

Orientation Programme on Adolescent Health for Health-care Providers

*Facilitator Guidelines for*

Module C

# Adolescent sexual and reproductive health



Sessions and activities	Page	Time	Materials and resources
<p><b>Session 1</b> MODULE INTRODUCTION</p> <p>ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks</p>	C-7	10 min	Handout for module C Slides C1-1, C1-2
<p><b>Session 2</b> GLOBAL TRENDS IN THE ONSET OF PUBERTY AND AVERAGE AGE OF MARRIAGE</p> <p>ACTIVITY 2-1 Mini lecture ACTIVITY 2-2 Plenary discussion</p>	C-9	30 min	Local data on the onset of puberty and age of marriage Slides C2-1, C2-2, C2-3
<p><b>Session 3</b> FACTORS AFFECTING THE INITIATION OF SEXUAL RELATIONS IN ADOLESCENTS</p> <p>ACTIVITY 3-1 Group work ACTIVITY 3-2 Plenary feedback and discussion ACTIVITY 3-3 Mini lecture</p>	C-11	50 min	Flipchart C1 Slides C3-1, C3-2, C3-3
<p><b>Session 4</b> THE CONSEQUENCES OF TOO EARLY, UNPROTECTED SEXUAL ACTIVITY</p> <p>ACTIVITY 4-1 Buzz group ACTIVITY 4-2 Plenary feedback and review</p>	C-15	30 min	Flipchart C2

Sessions and activities	Page	Time	Materials and resources
<p><b>Session 5</b>  <b>BARRIERS TO ADOLESCENTS HAVING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH CARE</b></p> <p>ACTIVITY 5-1                      Group work and plenary discussion                      ACTIVITY 5-2                      Buzz group                      ACTIVITY 5-3                      Plenary feedback and review</p>	C-16	50 min	Flipcharts C3, C4
<p><b>Session 6</b>  <b>MODULE REVIEW</b></p> <p>ACTIVITY 6-1                      Review of spot checks                      ACTIVITY 6-2                      Review of objectives                      ACTIVITY 6-3                      Orientation Programme Personal Diary (OPPD)                      ACTIVITY 6-4                      Reminders and closure</p>	C-19	10 min	Flipchart C5 Slides C1-1, C1-2
<b>180 min</b>			

# Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

## MODULE ADVANCE PREPARATION

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Collect local data on the onset of puberty and age of marriage and prepare relevant slides to complement the global data;
- Adapt elements of the case study as appropriate to suit your country/area;
- Ensure that the facilitators are clear about their respective roles during their designated session(s).

## MATERIALS AND AUDIO-VISUAL EQUIPMENT

### • Materials:

#### *STANDARD*

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

#### *MODULE-SPECIFIC*

- Country-specific slides of local adolescent sexual and reproductive health (ASRH) data.

### • Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

## Module overview

This module in the Orientation Programme (OP) on adolescent health is one of the core modules. It provides an introduction to Adolescent Sexual and Reproductive Health (ASRH) and offers a foundation on which the following optional modules are based:

- G. Sexually transmitted infections in adolescents
- H. Care of adolescent pregnancy and childbirth
- I. Unsafe abortion in adolescents
- J. Pregnancy prevention in adolescents
- N. HIV/AIDS in adolescents<sup>1</sup>

The time allocated to run the module is three hours. It is recommended that adolescents participate in this module, as in the others, to provide an adolescent perspective to the discussion.

# Session 1

## Module introduction



### Aim of the session

- To provide an overview of the module including the objectives.

### ACTIVITY 1-1

#### MODULE OBJECTIVES

Welcome the participants to the module.

Explain that the module provides an introduction to issues related to adolescent sexual and reproductive health (ASRH).

Display the module's objectives (Slides C1-1 and C1-2), and then read them out, in turn.

<p><b>Module objectives</b></p> <ul style="list-style-type: none"> <li>■ Describe global trends in the onset of puberty and the age of marriage</li> <li>■ Describe the factors affecting the initiation of sexual relations in adolescents</li> <li>■ Identify the risk and protective factors that influence adolescent sexual behaviour</li> </ul> <p>SLIDE C1-1</p>	<p><b>Module objectives</b></p> <ul style="list-style-type: none"> <li>■ Outline the consequences of too early, unprotected sexual activity among adolescents</li> <li>■ Describe the barriers to adolescents obtaining sexual and reproductive health information and services</li> </ul> <p>SLIDE C1-2</p>
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Encourage the participants to ask questions and raise any concerns they might have.

### ACTIVITY 1-2

#### SPOT CHECKS

Explain that the purpose of the spot checks (Annex 1) is to help the participants evaluate their gain in knowledge and understanding from this module.

Inform the participants that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask the participants to individually complete the spot checks according to the best of their knowledge, and to keep them handy for use during the module review.

Inform the participants that their responses to the spot checks will be discussed during the module review, and reply to any questions or comments they may have.

Go over the instructions recorded on each spot check with the participants and make sure that they understand how to complete them.

Allow the participants five minutes to complete the spot checks.

### TIP FOR YOU

Remind the participants to use the *Matters Arising Board* during the module to record any issues they would like to follow up, and point them to the location of the *Matters Arising Board*. The *Matters Arising Board* should be displayed where it is easily seen and accessed by all participants.



# Session 2

## Global trends in the onset of puberty and average age of marriage



### Aim of the session

- To highlight important physical changes associated with puberty and to describe global trends in the onset of puberty and age of marriage.

### ACTIVITY 2-1

#### MINI LECTURE

Explain that you will give a mini lecture on changes experienced by adolescents during puberty. Go through Slides C2-1 to C2-3 and refer to the accompanying talking points for further details on the information presented in the slides.

Invite questions and comments. Encourage the participants to respond to the questions raised and to share their insights and experiences as much as possible. This will help them to begin to relax and discuss a subject that many find difficult to talk about (Slide C2-1).

### Talking points

Adolescence is a period of transition from childhood into adulthood. It is marked by dramatic physical, psychological and social changes. The onset of puberty, “announces” an important step on the road to adulthood. Puberty refers to the physiological changes that occur in early adolescence (sometimes beginning in late childhood) which result in the development of sexual and reproductive capacity.

Physical growth and development manifest themselves in a growth spurt during which there are marked changes in the size and shape of the body. Differences between boys and girls are accentuated. For instance, girls experience breast development and hip enlargement, whereas in boys, there is the appearance of “man-like” musculature.

These changes are accompanied by others such as the appearance of the axillary and pubic hair in both boys and girls, and the change in the pitch of the voice and the appearance of facial hair in boys.

There is rapid maturation of the sexual organs. The onset of menstruation and the initiation of sperm production are important milestones at this time.

#### Notable changes at puberty and sexual maturation

- Growth spurt and changes in body composition
- Appearance of secondary sexual characteristics
- Establishment of reproductive capacity
- Changes in social perceptions and expectations

SLIDE C2-1

In many traditional cultures, elaborate rituals were carried out to commemorate the onset of puberty, to “announce” sexual readiness and to celebrate the “arrival” of an adult into the community. Even in modern times, the onset of puberty is a defining moment in an individual’s life, and in the way in which his/her place and role in the family and community are perceived.

SLIDE C2-2

### Girls today are experiencing puberty at a younger age

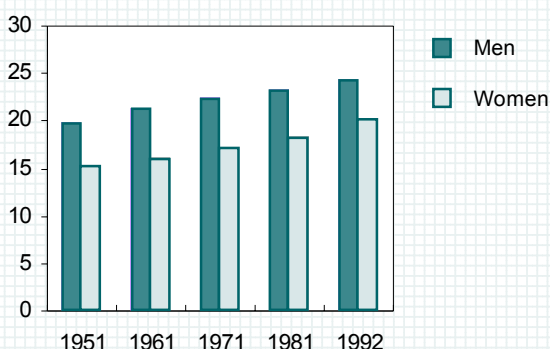
Between the late 1970s and the late 1980s, the age of menarche in Kenya fell from 14.4 to 12.9 years

### Talking points

In general, puberty starts earlier in girls than in boys. Girls today enter puberty between the ages of 8 and 13 years, and boys between 9 and 14. In many parts of the world today, in both developed and developing countries, girls are reaching puberty earlier than in previous decades.

SLIDE C2-3

### Average age at marriage in India, 1951-1992



### Talking points

Explain that this slide reflects the trend of increasing age at marriage in both men and women in India over a 40-year period.

In India and in many other countries as well, the declining age in the onset of puberty is accompanied by trends in the opposite direction in the age of marriage.

## ACTIVITY 2-2

### PLENARY DISCUSSION

Invite questions or comments from the participants. Do not feel obliged to respond to all of them yourself. Invite other participants to do so, thereby stimulating sharing of viewpoints and perspectives, ideas and experiences.

Share local data (if any) on the onset of puberty and age of marriage.

# Session 3

## Factors affecting the initiation of sexual relations in adolescents



### Aim of the session

- To describe the factors affecting the initiation of sexual relations in adolescents
- To identify risk and protective factors that influence the sexual behaviour of adolescents.

### ACTIVITY 3-1

#### GROUP WORK

Divide the participants into three groups (by counting off 1 to 3); each group should have some adolescent representatives, if possible.

Post the pre-prepared questions on Flipchart C1 and read them out.

NOTE		FLIPCHART C1
<p>Be aware that the term “sexual activity” can mean many different things to different people. It could include what an individual does to or for himself/herself such as masturbation, as well as what an individual does with someone else. This could range from holding hands and caressing to penetrative oral, vaginal or anal sex. Such sexual activity could be with a partner of the opposite sex or with someone of the same sex.</p>	<p><i>Are adolescents (boys and girls) in your country/area sexually active?</i></p> <p><i>If so, what is the context in which sexual activity occurs?</i></p> <p><i>Are adolescents (boys and girls) in your country/area more sexually active than adolescents of about 10 years ago?</i></p> <p><i>If so, what are the factors contributing to this?</i></p>	

Agree, while still with the undivided group, on a working definition of “sexual activity” before the small groups begin to address the above questions.

Explain that each group has 10 minutes to answer the questions on coloured cards (distribute two different coloured cards and markers to each group, assigning one colour for each question, e.g. pink for the first question and blue for the second question). Tell the groups that they will each have five minutes to present their conclusions to the other groups.

### ACTIVITY 3-2

#### PLENARY FEEDBACK AND DISCUSSION

Invite each group in turn to present their cards (pinning the responses to each question on a separate flipchart) and take brief comments from the other groups.

Guide the discussion; it should become clear whether or not there is consensus. Lack of agreement could highlight the fact that adolescent sexual activity varies among different population groups, such as boys/girls, unmarried/married adolescents, or in different parts of the country (rural versus urban). Draw out these differences during the discussion, and encourage the participants to see the wider picture.

## ACTIVITY 3-3

### MINI LECTURE

Show Slide C3-1 and refer to the accompanying talking points for further details on the information presented in the slide.

**SLIDE C3-1**

**Premarital sexual intercourse in Latin America and the Caribbean**

Country and year of survey	Females		Males	
	% reporting intercourse age 15-19	Mean age at first intercourse	% reporting intercourse age 15-19	Mean age at first intercourse
Brazil, 1989	16	16.8	69	15.1
Chile, 1988	19	17.9	48	16.0
Costa Rica, 1991	19	17.9	48	16.0
Guatemala, 1986	12	16.7	65	14.8
Jamaica, 1993	59	15.9	75	13.9
Mexico, 1985	13	17.0	44	15.7

### Talking points

Slide C3-1 shows data from sample studies carried out in some countries in Latin America and the Caribbean.

The data reflect the age at first sexual intercourse and the percentage who reported having intercourse between the ages of 15 and 19.

In all settings presented in this table, a larger percentage of boys reported having sexual intercourse than girls of the same age. Boys also reported having their first sexual intercourse at an earlier age than girls (13.9-16.0 years among boys against 15.9-17.9 among girls).

**SLIDE C3-2**

### Key factors affecting age of first sexual intercourse

- “Too early” marriages continue to persist in some cultures
- Changing social norms and “controls” on sexual activity
- Vulnerability of young people to sexual coercion and rape
- Poverty

In several countries of the world, the trend is that the age at first sexual intercourse has decreased. However, it must be noted that in some countries the age at first sexual intercourse has remained unchanged or actually increased.

If you have local data on the age of first intercourse, share it with the participants and compare it with the information in Spot checks 1 and 2.

Finally, round off the discussion by summarizing the answers to the questions on Flipchart C1.

## Talking points

In some parts of the world - notably in traditional cultures in parts of Africa and South Asia – girls continue to be “married off” at an early age, even if this is forbidden by the law of the land.

In many parts of the world, children and adolescents have far greater exposure to messages and images about different life-styles than their parents did. The reach of the mass media – including global television networks – and the growing reach of the internet have contributed to changing the social norms that today’s adolescents live by. Alongside this, in many places, social “controls” are changing. This raises the possibility of the initiation of sexual activity among adolescents earlier than in previous generations.

Many young people are coerced into having sex. In many cultures, girls lack the power, confidence and skills to refuse unwanted sex or to negotiate safer sex.

Poverty often forces young people, especially girls, into prostitution. Economic hardships can force both girls and boys to leave home and seek out a livelihood in the – sometimes shadowy – informal sector, thereby increasing their vulnerability to sexual predators.

Early sexual initiation					
Risk or protective factors for adolescents	Africa	Asia	Caribbean	South America	North America
A positive relationship with parents	+	+	+	+	?
A positive relationship with teachers	+	+	?	+	Not significant
Friends who are sexually active	-	?	-	-	?
Engaging in other risky behaviours	-	?	-	?	?
Having spiritual beliefs	?	+	+	?	+

**Key:** + protective factor; - risk factor; ? not measured.  
**Source:** Broadening the horizon: Balancing protection and risk for adolescents, WHO, 2002.

SLIDE C3-3

## Talking points

This table presents results from studies carried out around the world, of factors that influence the early initiation of sexual activity.

Risk and protective factors can explain differences in adolescent behaviour, even after accounting for variables such as age, sex, ethnic group and socioeconomic status.

Early sexual initiation with unprotected intercourse can lead to unplanned pregnancies and sexually transmitted infections including HIV.

From the table we can conclude that:

- **Families matter:** Adolescents who have a positive relationship with parents are less likely to start sexual intercourse early;
- **Schools matter:** Adolescents who have a positive relationship with teachers are less likely to start sexual intercourse early;
- **Friends matter:** Adolescents who believe that their friends are sexually active are more likely to start sexual intercourse early;
- **Beliefs matter:** Adolescents who have spiritual beliefs are less likely to start sexual intercourse early;
- **Risk behaviours are linked:** Adolescents who engage in other risk behaviours, such as using alcohol and drugs, are more likely to start sexual intercourse early.

Invite questions or comments from the participants. Do not feel obliged to respond to all of them yourself. Invite other participants to do so, thereby stimulating sharing of view points and perspectives, ideas and experiences.

# Session 4

## The consequences of too early, unprotected sexual activity



### TIP FOR YOU

This session may be omitted if the consensus emerging from the group activity in the last session is that adolescents in the country are not sexually active at an early age and are no more likely to become sexually active before marriage than adolescents of the past 30 years.

### Aim of the session

- To outline the consequences of the changing patterns of sexual activity among adolescents.

### ACTIVITY 4-1

#### BUZZ GROUP

Put up Flipchart C2 and read the question to the participants.

Explain that you will divide the participants into buzz groups (of two or three).

Ask them to write a maximum of three responses to the question on the coloured cards.

Allow them about five minutes for this activity.

*Given the changing trends/patterns in the onset of sexual activity, what are the consequences for adolescents and for their families and communities?*

FLIPCHART C2

### ACTIVITY 4-2

#### PLENARY FEEDBACK AND REVIEW

Ask the participants to place their cards on a table (face up). Working with the participants, organize the different responses into the following categories:

- Consequences for adolescents
- Consequences for babies born to adolescents
- Consequences for their families
- Consequences for their communities.

Invite questions and comments and, as in other sessions, do not feel obliged to respond to them all yourself.

Conclude the discussion by reviewing the consequences of unprotected sexual activity in adolescents (both boys and girls, and including consequences to health such as too early or unwanted pregnancy and sexually transmitted infections including HIV/AIDS; as well as social consequences such as stigma and reduced prospects for formal education).

Remind the participants to review the handout for more information on this session.



# Session 5

## Barriers to adolescents having access to sexual and reproductive health care

### Aim of the session

- To highlight barriers that adolescents face in obtaining sexual and reproductive health information and services, and what could be done to address them.

#### TIP FOR YOU

More detailed information on what health-care providers could do to enable adolescents to obtain the health services they need will be presented in the module D. *Adolescent-friendly health services*.

### ACTIVITY 5-1

#### GROUP WORK AND PLENARY DISCUSSION

Divide the participants into two groups. Give each group one case study (Annex 2 in their handout for module C). Tell them that they will have 10 minutes to read it as a group.

#### CASE STUDY 1

Aloo, a 14-year old in Kenya, attended a girl's boarding school and was the top pupil in her class. Her closest friend, Maria, was in the same class and they were the two star students in their class. Aloo came from a rural village in Western Kenya. Maria was the daughter of a prosperous businessman in Nairobi.

The two girls shared many secrets. They were both virgins and members of the Christian Union. One weekend in their second year in high school, while attending a student camp, they became friends with two boys from a nearby school. They ended up having sex, their first time. This was one month before the school holidays.

The following month they both missed their menstrual periods. They were on vacation and did not share this secret until the school opened. Could they be pregnant? As the school was near Nairobi, Maria's mother used to visit her every month. On her next visit Maria disclosed to her mother the problem. The mother immediately understood what was going on. She asked for permission for Maria to attend a family emergency, took her home and arranged for an immediate termination of pregnancy by her gynaecologist. Maria was back in school that Monday.

Aloo remained in school and soon the teachers started suspecting that she might be pregnant. She had been frequently unwell and moody, her performance in class deteriorated, and the school nurse was summoned to examine her. Aloo had to miss class in order to get to the clinic during working hours. Pregnancy was confirmed and according to the school's policy she was immediately suspended and given a letter to take to her parents. Aloo was devastated. She had no money to go home. Her parents were elders in their church and would kill her if they heard what had happened.

Terrified, she went to the local clinic to seek help. Being the only young woman in the clinic, she felt self-conscious as all the adult patients and workers kept staring at her. She came up against a lengthy registration process that required the signature of her parents. The health-care provider scolded her for her immoral behaviour and told her that she would not receive any services without her parents' consent. She had to leave.



**CASE STUDY 1**

Maria gave her some money and Aloo left school and travelled to Nairobi to see her uncle, a construction worker who lived in one of the slums. When her uncle returned from work in the evening Aloo feigned sickness and told him that she had been sent away because of school fees. The uncle sympathized with her but could not raise any money. He therefore sent a letter by post to Aloo's parents, asking them to send the money.

Aloo was now four months pregnant and it became more difficult to hide. At six months her uncle's wife noticed the pregnancy. Her uncle was furious and chased her out of his house. Lonely, with no money and nowhere to go, Aloo accepted accommodation from a young man in their neighbourhood.

Two months later Aloo delivered a premature baby boy at a nearby health centre. The baby had to be kept in the nursery for two weeks. When Aloo was discharged from the hospital she found that the young man who had accommodated her had moved.

She was now desperate! A 15-year old with a premature newborn, no money and homeless. Aloo took refuge in the only place that could accept her. A businesswoman selling gin in the slum area employed her to help serve her customers. That became Aloo's life.

2 of 2

**CASE STUDY 2**

Surekha, a 12-year old girl, lived with two younger brothers and her parents in Ahmedabad, a city in Western India. Hers was a middle-class family, and her parents cared for and loved their children very much. Surekha was a happy child. She was a good student and was liked by her teachers and her class mates.

One day, when Surekha was in class, she noticed that her underpants were feeling wet and uncomfortable. When she looked down at her dress, she noticed that it was splotted with blood. The girl sitting beside her noticed this too and went and told the teacher about it. The teacher stopped the lesson, took Surekha to the staff room and asked her to use the toilet to clean herself and apply a pad. Surekha did not know what had happened to her, or what to do. She was in shock.

Her teacher explained the situation to the other teachers who were present, told her to sit in a corner of the staff room and went back to her class. None of the other teachers took any notice of her. Surekha sat in silence for two hours till the school day came to an end. She did not know what was happening to her, and prayed hard that there was nothing seriously wrong with her. After all the teachers had left, she tiptoed outside to check if the coast was clear, went to her class, took her things and walked home covering her soiled dress.

When she reached home, she burst into tears and told her mother what had happened. Her mother signalled her to be silent, shooed Surekha's brothers out of the room, and took her to the bathroom. Her mother told her that this was a sign that Surekha was no longer a girl. Her mother told her what to do, and said that the bleeding would last a few days. She also told her that this would happen every month for the rest of her life.

Surekha went to bed with her mind in a whirl. She had many, many questions, and decided to speak to Sita, a girl in a senior class whom she knew.

After the participants have read the case history, post the question on Flipchart C3 and read it out loud.

Invite a member of the first group to summarize Case study 1, for the benefit of the other group, and then respond to the question in Flipchart C3. Ask a volunteer to record the responses on a flipchart, then repeat the process with the other group. Finally, open the floor for discussion. Use

*Case study 1: Why did Aloo's status change from that of a bright 14-year old schoolgirl to that of a 15-year old single adolescent mother of a premature baby who is homeless and destitute?*

*Case study 2: Why was Surekha so unprepared for this important event in her life?*

FLIPCHART C3

the checklist that follows to highlight the issues raised in the case studies, if they have not already been raised by the participants.

### TIP FOR YOU

These case studies highlight several issues, including:

- Inadequate communication on sexual and reproductive health matters between adolescents on the one hand, and their parents and other adults around them, on the other;
- Inadequate access by adolescents to the reproductive health information and services they need;
- School policies on pregnancy about students, which are harmful at many levels to the affected students.

## ACTIVITY 5-2

### BUZZ GROUP

FLIPCHART C4

*What could have been done to enable Aloo and Surekha to obtain the sexual and reproductive health information and services they needed?*

Post the pre-prepared question on Flipchart C4 and read it to the participants.

Ask the participants to form groups of two (with the person sitting next to them). Ask each group to put down one action that could have been taken in relation to Aloo and one in relation to Surekha, on different coloured cards (e.g. blue for Aloo and pink for Surekha). Give them five minutes to complete this activity.

## ACTIVITY 5-3

### PLENARY FEEDBACK AND REVIEW

Ask each group in turn to come up to the front of the room, paste/pin up their cards, and briefly explain why they believe the actions they propose could have helped Aloo and Sureka. Invite questions, but only for clarification.

After all the groups have presented their responses, ask for volunteers to come forward to cluster the cards and to develop broad categories. These categories could be different settings where actions could be carried out (such as home, school and health facility) or different people who could carry out these actions (such as parents, older siblings, teachers and health workers).

Once this has been done, open the floor for discussion. In closing, stress that the issues raised will be discussed further in the modules to follow, on sexual and reproductive health.

# Session 6

## Module review



### Aims of the session

- To review and discuss answers to the spot checks completed during the introductory session
- To review the module's objectives and to provide a summary of key points
- To remind the participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

### ACTIVITY 6-1

#### REVIEW OF SPOT CHECKS

Ask the participants to pull out the spot checks completed earlier in the module (Annex 1).

Put up the blank spot checks, one at a time on a flipchart, and address each one of them in turn, asking the participants if they would like to change their answers and give their reasons for doing so.

Ask the participants to look at what they have put down, and to consider if they would like to change their responses. Invite them to share their responses with others, but assure them that they are not obliged to do so.

### ACTIVITY 6-2

#### REVIEW OF OBJECTIVES

Display the module objectives (Slides C1-1 and C1-2) once again, and ask the participants for any final questions or comments and address them.

#### Module objectives

- Describe global trends in the onset of puberty and the age of marriage
- Describe the factors affecting the initiation of sexual relations in adolescents
- Identify the risk and protective factors that influence adolescent sexual behaviour

SLIDE C1-1

#### Module objectives

- Outline the consequences of too early, unprotected sexual activity among adolescents
- Describe the barriers to adolescents obtaining sexual and reproductive health information and services

SLIDE C1-2

Highlight the following points covered in the module:

- Sexual activity among adolescents is not uncommon. It occurs in different contexts.
- When unprotected, such activity could result in problems such as too early pregnancy and sexually transmitted infections, with the attendant complications.
- Many factors contribute to sexual and reproductive health problems in adolescents. These include factors in the wider environment such as barriers to obtaining health information and services, and in the immediate environment such as the influence of peers.
- Health-care providers have a responsibility to provide adolescents with the health information and services they need, on sexual and reproductive health and on other matters.

### ACTIVITY 6-3

## ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

#### FLIPCHART C5

*List three important lessons that you learned through participation in this module*

*List three things that you plan to do in your work for/with adolescents*

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD).

Put up Flipchart C5 and ask the participants to write down three key lessons they learned from this module and three things which they plan to do in their work for/with adolescents in order to put into practice what they have gained as a result of participation in this module.

Explain to the participants that it is important to update their OP diaries daily because they will use the information entered during the concluding module.

### ACTIVITY 6-4

## REMINDERS AND CLOSURE

Remind participants about the *Matters Arising Board*.

Remind the participants to record their impressions on the module, on the *Mood Meter*.

Remind them that the handout provides excellent detail on everything the group has discussed, and that it lists relevant resources.

Thank them warmly for their hard work and participation in this module.

Orientation Programme on Adolescent Health for Health-care Providers

## *Annex 1*

# Spot checks

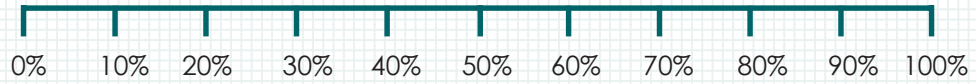
Session 1: ACTIVITY 1-2



**SPOT CHECK 1**

**What percentage of your male adolescent patients do you think are sexually active by the age of ... years ?**

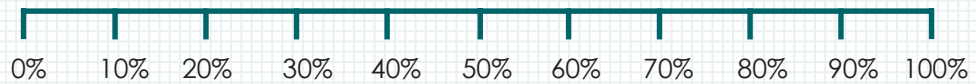
please mark your estimate with a spot anywhere along the line



**SPOT CHECK 2**

**What percentage of your female adolescent patients do you think are sexually active by the age of...?**

please mark your estimate with a spot anywhere along the line



**SPOT CHECK 3**

**Adolescents engage in sex because...**

please fill in the blanks

...they are encouraged to do this from the films they watch

Eight horizontal rectangular boxes are stacked vertically, connected to a vertical line on the left side. The top box contains the text "...they are encouraged to do this from the films they watch". The remaining seven boxes are empty for user input.

### SPOT CHECK 4

**Adolescents can get the information and health services they need**

please answer with one spot and give one reason for your answer

Yes, because ...

No, because ...

Don't know ...

Not sure ...

### SPOT CHECK 5

**The problems that too early sexual activity in adolescence can result in are:**

please fill in the blank spaces
