uninfected sexual partner who has no other partners
- Condom use in a correct way every time you have sex.

**STEP 4: The Three Boat/Canoe Game:**

**Trainer’s Lecture:**

HIV is spreading like a flood, if we are not careful, it will drown us all, men, women and children. In a normal flood, people drown.
One can wonder how people perish in this flood of HIV. For instance, in the Old Testament, Noah saved himself from the flood by getting into a boat (Ark). Similarly, today, there are three boats that can keep us safe from the HIV flood. These boats are:

- The NO SEX BOAT - ABSTINENCE BOAT
- THE FAITHFULNESS BOAT - Having sex with only one faithful person who is not infected with HIV.
- THE CONDOM BOAT - Using a new condom every time you have sex.

Step 5: Brainstorming

Ask the participants the following questions about the “THREE BOATS”.

Allow them time to answer and make sure at least everyone has had a chance to speak before you ask the next question:

1. Who will decide for you about getting on to one of these boats?
2. How easy is it to get on to a boat?
3. Do you need help?
4. What kind of help?
5. Is it possible to help another person get on a boat, and stay on a boat?
6. Which boat or boats should an adolescent get on?
Step 6: Role-play
Choose three different places in the training hall or the space you are using, and let these places be the three boats:

<table>
<thead>
<tr>
<th>Abstinence</th>
<th>Faithfulness</th>
<th>Condom</th>
</tr>
</thead>
</table>

Choose a member of the class to role-play the first character, a boy aged 8 years
This is a boy aged 8 years. Let him tell us his name, and something about himself and his family. After the boy has given his name and some details about himself, ask him which one of the three boats would you get on? Show the class where you are.
Let the boy choose one of the boats

- Why are you there?
- Let him explain to the class.
- Ask the class. Does everyone agree?
- Is he in the right place?

Step 8:
Repeat the exercise, giving these characters to different members of the group/class:

- Old farmer
- Alcoholic
- The farmer’s wife
- A bus driver
- A school girl/boy
- A school prefect
- A University student
- A Homosexual boy

The trainer can think of some more characters and continue the exercise.

Step 9: Experiential Exercise

After the above exercise, the trainer asks the class the following questions

1) Is it possible to change from one boat to another?
2) When can a person move (jump) from a boat to another?
3) If one has more questions about HIV and AIDS, where can they go for advice?
4) Some people say, “You do not just catch HIV, you allow someone to give it to you.” What do you think?

Step 10: Conclusion and Summary

We have just learnt that the best way to stay away from STIs/HIV is NOT TO HAVE SEX or USE A CONDOM each time you have sex. But if you get an STI, or if you think you have an STI, you should not hesitate to go for medical treatment. Do not treat yourself.

We have also learnt that teenage children need to understand the possible outcomes of their actions and to know how to act responsibly to protect themselves and others. Responsible sexual behaviour means not engaging in sexual practices that can lead to unwanted pregnancy, HIV infection or other STIs. This means abstaining from sex or using a condom every time they play sex.

TEENAGE, EARLY, OR UNPLANNED PREGNANCY:

Introduction:

Step 1: Introduction

Lecturette: Adolescent girls in traditional societies are often bound by cultural norms that equate marriage and motherhood with female status and worth. Even the youngest brides and groom often face enormous pressure to prove their fertility soon after marriage through birth of a child. In other cases, cultural traditions encourage young women to prove their fertility before marriage.

In some refugee returnee and displacement situations, land or living space is allocated on the basis of the number of people in a family. These situations can result in adolescent girls being pushed into early child-bearing and/or marriage in order to
secure more living space or to replace the losses that the family has experienced due to conflict or war.

**Step 2: Role-play**
Ask 2 participants to volunteer to take part in a role-play. One participant will be a pregnant teenager and another will be a mature pregnant mother.
Ask the volunteers to stand or sit in front of the class. Let the class observe the 2 volunteers.

![Role-play illustration](image)

**Step 3: Big group Discussion**
Discuss the role-play and encourage participants to identify the volunteers and describe them in details.

*Ask participants:*

1. Is this practice/behaviour by adolescents acceptable in your community?
2. What are the reasons that encourage such a practice/behaviour in young people?

**Step 6: Trainer’s Lecture**
Explain the following reasons in addition to what they have already given:

- **Influence of culture.** Some cultural norms encourage young women to prove their fertility before marriage. Even young couples face greater pressure to prove their fertility soon after marriage through child-birth.
• **Conflict/ War situations.** This is where people are displaced or forced into exile, plots of land are allocated according to family sizes. This forces adolescent girls into early child bearing and/or marriage.

• **Children lack of basic needs.** Because of extreme poverty in the families, parents cannot fulfil children’s needs. Since the children are desperate for their needs, they are easily manipulated by adults and/or even male youth into sex by offering some of the things they need.

• **Lack of parental guidance and support.** Most parents do not educate and give guidance to their children on sexual issues. They assume that the children already know. The children therefore cannot make informed decisions on these issues.

• **Peer Pressure.** Peers and friends can be supportive and also destructive to their counter parts. For instance, they can encourage a youth to be sexually active. Adolescents therefore need the knowledge and confidence to make their own decisions when they disagree with their peers.

• **Emotions.** Young people are always swayed into early sexual encounter by the force of emotions. Cultural traditions have always regarded sex as a natural and enjoyable part of life. Even the common term “Play Sex” reflects these good feelings. A young person may feel that playing sex means he/she loves that other person very much. Hence, the common saying that “boys are looking for sex, but girls are looking for love”.

EFFECTS OF EARLY / UNPLANNED PREGNANCIES

Step 1: Small Group Discussion
Ask the participants to go into small groups (of not more than 5 people).

Give them the following tasks:
1. What are the physical consequences of early pregnancy/early child bearing?
2. What are the socio-economic effects of early child bearing?
3. What are the psychological effects of unplanned / unwanted pregnancy?

Step 2: Big Group Discussion
Groups make their presentations and they are discussed

Step 3: Trainer’s Summary

Physical consequences
Early pregnancies and associated complications - Pre-teens and teenage girls are not fully developed. A young girl’s body is still not yet ready to safely handle pregnancy through the nine months to the birth of a child. This can cause complications during pregnancy and delivery.

Teenage mothers are at high risk for premature births and low birth weight babies.

Death, when there are complications, it may lead to physical problems that result into death. Children born to adolescent mothers often experience higher risks of death during the first 5 years of life.

Some young women who get an unwanted pregnancy attempt to end the pregnancy through abortion with herbs, medicines or other treatments. This is risky to their lives and their future fertility to have children. Young girls must be aware that after abortion, there are risks of serious bleeding, infection and permanent infertility.
Socio-economic consequences of early / unplanned pregnancy

• Early/unplanned pregnancy and child bearing limit educational opportunity and achievement.

• Early pregnancy compromises a young woman’s ability to support herself and her children financially.

• A young woman’s opportunities are severely constrained when she becomes a mother and as such her quality of life can be threatened.

• In some situations, the stigma of being unmarried parent can result in rejection by the family and/or the community.

• There may arise conflicts between the 2 families.

• It may also lead to forced marriage as her own family may reject the girl.

PSYCHOLOGICAL CONSEQUENCES OF EARLY/UNPLANNED PREGNANCY:

• Low self-esteem and confidence
• Feeling ashamed
• Guilt feelings
• Sadness
• Hopelessness
• Helplessness
• Stress
• Suicidal ideation
PREVENTION AND MANAGEMENT OF PROBLEMS RELATED TO EARLY/PLANNED PREGNANCIES:

Step 1: Small Group Discussion
Divide the participants into small groups (of not more than 5 people).

Guide them to discuss the following questions:

1. What can you do to change the attitude of your peers towards early sex and pregnancy?
2. How would you support adolescents involved in early/unplanned pregnancies?

Step 2: Trainer’s Presentation
The key information and skills for young people about early/unplanned pregnancies should include:

- Educate adolescents to understand the consequences of early and unplanned pregnancy
- Promote Psycho-Social Life skills Education to build/impart decision making, effective communication and negotiation skills required to resist pressure to have sex.
• Avail information on how to access STI/HIV prevention.
• Provide information on available health and social services.
• Educate adolescent girls about the importance of seeking pre-natal services when pregnant.
• Encourage parents to provide guidance and counselling to their children about irresponsible sexual behaviour. Let them know consequences of early sexual involvement and unacceptable sexual behaviour.
• Adolescent girls with unplanned pregnancies need counselling to heal their psychological wounds.

UNSAFE ABORTIONS

Step 1: Brain Storming
Guide participants to discuss what they understand by “Unsafe Abortion “.

Step 2: Trainers statement
An unsafe abortion is an abortion that has not been carried out in a safe environment by a health professional. Unsafe abortions include:

- Taking poisons or other potentially harmful substances
- Inserting twigs or sharp objects in to the womb.

These practice are risky and death from complications resulting from unsafe abortion account for significant percentage of all maternal deaths, although accurate data is difficult to obtain.

Reasons for Resorting to Abortion

Step 1: Buzz Groups
Let participants buzz on the reasons, why young people resort to abortion. Let them write them on cards and display the cards for discussion.

Step 2: Trainer’s Summary
Trainers make an input and wraps-up the discussion while emphasising on the following:
Young people often state the following reasons for resorting to abortion:

- The girl is determined not to bring shame to herself and her family. In many communities, pregnancy before marriage is condemned and as evidence of poor parenting, a judgement/blame with which many parents can not live.
- The girl may be a victim of rape or incest and doesn’t want to prolong her suffering by carrying the pregnancy to term.
- The girl may have been let down by her boy friend who had previously promised marriage upon demonstration of fertility.
- If in school, the girl wants to continue with her studies and resorts to abortion for fear of getting expelled from school if discovered.

PREVENTION OF UNSAFE ABORTION

Trainer’s Lecture
The key preventative measures/information to prevent adolescents’ unsafe abortion includes:

- Provision of safe and supportive environment to the pregnant teenager
- Encourage the adolescent girl to seek help from a health facility
- Discourage substance abuse (e.g. drugs, alcohol) as these often lead to risk taking behaviour
- Provide appropriate sexual and reproductive health message to young people.
- Involve the communities (young people inclusive) in discussion of issues related unwanted pregnancy, abortion and its consequences.
- Involve the community in the prevention of unwanted pregnancy and abortion and in helping young people to cope with these situations when they arise.
SUBSTANCE ABUSE

Trainer’s Lecture

The issue of substance abuse is discussed under sexual and reproductive health because it obviously relates to a young person’s ability to make informed decisions about their behaviour.

When people misuse substances like alcohol and drugs, they lose control over the way they behave. They don’t make sensible and informed decisions.

Substance abuse therefore is a major factor often linked to unwanted or unplanned pregnancies and associated consequences. For instance, alcohol in large quantities can impair judgement and disturb mental concentration. Its consumption is associated with the high risk sexual behaviour since under the influence of alcohol, people forget what they know about HIV, STIs and preventing unwanted pregnancy and act on impulse.

Trainer can gauge the knowledge level of the audience and add more information under substance abuse, as it may be required.
PART 2

BUILDING LIFE SKILLS IN YOUNG PEOPLE
HELPING YOUNG PEOPLE BUILD LIFE SKILLS

1. INTRODUCTION

Trainer’s Statement
The idea behind life skills is that people live in a dynamic world that brings a lot of challenges that people have to deal with in their daily lives. For example in the current situation, the young people are faced with a number of issues like HIV/AIDS, sexually transmitted infections, unemployment, lack of support to continue with secondary education, stress, adolescent problems etc. All these problems cause stress or unpleasant feelings that require young people to take action in an attempt to find solution to these problems.

In an attempt to find solutions, young people, may come up with ways that endanger their own lives and that of others. Life skills are aimed at helping the young people to be able to develop the necessary skills to deal effectively with the challenges they meet in their daily lives.

2. WHAT ARE LIFE SKILLS?

Step 1: Brainstorming
Ask participants what they understand by “life skills”

Step 2: Trainer’s Lecture
The following are some definition extracted from a “Manual for Trainers and Facilitators of out of school children on Life Skills for young Ugandans.”

- “Skills needed by an individual to operate effectively in a society in an active and constructive manner” (Edward de Bonn)
“Personal and social skills required for young people to function confidently and competently with themselves, others and the larger society.” (TACADE, U.K)

“Abilities for adoptive and positive behaviour to deal effectively with demands of every day life” (By WHO/ MOH/PSF/ 93.7A).

In summary, life skills are strategies or abilities a person uses to get along with himself, friends, family, the society and the environment as a whole. These strategies empower the young person to be able to interact with the society in which he lives as constructively/effectively as possible.

**Step 3: Big Group Discussions:**
Ask participants to think about young people in their communities. In which ways are these young people not functioning effectively/constructively with themselves, their families, others and the environment as a whole?

**Step 4: Trainer’s Statement**
- Un protected sex
- Substance abuse
- Early pregnancies
- Prostitution
- Street kids
- Violence

### 3. WHAT YOUNG PEOPLE NEED TO FUNCTION CONSTRUCTIVELY WITH THEMSELVES, OTHERS AND THEIR ENVIRONMENT?

**Trainer’s Statement**
There are many life skills recognized by different countries for different needs. The WHO has guidelines from which any country or organization can make a selection according to their needs. In 1994, Uganda launched life skills for young Ugandans
as an initiative to open up communication with young people about a range of issues, including growing up and sexuality. There were 16 life skills piloted and fall in three categories:

4. SKILL OF KNOWING AND LIVING WITH ONESELF

**Trainer’s Lecture**

There are four groups of skills that are important for the functioning of young people to deal with life challenges. These include

- Self esteem.
- Self-awareness.
- Coping with emotions
- Coping with stress.

I. Self esteem.

Self-esteem, the basis of all life skills, is the way an individual feels about her or himself and how they believe others feel about them. It is the value one attaches to him/herself. The value is priceless (beyond price). It has also been described as an awareness of ones worth as a unique and special person endowed with various attributes and great potential. Self-esteem can be either destroyed or boosted through the individual relationships with others. High self-esteem tends to encourage health behaviour. Low self-esteem tends to encourage unhealthy behaviour.

**Experiential Exercise**

Ask participants to think about times when they had low self-esteem.

What was the cause of this?

How did they overcome this feeling?

II. Self awareness

This is the ability of an individual to appreciate the weak and strong points one has. This realization enables one to take actions, make choices and decisions, which are consistent
with ones' abilities.

**Experiential Exercise**
Ask participants to think about themselves identifying their weaknesses and strengths.

**III. Coping with emotions.**
Emotions are mental or instinctive feelings in response to internal or external stimuli. They may be considered negative or positive. Regardless of their nature, they can be destructive if poorly handled or constructive if constructively managed. Whether good or bad, our feelings can hurt others and destroy their self-esteem if poorly handled. We therefore, need to be careful how we show our emotions in the presence of others.

**Examples of positive emotions include**
- Happiness.
- Joy
- Sexual desire.
- Love.

**Examples of negative emotions include:**
- Anger.
- Hate
- Jealous.

**Example of how we can use positive emotions to hurt others.**
- Rape and defilement shows someone’s inability to deal with an emotion, which might otherwise not be bad.
- Laughing at someone’s misfortunes.
- Showing excessive happiness without regard to the feelings of those around you, for example: shouting with joy over your fortune, while attending someone’s child funeral!

**Example of how we can use negative emotions.**

Being aggressive to family members because you are upset at school or place of employment. It is okay to get annoyed or angry, but bad to hurt others because you are hurt. We should therefore learn how to deal with our negative emotions before we use them to hurt others.
IV. COPING WITH STRESS.

Stress refers to a condition of increased activity in the body, which overwhelms the individual beyond what their mental capacity can handle. This happens as a result of physical, psychological or emotional events, for example: love and friendship, broken relationships or fear of the unknown. It could be attributed to loss, poverty; lack of employment, dropping out of school etc. such situation can cause stress in the lives of young people.

Stress can manifest in the following ways:

- Headache
- Irritability
- Feeling tired
- Vague body pains
- Getting angry and aggressive with no apparent reason
- Crying for no explainable reason
- Suicidal tendencies.
- Lack of sleep
- Loss of appetite for food and sex etc.
Managing stress

- The first step to manage stress is the ability to identify it in oneself.
- Identify situations causing it and sort out those, which are in your power to change and those that cannot be changed.
- Accept and live in reality.
- Find activities to occupy your body and mind.
- Engage in activities that can relax your body i.e. massages, meditation, sports etc.
- Seek counselling.
- Talk to trusted friends, relatives or elders.
- Avoid using alcohol or drugs

It is important to note that the more we fail to manage our stressing situations, the more our bodies lose their capacity to fight disease (lowered immunity). Hence there will be high chances of suffering frequent infections including common flu, candidiasis (in women)

5. SKILLS OF KNOWING AND LIVING WITH OTHER PEOPLE

The skills of knowing and living with others are sometimes referred to as social skills. These are skills that enable an individual to live harmoniously with others around them.
These skills depend on how well adjusted the person may be with himself /herself first (see the skills of knowing and living with one self) how do we live with others minimum or no conflict? The following eight skills can enable us to do that:

I. Effective communication.
This is the ability to express oneself clearly and appropriately during interactions with other people in any given circumstances. Say what you mean and mean what you say. Verbal and nonverbal communication should not create discrepancy but should all convey the same meaning. For example the person says he/she is sad yet you see that he is smiling! It involves, among others: active listening, respect for others feelings use of body language and observation. The message should have the following characteristics:

- Clear
- Easy to interpret
- Understandable.

II. Peer resistance.
This is the ability to consciously resist the desire “to go along with the crowd” or Ability to refuse bad ideas/acts passed to you by your age mates. Or the ability to retain respect for the peers even after refusing to be influenced by undesirable persuasion. The person with skills of resisting bad peer influence will have an agenda for his/her life. This life plan helps in determining what to do, when and why it should be done. To resist peer pressure one needs another skill called assertiveness.
III. Assertiveness
Refers to the ability to:

- Express ones feelings, needs or desires openly and directly but in a respectful manner.
- Stand up for ones beliefs without putting down others in the process.
- Know what you want and be able to take necessary steps to achieve what you want within the specific context.

This is a skill, which cut across all other skills. It is at the basis of making health choices for oneself. It is also the individual ability to be consistent, firm and principled.

IV. Empathy
Empathy refers to the ability to identify oneself mentally with another person. By doing this, one may be in position to understand the feelings of others and therefore advice or help accordingly.

V. Friendship formation.
This is the ability to construct meaningful and health associations with other people irrespective of any differences that may exist. This skill enables the person to find his/her way around with minimum difficulties. The person with this skill will be able to survive even when the situation is threatening.
VI. Interpersonal relationship

This is the ability to get along with others for a purpose even without necessarily being friends. Getting along with others means:

- Ability to associate with others
- Ability to cooperate with others.
- Ability to meaningfully interact with others around you.

VII. Non-violent conflict resolution.

This is the ability to handle volatile/hostile situations of friction between people calmly and peacefully. This skill is aimed at reducing or eliminating destructive confrontation with mutual respect and consideration. This skill does not stand on its own but requires other skills like assertiveness, good self-esteem & negotiation.
VIII. Negotiation

This is the ability to consciously discuss issues of disagreement between persons in order to reach a compromise without taking advantage of either side. It involves one's ability to listen to and respect other people’s views or opinions, compare them with your own and make any concessions or not. It also involves the ability to engage in meaningful bargaining to influence another person’s view to fall in with yours or simply reaching an agreement towards a mode of operation between parties after exhaustive discussion and exchange of ideas and thoughts. Hence you can agree to agree (reach a compromise to merge thoughts or concede to some and not to others) or outright agreement to disagree. Whatever the outcome the parties will respect it and maintain respect for each other.

Negotiation as a skill will never stand alone, but will always be in the company of self-esteem, assertiveness, non-conflict resolution and problem solving, among others.
6. SKILLS OF EFFECTIVE DECISION-MAKING

**Trainer’s Lecture**

Decision-making is the ability to utilize all available information to weigh a situation, analyse the advantages and disadvantages, and make an informed and personal choice. The skills of decision-making are in a cluster of four closed knit skills each depending on the other. The skill of decision-making presupposes that there are no right or correct answers because that can only be known after the decision has been made. Hence it is better to make a decision than to make no decision at all. Every decision has some risk factors with it.

The following are the skills of effective decision-making:

**I. Creative thinking**

This is the ability to think and explore the possibilities of doing a task in more than one way, dealing with the problem in more than one way. It may involve coming up with a new idea, trying out a new and more challenging way of doing a task or approaching a problem. If one way fails, others can be tried.

**II. Critical thinking**

This is the ability to think through situations adequately, weighing up the advantages and disadvantages so as to be able to take appropriate decision concerning an issue. For example, today young people are confronted with multiple and contradictory messages, issues, expectations and demands. Those interact with their own aspiration and ambitions and constantly require them to make decisions.

**III. Problem solving**

This is the ability to realize and recognize that the problem exists, and then work towards identifying possible solutions so as to solve the problem or cope with it. Problem solving is related to decision-making and the two may often overlap.
IV. **Steps of decision-making.**
- Describe the problem/issue or situation in own words.
- Explore all possible options to overcome the problem.
- Choose the most appropriate option.
- Identify the advantages and disadvantages of the option taken.
- Do it (If the advantages out-weigh the disadvantages in number and weight).
- Evaluate the outcome of the option taken.

It is important to note that whenever it becomes apparent that the option taken does not seem to yield the desired positive outcomes, the person can go back to step two and explore the remaining options with the view of selecting the most appropriate of them again, then progress through all the steps.

It is important to develop skills of effective decision-making among children because it builds the sense of responsibility and ownership towards ones actions and words.

7. **WHO NEEDS LIFE SKILLS?**

**Trainer’s Lecture**
All most every one needs life skills to be able to constructively deal with the challenges of life that are met in everyday life. However, there is a certain section of society that needs it most because of their vulnerability due to a number of factors.

**Small Group Discussion**
Trainer can ask participants to discuss in their small groups at least 5 groups of young people who can benefit from life skills education.

**Trainer’s Lecture**
The following are the categories of young people and children who can benefit from Life Skills:

Children living in war-tone areas including displaced camps & refugee camps. Experience has shown that children in war torn areas are exposed to a lot of risks including: coercion into rebel activities, abductions, forced into sex by their captors, unable to
continue with school, forceful separation from their families, living in extreme poverty conditions, etc.

**Orphans**
Many children have been orphaned as a result of the Aids pandemic and in the north of Uganda the ongoing war. Among many things children who lost their parents due to Aids suffer from stigmatization, emotional distress and view life as futile since their future is uncertain.

**Children living on the streets**
In major towns of each district are exposed to being sexual exploitation, physical and psychologically abuse, child labour etc.

**Children working as commercial sexual workers**
The number of sexual workers is now on the increase due to many factors i.e.: poverty, unemployment, influence from other cultures promoted through the media etc. most of these sex workers are stigmatized and have low self esteem.

**Children working in the labour market**
Domestic servants e.g. houseboys and house-girls who work for their bosses in urban settings; some relief workers and social workers in displaced camps and refugee settings also employ children to do their domestic work. This category of children faces a number of problems such as rape, defilement, sexual molestation, assault, humiliation, stigmatization and mental distress.

**Children with disabilities (mental and physical)**
These children are usually frustrated, neglected, rejected, and mocked at, physically molested by society at all levels. They have very low self-esteem.

**Other out-of-school going children**
These are children who have been either pushed out of school due to poverty, or have never gone to school.
Wondering children
These are children in rural settings who do not have a specific place to live. They keep moving from one home to one other between relatives or family friends due neglect, poverty at home or being an orphan.

Un accompanied minors in displaced camps or refugee settings
These are children who during the time of displacement from their original homes to places of resettlement did not have their parents or adult relatives accompanying them. They may have left their parents behind or they do not know their where about.
8. DEVELOPING LIFE SKILLS IN YOUNG PEOPLE.

Brainstorming

Trainer asks:

1. How can we promote the development of life skills?
2. What are the methods of facilitation that promote life skills development?

Trainer’s Statement
Life skills are developed through participatory methods of facilitation. Similarly you cannot develop life skills without practicing or trying them out with others. Hence life skills become an approach to facilitation and learning but not a topic to be taught and examined.

Life skills promoters can always use more than one method of facilitation depending on the skills they want to impart. It is important to combine those methods with activities that energize participants. The following are some of the methods used.
Methodologies that can be used in classroom to enhance life skills

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<tr>
<th>METHODOLOGY</th>
<th>DESCRIPTION OF THE METHOD</th>
<th>SKILLS TO DEVELOP</th>
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<td>Group work (Discussion)</td>
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<td>Field trip/work</td>
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<td>Role play</td>
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<td>Brain storming</td>
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<td>• Decision making</td>
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<td>Games and plays/songs.</td>
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<td>• Coping with emotions/stress</td>
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<td>• Effective communication</td>
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<td>• Self esteem/self awareness</td>
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<td>Quiz/poetry</td>
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<td>• Self-esteem/self awareness</td>
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<td>Buzz Groups</td>
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<td>• Effective communication</td>
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<td>• Empathy</td>
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9. ENERGIZER/ ICE-BREAKING ACTIVITIES

Trainers Statement
When beginning an activity, it is important that people feel free with their colleagues so that they participate actively. At the beginning of an activity people may tend to keep to themselves and are reserved. This creates a tense and uncomfortable atmosphere.

During or after an activity in the class sometimes participant’s energies may tend to be very. This is reflected in their low participation i.e. low spirits, low moods reluctance, restlessness etc. When this happens the facilitator needs to introduce activities that are interesting and reactivating their energies so that they can participate fully.

11. FACILITATION SKILLS FOR LIFE SKILLS PROMOTERS.

Characteristics of a Good Facilitator

Experiential Exercise
1. Ask participants to think about a particular trainer they have seen who they considered to be among the best. Ask them to close their eyes and try to see what that person did that made training more effective/ interesting.

2. Trainer can ask participants to think of bad facilitators and mention the behaviours that made their training not effective.

Hints on Good Facilitation Skills
• Introduce self and ask participants to introduce themselves.
• State the topic.
• State the objectives of the session, which should be SMART (Specific, Measurable, Attainable, realistic and time bound.)
• Be respectful of your audience.
• Speak clearly and loud enough for your audience to hear properly.
• Have eye contact with the audience.
• Repeat what the participant has said to the audience.
• If you’re not sure of what the participant has said, ask them to restate it.
• Be enthusiastic. Let your tone of voice, facial expressions and body language show that you are interested in participants’ contributions. (Nodding, smiling or other actions that show you are listening)
• Encourage the audience to ask questions.
• Do not stand in one place. Use the space around you and your audience.
• Be conscientious of time. Give a definite schedule of breaks and ending times and try to stick to time schedule.
• If you are off schedule, reorganize your plan and inform the participants of your new plan. Ask the participants for agreement.
• Always summarize the important points at the end of each session. Be sure everyone understand it and keep it going in the direction you want. See if there are disagreements and draw conclusions.
• Be sure the participants talk more than you do.
• Do not answer all questions yourself

For further reading (see training trainers for development- the CEDPA training manual series volume I page 45-50.)

12. DEMONSTRATION OF FACILITATION SKILLS

• Ask participants to select any subject or activity that they are knowledgeable about so that they can facilitate it to the audience in 10 minutes.
• Give participants 20 minutes to prepare their activity plan: (Participants should develop objectives, state the life skills to be developed, the methodologies to be used, materials needed, and time needed for each activity in the session.)
• Presentation of plans for 5 minutes and class can critique for 10 minutes to improve on the plans.
• Give 10 minutes to the groups to improve on their final plans and to be ready to facilitate.
Example:

**Topic/ Activity 1: Sexual abuse.**

**Objectives:**
- By the end of the activity participants should be able to:
  - Identify situations leading to sexual abuse.
  - Mention at least 4 ways a person can do to avoid being sexually abused.
  - Develop skills to deal with the problem

**Life skills to be developed:**
- Critical thinking.
- Assertiveness.
- Effective communication.

**Materials needed:**
- A copy of a case study
- Two actors
- A mat to represent a bed.
- Participants in the audience willing to try out alternative behaviour in a rolling role-play.

**Activity procedure:**
- Read the topic and the objectives aloud to the participants. Mention the life skills to be developed and materials required for the activity. Specify time.
- Divide the participants into groups of 5 people.
- Give each group the a copy of the case study or you can write it on a flip chart so they copy or you read it and they write it on a paper.
- Read the case study aloud and invite questions to clarify any thing on the case study.
- Each group can discuss the questions following the case study and present to the big group. Trainer can make a summary. After the group presentations, ask for volunteers to act out the case study and ask participants at what point should the girl have behaved differently to constructively deal with the problem. Participants can demonstrate the behaviour that is then discussed if it is appropriate and effective. If participants do not
agree then others can try out alternative behaviour until the group is satisfied with a
number of behaviour that is effective as mentioned in the life skills to be developed.

• Case study:

A 16 year-old girl by name Maggie lost her parents at a tender age. She is schooling in
homing dove primary school. She is not getting enough support from her guardians.
There is a rich man aged 45 years who is a family friend. He always sends gifts and
pocket money to Maggie. Some times he invites her to his shop. One day when Maggie
was with the man in his place some thing happened. The old man asked her for sex.
Maggie did not want to have sex with the old man but did not know what to say. As
she was still thinking the man pulled her to his bedroom and had sex with her.

Questions for Group Discussion:

1. Does this happen in your communities?
2. What kind of situations lead to sexual abuse?
3. How can such situations be avoided?

Role-Play:

1. Demonstrate all the possible ways Maggie could have used to avoid being
sexually abused.
2. What have you learned from this Topic/ Activity?

Facilitator’s Conclusion:

• It is important to recognize dangerous situation early enough.
• Be care full with people who pretend to be nice to you.
• Avoid situations that are likely to pose a threat to you as early as possible.
• Speak out your feelings clearly. When you say no, it should be expressed
verbally and your body should send the same message
• Think of advantages and disadvantages of your decisions before you act..

The check list on the following page for good facilitation skills can be used to give feed
back to the participants’ presentations. Each participant needs to have a copy so that he
can give his comments.
Assessment check list for demonstration of good facilitation skills.

Key: 1 = Very good, 2 = Good, 3 = Fair, 4 = Poor, 5 = Very poor.

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<th>S/NO</th>
<th>FACILITATING ASPECTS BEING ASSESSED.</th>
<th>RATING</th>
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<td>1 2 3 4 5</td>
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<tr>
<td>1</td>
<td>Overall presentation of self</td>
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<td>Introduction (Topic/Activity &amp; Objectives)</td>
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<td>Levels of confidence.</td>
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<td>Knowledge of content.</td>
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<td>Classroom control.</td>
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<td>Eye contact with participants.</td>
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<td>Useful body movement (gestures).</td>
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<td>Distance from participants.</td>
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<td>Choice of methodology.</td>
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<td>Relevance to objective</td>
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<td>Promotes participatory learning.</td>
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<td>Use of visual Aids</td>
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<td>3</td>
<td>Setting session objectives.</td>
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<td>Specific</td>
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<td>Time bound</td>
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<td>Coherence (systematic and meaningful build-up from one objective to the next.)</td>
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<td>4</td>
<td>Behaviour: Allows participants to ask questions.</td>
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<td>Clarifies issues to participants.</td>
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<td>Involves all participants</td>
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<td>Loud and clear voice.</td>
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<td>Simple language</td>
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<td>Summarizes sessions.</td>
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<td>Conclusion/closure.</td>
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<td>Over all session presentation.</td>
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</tbody>
</table>

**General Comments:**

Give Major Areas of Strength

What needs to be done differently?

Reasons?
LIST OF REFERENCES.


- Action for the Rights of Children (ARC), UNHCR —Sexual and Reproductive HealthRevision Version 01/01.


- Life skills for Young Ugandans -Secondary school Teachers Training Manual (UNICEF/GOU).

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