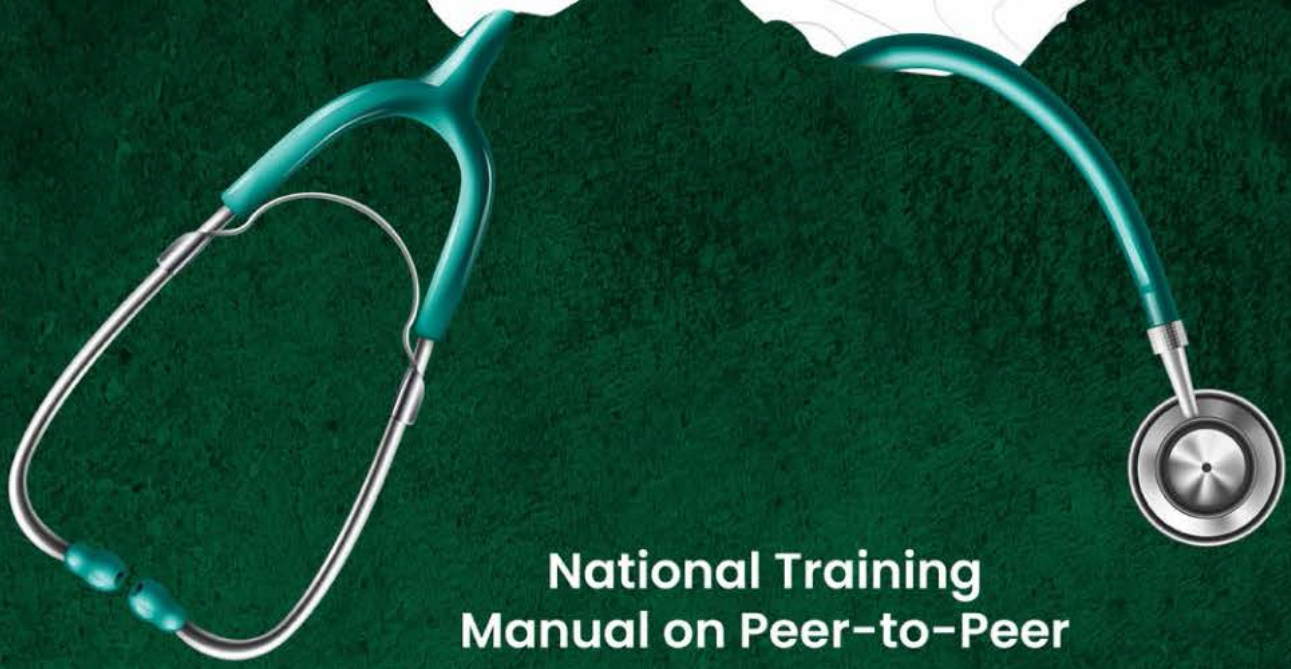


National Training Manual on Peer-to-Peer

HEALTH EDUCATION

for Adolescents and Young People in Nigeria

Facilitators' Manual

Abbreviations

ANC	Antenatal Care
COVID-19	Coronavirus Disease of 2019
ECPs	Emergency Contraception Pills
EDD	Expected Date of Delivery
FAM	Fertility Awareness Methods
FGM	Female genital mutilation
FP	Family Planning
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IUD	Intrauterine Device
LAM	Lactational Amenorrhoea Method
NDHS	Nigeria Demographic and Health Survey
NFP	Natural Family Planning
PAS	Public Address System
RVF	Recto-Vaginal Fistula
SDM	Standard Days Method
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRR	Sexual and Reproductive Rights
STIs	Sexually Transmitted Infections
VAWG	Violence Against Women and Girls
VVF	Vesico-Vaginal Fistula
WHO	World Health Organisation

Table of Contents

About this manual

This manual is for use by Trainers of Peer Educators on the promotion of health and development of adolescents and young people in Sexual and Reproductive Health and Rights (SRHR), Mental Health, Drug Abuse, Healthy Nutrition, Prevention of Sexual and Gender-Based Violence (SGBV)/Violence Against Women and Girls (VAWG) and harmful practices (Child Marriage and Female Genital Mutilation – FGM) among others. It is a revision of the existing manual to lay more emphasis on:

- SGBV/VAWG
- Harmful practices particularly child marriage
- SRHR

The Peer Educators are trained as social change agents within their communities, empowered and equipped with knowledge and skills to positively impact their peers. Peer Education is a viable tool to bring about much needed change and can complement skills-based health education led by teachers, or a health promotion campaign, the work of health staff in clinics, or the efforts of social workers to reach vulnerable young people in and out of school.

This training manual is divided into seven modules with relevant sessions carefully selected to increase knowledge, build skills and enhance the capacity of peer educators to act as positive change agents.

Overall Training Goal

To equip Peer Educators with the necessary knowledge and skills for the promotion of optimal health and development of adolescents and young people in Sexual and Reproductive Health and Rights (SRHR), Mental Health, Drug Abuse, Healthy Nutrition and the prevention of Sexual and Gender-Based Violence (SGBV)/Violence Against Women and Girls (VAWG) and harmful practices (Child Marriage and Female Genital Mutilation – FGM).

Overall Training Objectives

By the end of the training, participants will be able to:

1. Define Peer Education, SRHR, Mental Health, Drug Abuse, Healthy Nutrition, SGBV/VAWG, Child Marriage and FGM.
2. Discuss the role of Peer Educators in promoting SRHR, Mental Health, Healthy Nutrition and preventing SGBV/VAWG, child marriage and FGM.
3. Highlight life management skills required in peer education to support adolescents and young people to embrace healthy lifestyles
4. Explain the methods of preventing pregnancy
5. Discuss the impact of poor mental health, drug abuse and poor nutritional choices on adolescents and young people

6. Describe the causes and effects of SGBV/VAWG, child marriage and FGM.
7. Explain the measures that can be taken to prevent SGBV/VAWG, child marriage and FGM.
8. Demonstrate the necessary skills needed in peer education for the promotion of SRHR, mental health, healthy nutrition and prevention of SGBV/VAWG, child marriage and FGM.

Training Participants

This training is targeted at young people who are interested in serving as peer educators for the promotion of SRHR, Mental Health, Healthy Nutrition and prevention of SGBV/VAWG and harmful practices.

Training Approach

The training is designed to be participatory and build upon the existing knowledge that participants have using illustrated lectures, individual and group exercises, and role play. The focus is on skills that peer educators can use in their communities to promote SRHR, mental health and prevent SGBV/VAWG and harmful practices. Evaluation includes pre- and post- tests as well as end of training evaluation by participants.

Course Design

This consists of illustrated lectures, individual and group exercises, and role plays that focus on acquisition of the necessary knowledge and skills to promote SRHR, mental health, healthy nutrition and prevent SGBV/VAWG, child marriage and FGM. The training is divided into 7 modules comprising of 29 sessions as detailed below.

Module	Duration
1: Introduction to Peer Education	**2 hours and 50 minutes**
Session 1: Overview of Peer Education	50 minutes
Session 2: Techniques of Sharing Information	60 minutes
Session 3: Peer Influence	60 minutes
2: Life Management Skills and Behaviour Change	**4 hours and 25 minutes**
Session 1: Values Clarification	45 minutes
Session 2: Self-Esteem, Goal Setting and Decision-Making	100 minutes
Session 3: Assertiveness, Public Speaking, Refusal and Negotiation Skills	80 minutes
Session 4: Leadership and Communication Skills	50 minutes
3: Overview of SGBV/VAWG and harmful practices	**5 hours**
Session 1: Overview of SRHR including the reproductive system	35 minutes
Session 2: SGBV/VAWG	100 minutes
Session 3: Harmful Practice - Child Marriage	45 minutes
Session 4: Harmful Practice – FGM	45 minutes
Session 5: SGBV/VAWG, Child Marriage, and FGM Relationships, Trends and Prevention	75 minutes
4: SRHR Services	**7 hours**
Session 1: Preventing Sexually Transmitted Infections (STIs)	55 minutes
Session 2: Preventing pregnancy (Contraception or Family Planning) – Overview	40 minutes
Session 3: Preventing Pregnancy – Abstinence & Natural Family Planning Methods	40 minutes
Session 4: Preventing Pregnancy – Barrier Methods	90 minutes
Session 5: Preventing Pregnancy – Withdrawal, IUD, and Permanent Methods	35 minutes
Session 6: Preventing Pregnancy – Hormonal Methods & ECPs	30 minutes

Module	Duration
Session 7: Achieving pregnancy and Safe Motherhood	65 minutes
Session 8: SRHR services Required by Survivors of SGBV, child marriage and FGM	65 minutes
5: Other Health Issues	**4 hours and 20 minutes**
Session 1: Mental Health and Drug Use	120 minutes
Session 2: Nutritional Requirements for Adolescents and Young People	90 minutes
Session 3: Coronavirus/COVID-19 and Epidemics/ Pandemics	50 minutes
6: Promotion of Personal Hygiene	**2 hours and 20 minutes**
Session 1: Good Grooming	40 minutes
Session 2: Hand Washing	60 minutes
Session 3: Common Conditions Controlled by Improving Personal Hygiene	40 minutes
7: Implementing Peer Education	**3 hours and 30 minutes**
Session 1: Planning and Organising Peer Education	45 minutes
Session 2: Monitoring and Evaluation Including Record-Keeping	45 minutes
Session 3: Peer Education Skills Practice	120 minutes

Session outline

For ease of use, each session is arranged as follows:

- Duration
- Training/Learning Objectives
- Training/Learning Methods
- Training/Learning Materials
- Equipment needed
- Instruction to Facilitator
- Work for Facilitators to Prepare in Advance
- Details of the topic, recommended duration, activities/content

Teaching/Learning Methods

- Discussions/brainstorming sessions
- Illustrated lectures
- Individual and group exercises
- Role play
- Demonstration/return demonstration
- Ice breakers and energisers

Training Equipment/Materials

- Powerpoint projector and laptop
- Powerpoint presentations
- Flipchart stand and paper
- Markers
- Participants' manual
- Facilitators' manual
- Anatomical models – penile and pelvis

Evaluation

- Participants' daily feedback (verbal)
- Pre- and post – tests (written)
- Participants' end-of-training evaluation (written)

Training duration

5 days

Ideal class size

24 - 32 participants

Training Schedule

This training schedule serves as a guide and may be modified to suit local needs.

Day 1

Time	Activity	Facilitator
8.00 – 8.50 a.m.	Registration	
8.50 – 10.00 a.m.	Opening Activities including pre-test	
10.00 – 10.30 a.m.	Tea Break	
10.30 – 11.20 a.m.	Overview of Peer Education	
11.20 a.m. – 12.20 p.m.	Techniques of Sharing Information	
12.20 – 1.20 p.m.	Peer Influence	
1.20 – 2.20 p.m.	Lunch	
2.20 – 3.05 p.m.	Values Clarification	
3.05 – 3.55 p.m.	Self-Esteem, Goal Setting and Decision-Making	
3.55 – 4.25 p.m.	Tea Break	
4.25 – 5.15 p.m.	Self-Esteem, Goal Setting and Decision-Making (contd)	
5.15 – 5.20 p.m.	Daily Participants' Feedback & Closing	
5.20 – 5.30 p.m.	Facilitators' Debrief	

Day 2

Time	Activity
8.00 – 8.30 a.m.	Registration
8.30 – 9.00 a.m.	Daily Recap
9.00 – 10.20 a.m.	Assertiveness, Public Speaking, Refusal and Negotiation Skills
10.20 – 10.50 a.m.	Tea Break
10.40 – 11.40 a.m.	Leadership and Communication Skills
11.40 a.m. – 12.15 p.m.	Overview of SRHR including the reproductive system
12.15 – 1.10 p.m.	SGBV/VAWG (lecture)
1.10 – 2.10 p.m.	Lunch
2.10 – 2.55 p.m.	SGBV/VAWG (group exercise)
2.55 – 3.40 p.m.	Child Marriage

3.40 – 4.10 p.m.	Tea Break
4.10 – 4.55 p.m.	FGM
4.55 – 5.00 p.m.	Daily Participants' Feedback & Closing
5.00 – 5.10 p.m.	Facilitators' Debrief

Day 3

Time	Activity
8.00 – 8.15 a.m.	Registration
8.15 – 8.30 a.m.	Daily Recap
8.30 – 9.45 a.m.	SGBV/VAWG, Child Marriage & FGM Relationships, Trends
9.45 – 10.15 a.m.	and Prevention
10.15 a.m. – 11.10 p.m.	Tea Break
11.10 – 11.50 p.m.	Preventing STIs
11.50 a.m. – 12.30 p.m.	Preventing Pregnancy – Overview
12.30 – 1.25 p.m.	Preventing Pregnancy – Abstinence & Natural Methods
1.25 – 2.25 p.m.	Preventing Pregnancy – Barrier Methods (lecture)
2.25 – 3.00 p.m.	Lunch
3.00 – 3.35 p.m.	Preventing Pregnancy – Barrier Methods (practice)
3.35 – 4.05 p.m.	Preventing Pregnancy – Withdrawal, IUDs and Permanent
	Methods
4.05 – 4.35 p.m.	Tea Break
5.10 – 5.15 p.m.	Preventing Pregnancy – Hormonal Methods & ECPs
5.15 – 5.20 p.m.	Daily Participants' Feedback and Closing
10.15 – 11.20 a.m.	Facilitators' Debrief

Day 4

Time	Activity
8.00 – 8.15 a.m.	Registration
8.15 – 8.30 a.m.	Daily Recap
8.30 – 9.35 a.m.	Achieving Pregnancy and Safe Motherhood
9.35 – 10.05 a.m.	Tea Break
10.05 – 11.10 a.m.	SRHR Services for Survivors of SGBV/VAWG, child mar-
	riage and FGM
11.10 a.m. – 1.10 p.m.	Mental Health and Drug Use
1.10 – 2.10 p.m.	Lunch

2.10 – 3.40 p.m.	Nutritional Requirements for Adolescents and Young People
3.40 – 4.10 p.m.	Tea Break
4.10 – 4.50 p.m.	Coronavirus/COVID-19 and Epidemics/Pandemics
4.50 – 4.55 p.m.	Daily Participants' Feedback and Closing
4.55 – 5.05 p.m.	Facilitators' Debrief

Day 5

8.00 – 8.15 a.m.	Registration
8.15 – 8.30 a.m.	Daily Recap
8.30 – 9.10 a.m.	Good Grooming
9.10 – 10.10 a.m.	Hand Washing
10.10 – 10.40 a.m.	Tea Break
10.40 – 11.20 a.m.	Common Conditions Controlled by Improving Personal Hygiene
11.20 a.m. – 12.05 p.m.	Planning and Organising Peer Education
12.05 – 12.45 p.m.	Monitoring and Evaluation including Record-Keeping
12.45 – 1.45 p.m.	Lunch
1.45 – 3.45 p.m.	Peer Education Skills Practice (role play)
3.45 – 4.05 p.m.	Post-test
4.05 – 4.30 p.m.	Closing Activities including training evaluation
4.30 – 4.45 p.m.	Facilitators' Debrief

Opening Activities

Duration:

70 minutes

Training/Learning Objectives.

By the end of this session, participants will have:

- Introduced themselves to the group
- Shared their expectations for the training
- Agreed on the ground rules for the workshop and roles for both participants and facilitators
- Clarified the goals, objectives, content and schedule of the training
- Assessed their knowledge by taking a pre-test

Training/Learning Methods:

- Ice breakers
- Group discussion

Training/Learning Materials Required:

- Flipchart/slide with format for introductions
- Labelled flipcharts markers to record participants' expectations, group norms and participants' roles
- Slides with workshop goal and objectives
- Workshop agenda for all participants
- Pre-test for all participants

Equipment needed:

- Flipchart stand and paper and markers
- Masking tape
- Computer and projector
- Name tags for participants and facilitators

Instructions to Facilitator:

- Welcome participants and give the opening remarks (may be done by Ministry Officials).
- Introduce self and the other trainer/s.
- Facilitate participant introductions, workshop objectives, participant expectations, ground rules, and pre-test

Work For Facilitators To Prepare In Advance:

- Set up the equipment for powerpoint presentation on Training Goal/ Objectives/

List of sessions & content or write on flipchart the day before

- Ensure pre-test scripts are printed and ready the day before

Topic	Time	Activities and Content	Materials
Welcome	5 mins	**Step 1:** Welcome participants. Introduce self and the other trainer(s). Share agenda for the opening day. Ask participants to look around the room. Ask how many of them already know everyone in the room. (Likely, no one will already know everyone.) Tell them that the group will be together for what is planned to be a positive and productive workshop for everyone and that they will be learning together and learning from each other.	Workshop agenda
Participant introductions and expectations	20 mins	**Step 2:** Ask participants to introduce themselves using following the guideline: **Guideline for Introduction** • Name, designation and facility where you work • Workshop name (what you prefer to be called during the workshop) • 1 thing you know about SGBV • Something fun e.g. favourite colour and why, favourite food, etc • 1 expectation each participant has for the workshop You can also use any other ice breaker for introductions e.g. paired introductions, pass the ball, etc **Track** expectations and SGBV information which are repeated. Indicate these will be addressed after the introduction to the programme next.	Flipchart or slide with introduction guidelines Flipchart and markers to record expectations
Overall training goal & objectives	5 mins	**Step 3:** Introduce the overall goals, objectives, sessions of the training and agenda and content and Participants' Reference Manual for training and refer to the expectations and lists, being sure that all is addressed.	Slide with overall training goal and objectives
Ground rules/ group norms	10 mins	**Introduce** the setting of norms by referring participants to the workshop content and schedule, their expectations noting that for the training team to actualize the schedule and for them to meet their expectation, it is	Flipchart and markers Masking tape

		important that we all reach agreement on how to work together. **Request** participants to suggest the things that will enhance this working together. Facilitate the process to reach consensus on what the norms should be. **Write** each one on the flipchart as they agree. Below is a guide. • Be punctual • Respect and encourage everyone's participation • Listen to others; do not interrupt • Respect confidentiality of what others share • No side talk/conversations • Mobile phones should be on vibrate When agreement has been reached, agree on what the penalty will be for violating the rules and appoint a participant to be the enforcer (chief whip) Post this at a strategic position where it will be seen by all. Tell them that this will guide how they work together.	
Participants' roles and responsibilities	10 mins	**Step 5:** Ask participants to suggest what groups can be formed to facilitate workshop activities e.g.: - Recap group - Energiser group - Logistics group - News group Ask participants to select which group they would like to be in and assign them accordingly making sure that each group has about the same number of participants. Record this on a flipchart and post at the front of the training room where it can be seen by everyone.	Flipchart and markers Masking tape
Logistics	5 mins	**Step 6:** Discuss the logistics/housekeeping: Indicate the location of toilets, when meals will be served, etc.	
Pre-test	20 mins	**Step 7:** Pre-test: Distribute the pre-test and allow participants 20mins to complete it. Correct the pre-test the same day noting where they did not do well. These should be discussed in greater detail during the training.	Copies of the pre-test

Module 1: Introduction to Peer Education

Goal

This module aims to provide participants with background knowledge and skills that are needed to carry out peer education successfully, with a focus on peer education as an effective approach for empowering adolescents and young people.

Sessions

Session 1: Overview of peer education – 50 minutes

Session 2: Techniques of Sharing Information – 60 minutes

Session 3: Peer Influence – 60 minutes

Session 1: Peer Education

Duration

50 minutes

Session Objectives

By the end of this session, participants will be able to:

1. State what peer education means.
2. Explain the role of peer educators.
3. Describe the approach to peer education.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation
- Flipchart paper/cardboard
- Markers
- Flyers

Equipment needed

- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	**Share** the objectives of the session.	Powerpoint presentation Flipcharts
Overview	15 mins	**Present** the illustrated lecture. **What is Peer Education?** A peer is someone who belongs to the same social group as another person or group. Such groups may be based on age, sex, education, occupation, or other characteristic. Education is the development of a person's knowledge, attitudes, beliefs or behaviour resulting from a learning process to bring about positive results. Peer education refers to the process of changing the knowledge, attitudes, beliefs or behaviour of a group of people that is carried out by their peers who are well-trained and interested in performing this function. It is a sustainable approach to health promotion in which community members are supported to promote changes that improve health, among their peers. This is an effective way of educating people and it may be carried out in small groups or through individual contact in various settings such as shelters, schools, churches, mosques, workplaces, entertainment areas, or other areas where the target audience can be reached. Peer education helps to ensure that adolescents and young people get access to factual and age appropriate information. Peer education is successful in reaching young people with important information because young people usually seek information from their peers and influence each other's behaviours (peer influence). Peers are seen as equals who are not judgmental and can be trusted. It is also successful because messages that promote healthy behaviours are delivered in the local language by familiar people who share similar social characteristics and who take into consideration the local context to make meaningful suggestions.	Powerpoint presentation

		Peer educators may include those who volunteer and those who are nominated by key stakeholders in their communities such as survivors, their families, community leaders, women's groups, religious groups, community based organisations, and schools. Peer educators selection may be schools-based, club-based, faith-based or community-based. **Why is Peer Education Important for Adolescents and Young People?** **Risk Taking Behaviour Among Adolescents and Young People** Adolescents and young people are known for risk-taking, novelty seeking, restive behaviour and impulsive actions. Risk-taking behaviour can take on many forms, including the misuse of alcohol or drugs, engaging in unprotected sexual activity, driving above speed limit, some types of criminal activity or risky sports. Adolescents and young people are also likely to be involved in provocative activities such as arguing and testing limits with peers and adults, resulting in emotional and physical damage (for example, unnecessary quarrelling with someone may be followed by physical violence and feelings of guilt or unhappiness). Experimentation with substances could result in short- and long-term consequences that include effects on most other risk-taking behaviour. For example, alcohol abuse can not only lead to reckless driving, it might also lead to early sexual activity, unprotected sexual activity or having non-regular sexual partners. All of these behaviours could have immediate and/or long-term health, emotional, psychological, social and economic consequences.	
Role of peer educators	5 mins	**Role of Peer Educators** The role of peer educators includes • Helping peers identify their needs and concerns and seek education by sharing information and experiences about SGBV/VAWG and harmful practices, in a safe environment. • Raising awareness about how to promote good health, SGBV/VAWG, child marriage and FGM, the causes, and complications	Powerpoint presentation Flipcharts Posters

		that may arise from these incidents. • Helping peers to understand that SGBV/VAWG and harmful practices are a violation of their human, sexual and reproductive rights. • Dispelling myths and misconceptions about these practices and about health services. • • Dissemination of new information to peers and supporting them to be change agents in their communities. • Counselling of peers and supporting them to make their own decisions. • Serving as role models for promoting good health and preventing SGBV/VAWG and harmful practices. • Providing information about available services for young people in the community and providing linkages to services. • Engaging men and boys to support the efforts to prevent these incidents and protect women and girls.	
Qualities of a peer educator	5 mins	**Qualities of a Peer Educator** In order to be successful, peer educators should have the following qualities: • **P:** patience to seek new knowledge and share with others, to listen and communicate effectively and with humour and a positive attitude, and to deal with difficult situations and difficult people. • **E:** empathetic to understand how others feel, their emotions, their thoughts, and their language. • **E:** energetic to keep learning new things, and to keep educating others. Continuous learning helps them to see things from various perspectives. • **R:** resourceful to adapt to changing situations and changing needs of other group members. • **S:** supportive in a non-judgmental manner, and with privacy and confidentiality. They should be able to make decisions, encourage others to make decisions regarding their needs, and link them to services.	Powerpoint presentation Flipcharts Posters

Approach to peer education	15 mins	**Approach to Peer Education** Peer educators can reach their peers in small groups or as individuals in various settings in their communities and schools. They may also reach them based on linkages or referral from others that they have interacted with previously. Peer educators will need to keep abreast of, and continuously be updated on the following information: • An estimate of size of the problem of SGBV/ VAWG and harmful practices in their community. • Areas of high concentration of SGBV/VAWG and harmful practices in their community. • Safe and private areas that can be used for peer education (safe spaces). • Other peer educators in their community working on the same issues or on different issues. • Services available in their communities including SRH services, social services, police, lawyers and courts. • How to access available services including directions, transportation, costs, and administrative processes. Based on this, peer educators can plan how often to meet with their peers, where, and whether they will collaborate with other peer educators in their community. This information will also help them to plan referrals and linkages with services. Peer educators need to recognize their limits and refer to the appropriate professional for services as the need arises. **Preparing for peer education** In order to obtain the support of the community, peer educators will need to conduct advocacy to the key stakeholders in their communities to ensure that they are aware of the role they intend to play and their planned activities. They will also need to create rapport with service providers in the various sectors to facilitate referral and follow-up. Peer educators will need to prepare for meeting with young people as follows:	Powerpoint presentation Flipcharts Posters

- Identify meeting places that are clean, safe, private, and free of excessive noise and other distractions.
- Ensure there are adequate comfortable seats for everyone.
- Prepare referral and data record forms.
- Have adequate samples of SRH commodities e.g. condoms.
- Have appropriate materials for counselling and demonstration e.g. posters, brochures, penile model for demonstration of condom use, etc.
- Identify the individual or group that will be educated and agree a meeting time with them.

Carrying out peer education

When meeting with young people, peer educators need to:

- Greet in a friendly and respectful manner then introduce yourself and create a rapport so that the individual or group feel free to discuss with you. The introduction may include a brief statement about what you do and why it is important.
- Listen attentively and encourage the individual or group to air their views and express their needs.
- Explore available options for addressing their needs in a participatory manner.
- Discuss their options in detail and provide accurate information to enable them make a decision about what action to take.
- Provide adequate opportunities for individuals to ask questions and seek clarification on issues.
- Ensure that everyone feels comfortable to participate.
- Support their decision and refer them as necessary. Peer educators may also support individuals by accompanying them to the service delivery point (e.g. health facility, police station) to facilitate the referral process whenever possible, if the individual wishes.

		People with disabilities • It is important to ensure that young people who have disabilities are not excluded from peer education activities as they have the same health needs and are more likely to experience SGBV/VAWG. • Efforts should be made to reach people with disabilities through their networks and organisations that work with them. • Communicating with some people with disabilities may need special channels such as pictorals, sign language and braille. Peer educators need to know where such services are available in order to provide appropriate linkages. • Interested young people with disabilities can also serve as peer educators.	
Summary	3 mins	**Summarise** by stating the following • Peer education is an effective way of delivering health promotion messages • It can be carried out in small groups or with individuals in various settings • Peer educators should have the following qualities - P: patience and positive attitude - E: empathy - E: energy - R: resourceful - S: supportive	Powerpoint presentation Flipcharts Posters
Questions	5 mins	**Ask** participants whether they have any questions or comments and provide appropriate responses.	Discussion

Session 2: Techniques of Sharing Information

Duration

60 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Identify appropriate channels in disseminating information.
2. Demonstrate the required skills and techniques of sharing information among peers.

Training/Learning Methods

- Illustrated lecture
- Group exercise
- Discussion

Training/Learning Materials Required

- Powerpoint presentation
- Flipcharts
- Markers

Equipment needed

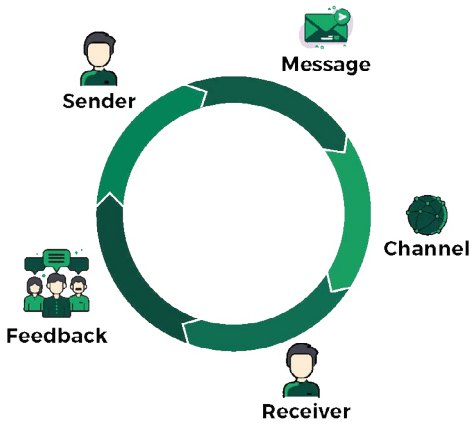
- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the discussion

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	**Introduce** the topic	
Group exercise and discussion	45 mins	**Facilitate** the discussion **Communication Process**  **NOTE TO FACILITATORS:** It is important not to make this session a lecture but a discussion. Allow them to learn by contributing and discussing, however, guide the discussion. The techniques should include but not be limited to the below: **Skills and Techniques of Passing Information** • Adequate knowledge and understanding of the communication process Good listening skills • Empathy • Possession of Adequate and Correct Information • Proper information channeling and choice of channel (verbal or non-verbal) • Communication Skills (Verbal- ability to speak in an understandable manner; and Non- verbal; e.g. smiling, nodding, leaning towards etc.) • Decision Making skills and ability to convince and lead others to make decision • Problem solving and Negotiation skill **Exercise 1: Information sharing** Adaobi was the only daughter among four children of her parents who are petty traders. They have difficulties in	Discussion

paying the school fees of their children due to their poor economic status. While her parents are considering the option of her dropping out to engage in some economic activities to assist the family, she will rather offer sex for sale to keep herself in school. Whereas, she has an option of writing a scholarship examination in support of her education in the next one month. But she complained of not having enough time to study for the examination.

Ask participants to respond to this question
As a peer health educator in Adaobi's school, how will you be of help to her in making a right decision about her life?

Model Answers to the exercise above

1. The peer educator may help Adaobi to explore the benefits of the scholarship and the consequences ofdropping out of school or offering sex for money.
2. Adoabi should be guided to take an informed decision based on the information provided by the peer educator.
3. The peer educator can also educate parents on the ills of encouraging children to drop out of schools/offering sex for money for economic reasons.
4. Adaobi should be encourage to spend time to study for the scholarship examination as this will present a lifetime opportunity to complete her education with ease.

Exercise 2: Information sharing

Question: review the following scenarios and work in a group to discuss how you will provide support to solve the problems

Scenario 1-Your friend has suddenly become very withdrawn and sad. S/he has stopped participating in group activities and spends most of his/her time alone.

Scenario 2- Your friend is unable to concentrate in the classroom and plays truant. You have observed that s/he is becoming very erratic and showing signs of weight loss.

Scenario3- Your friend is constantly worried about his/her weight. S/he avoids eating and stays away from group activities like picnics and parties.

Scenario 4- Your friend has been indulging in sexual activity and is now worried that s/he may be HIV infected.

Scenario 5- Your friend is pregnant. She is unmarried and scared about her future.

Scenario 6- Your friend is married and contemplating divorce.

My Question and Answer (My Q&A) Service

There will be times where some situations might be too challenging for peer educators to handle and they would need further support. In such situations, it is important for peer educators to turn to adults they can trust to share any challenges they might face in conducting their peer education activities. These adults might include the following:

- Coordinating Teacher for the Peer to Peer Project
- Guidance counsellors
- Staff of an NGO or CBO
- Health Provider at a primary health care centre

In the event that a peer educator can't reach any of these potential individuals or would like to speak anonymously (not revealing who they are) and confidentially to an adult, they can use the My Q&A services. This service is available to the peer educators or the peer who is directly in need.

The MyQ&A services build on the fascination that young people have with mobile phones, as well as the increased use of mobile phones amongst young people in recent years. The aim of the service is to provide a platform for young people to ask the SRH and HIV/AIDS questions that they often have, but that they do not feel able to ask out loud.

My Question offers a multi-dimensional service whereby young people can ask questions through:

		WhatsApp 08027192781- Text 38120 free from MTN, Airtel Call toll-free hotline to speak with a counsellor on 0800My-Question or 08006978378466 free from any network Email/internet: myq@myquestion.org or visit www.learningaboutliving.org, https://www.facebook.com/myQmyA The questions are answered by experienced counsellors, who have been running the service for over 15 years. The services is absolutely FREE to young people. Every time a young person sends in a question, they must include their age, sex and location in this format: "17MMKD" for 17 year old, male from Makurdi for example. This data is to help us keep track of the types of people that are using the service but not to track or trace the individuals submitting questions. My Answer is a monthly competition service that allows young people to engage more with SRH issues. Every month a question is publicised and young people get a chance to respond through their preferred medium. The competition opens on the first day of the month and closes on the last day. Randomly selected numbers are chosen from a pool of correct answers to win recharge cards for the month. The My Answer service encourages young people to seek out accurate information and rewards young people for having the correct knowledge on a variety of reproductive health and HIV/AIDS issues. To find out the question of the month, young people can text "MyA" to 38120. **Summarise** by stating that: A peer educator is usually faced with challenging experiences that require proper dissemination of information. It is essential that the peer educator not only have the adequate information needed but to have the skills and techniques to pass it in such a way that it is embraced by his peers.	
Questions	3 mins	**Ask** participants whether they have any questions or comments and provide appropriate responses.	Discussion

Session 3: Peer influence

Duration

60 minutes

Session objectives

By the end of this session, participants will:

1. Become aware of the influence their peer have on them.
2. Understand that they can influence their peers.
3. Develop confidence and good communication skills in wielding positive influence as peer educators.

Training/Learning Methods

- Brainstorming
- Group Exercise
- Discussion

Training/Learning Materials Required

- Group Exercise

Equipment needed

- Computer and projector
- Flash cards and markers

Instruction to Facilitator

- Introduce the topic
- Facilitate the group exercise and discussion

Work for Facilitator to Prepare in Advance

- Review information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	**Share** the objectives of the session	Powerpoint presentation
Peer influence exercise	55 mins	**Note for Facilitators** Peer influence is the ability to influence individual behavior among members of a group based on group norms, a group sense of what is the right thing or right way to do things, and the need to be valued and accepted by the group. Peer influence can be very effective way for leaders to influence the behavior others. Young people are often deeply influenced by their peer group. However, most of the time, this influence is very subtle, and they do not notice the changes in their behavior, attitudes and skills. Peer influence also exerts pressures. At times, many young people end up doing things they would not have done on their own. This exercise provides many opportunities for discussion on the pros and cons of peer influence. **Instructions for Group Exercise** • Invite the participants to sit in a circle. Explain that they will be learning about the influence they can have on their peers. • Ask the participants to pick up 2 flash cards and a marker each. • Ask them to close their eyes for a few minutes and think about their peers. • Ask them to think of situations when they have been able to influence them to do or not do something. • Explain that they should use one flash card for writing a positive influence and one flash card for writing a negative influence. • Assure the participants that we all influence people with positive and negative effects, and there is no harm in learning from both. • Ask the participants to place the two sets of cards in two vertical lines. • Ask a volunteer to read the cards • Then, ask the group to cluster similar cards	Flash cards and markers

		from both the lines. • Ask the participants to put the cards up on a wall, so that everyone can see them. • Invite the group to sit facing the cards, and facilitate a discussion using the following questions: **- How did you feel writing about the positive and negative influence that you may have had on your peers? Why?** **- Have you ever reflected on your ability to influence others? Why/Why not?** **- Can you think of ways you can use the ability to prevent your peers from indulging in risky behaviours? How?** **Summarise** as follows: It is important that the peer educator realises the power of influence, especially the influence of the peer group. Such influence should be capitalized upon by him/her, and utilized appropriately especially in disseminating information on sexual and reproductive health to adolescents and young people.	
Questions	3 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Module 2: Life Management Skills and Behavioural Change

Goal

This module aims to equip peer educators with the knowledge and skills to support their peers to manage and live a better quality of life so that they can accomplish their ambitions and live to their full potentials.

Sessions

Session 1: Values clarification – 45 minutes

Session 2: Self -esteem, goal setting and decision-making – 100 minutes

Session 3: Assertiveness, public speaking, refusal and negotiation skills – 80 minutes

Session 4: Leadership and communication skills – 50 minutes

Session 1: Values Clarification

Duration

50 minutes

Session Objectives

By the end of this session, participants will be able to

1. Identify personal values that may act as barriers to effective peer education.
2. Recognise and accept differing opinions and attitudes regarding SRHR issues.
3. Take steps to minimise the effect of their personal values on peer education.

Training/Learning Methods

- Group Exercise
- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Group Exercise
- Illustrated lecture

Equipment needed

- Computer and projector
- Flipchart paper and markers
- Jotters, pens and pencils
- IEC materials
- Public address system (PAS)

Instruction to Facilitator

- Introduce the topic
- Facilitate the group exercise and discussion

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.
- Prepare flipcharts labelled ‘Agree’, ‘Neutral’, and ‘Disagree’ and paste on the walls in different parts of the training room

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation Flipcharts Pictorals
Overview	8 mins	Present the illustrated lecture **Overview** Values are principles, standards or qualities that an individual, a group or a community consider to be worthwhile or desirable. These are things that people are strongly attached to and believe in, so they influence people's reactions and decisions on issues. Sources from which values are formed include family, friends, religion, peer group (age, background, and social status), ethnicity, culture, media, schools and the community. **Relationship between values and behaviours** Values are the blocks with which a person constructs his or her position on particular issues, while behaviours are the manifestation or acting out of such values. Identifying one's values and clarifying them from those of others and the society enables one to develop positive behavior. **Steps in values clarification include** 1. Identification of personal values 2. Prioritization of personal values 3. Protection of personal values 4. Usage of values to guide behavior	Powerpoint presentation Flipcharts Pictorals
Values clarification activity	30 mins	For the values clarification activity, participants will be asked to respond to certain statements by agreeing, disagreeing or being neutral. Each group will be asked to explain the reasons for their response so that the different groups will see how others are thinking about the same issue. In addition, the statements will be made generally first and then modified to make participants think about how their response will change if the issue affects them directly. **Instructions to Participants** · On the walls are statements 'agree', 'neutral', and 'disagree' · A statement will be read out about SGBV/	Flipchart paper, markers, masking tape

		VAWG, child marriage, FGM, or SRHR • Stand at the sign that describes your opinion about the statement • Each group should explain why they feel the way they do about this statement Some examples statements that can be used during the values clarification activity are in table 1 below.	
Summary	5 mins	**Summarise** by stating the key points. **Key Points** Every individual has their own values based on their socio-cultural background. Individual values may influence their behaviours and may impact positively or negatively on how they interact with others. It is important for peer educators to recognize their personal values and keep them separate from their activities when interacting with survivors. Values clarification helps peer educators to recognize their values, how these can affect their interaction with others, and help them to be open to the views, opinions and attitudes of others.	Powerpoint presentation Flipcharts Pictorals
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Table 1: Examples of statements for values clarification activity

	Statement	Agree	Neutral	Disagree
1	A woman who is subjected to sexual violence must have done something wrong e.g. provocative dressing, going to the wrong place			
1b	Your 7 year-old sister was subjected to sexual violence because she was dressed provocatively			
2	A woman who was slapped by her boss because she was being rude			
2b	Your mother was slapped by her boss because she was being rude			
3	A woman should not leave her husband because he is abusing her emotionally			
3b	Your aunty must remain with her husband who subjects her to severe emotional abuse			
4	There is nothing wrong with a girl being married at the age of 12			
4b	You will get your daughter married at the age of 12			
5	A girl must marry the man chosen by her parents even if she doesn't like him			
5b	You must marry the man chosen by your parents although you don't like him			
6	A girl who was married at the age of 13 should not use family planning to delay childbearing			
6b	Your niece who was married at the age of 13 should commence childbearing immediately			
7	FGM should not be discouraged if it can be carried out safely by a trained health worker			
7b	You will allow your 3 year-old daughter to be circumcised by a trained health worker			
8	A woman who has had FGM must have the permission of her husband or parents before she is allowed to get treatment for complications			
8b	You must have the permission of your husband or parents before you are allowed to have treatment for difficult and painful menstruation as a result of FGM			
9	Family planning should be available for only married women			
9b	Your friend who was raped should not have access to family planning because she is not married			
10	Married women who want to use family planning must have their husband's written consent			
10b	You must have your husband's written consent before you are provided with family planning even though you always have very high blood pressure during pregnancy			

Session 2: Self-Esteem, Goal Setting and Decision-Making

Duration

100 minutes

Session Objectives

By the end of this session, participants will be able to

1. Define self-esteem, decision-making and goal setting.
2. Highlight characteristics of self-esteem.
3. Describe steps for informed decision-making.
4. State the advantages of goal setting.

Training/Learning Methods

- Individual and Group Exercises
- Illustrated lecture
- Brainstorming
- Role play

Training/Learning Materials Required

- Individual and Group Exercises
- Role play guidelines
- Illustrated lecture

Equipment needed

- Computer and projector
- Flipchart paper and markers

Instruction to Facilitator

- Introduce the topic
- Facilitate the individual and group exercises
- Facilitate the role play

Work for Facilitator to Prepare in Advance

- Review information in this manual and powerpoint presentation.
- Set up computer and projector.
- Prepare supplies of flipchart paper and markers

<table>
<tr><th>Topic</th><th>Time</th><th>Activities and Content</th><th>Materials</th></tr>
<tr><td>Introduction</td><td>2 mins</td><td>Present the objectives of the session</td><td>Powerpoint presentation</td></tr>
<tr><td>Self Esteem</td><td>25 mins</td><td>
<h2>Self Esteem</h2>
<h3>Definition of Self-Esteem</h3>
Self-esteem is the way an individual feels about him/her-self and how he/she relate to other people. Self- esteem is a reflection of one's self, on the other hand, it is the judgment that people make of themselves. It could be high or low. When a person can accept his/her weaknesses and faults and simultaneously recognizes his or her strengths and positive qualities, the person will experience strong self-worth and high self-esteem.
<h3>Characteristics of High and Low Self-Esteem</h3>
<table>
<tr><th>High self- esteem</th><th>Low self- esteem</th></tr>
<tr><td>Assertive</td><td>Very arrogant</td></tr>
<tr><td>Confident in self</td><td>Critical attitude</td></tr>
<tr><td>Caring attitude</td><td>Rebellious</td></tr>
<tr><td>Uses interactive approach</td><td>Lack of confidence in self and other people</td></tr>
<tr><td>Respects authority</td><td>Has inferiority complex</td></tr>
<tr><td>Firm</td><td>Allows him/herself to be pushed around</td></tr>
<tr><td>Motivated by their achievement and aims for more</td><td>Accept defeat easily</td></tr>
</table>
<h3>Factors That Promote High Self-Esteem</h3>
- Supportive Environment
- Stability of the family
- Setting achievable and realizable goals
<h3>Factors That Result in Low Self-Esteem</h3>
- Constant criticism
- Instability in the family
- Inconsistent upbringing
- Socio-economic adversity (poverty)
- Rejection
- Failure
- Child abuse
</td><td>Powerpoint presentation</td></tr>
</table>

Statements That Promote Self-Esteem

- You are very beautiful
- That was really good. Keep it up
- I am proud of you
- You are a winner all the time, etc

Statements That Result in Low Self-Esteem

- I know you cannot do anything right
- You never listen when I talk to you
- You are lazy
- You will never learn
- You are impossible
- Nothing good can come out of you

Working on Your Self-Esteem When You are Poorly Treated

- Do not droop like a wilted flower or feel bad about yourself
- Do not get involved in doing things that are wrong such as drinking or smoking
- Be true to yourself
- Be conscious of the fact that life is full of ups and downs
- Put your immediate crisis to perspective
- Talk to a trusted person
- Be patient

Statements You Must Say to Improve Your Self-Esteem

- I am a great person
- I shall make it to the top
- I can do all thing I purpose to do
- I am reaching the top
- I am special, important and unlimited person
- I have worth and value
- I can be trusted
- I take responsibility for myself
- I am cared for by my parents and other loving people around me
- I am more than I ever know
- I make good and informed decisions and choices
- My future is great, because I want the best for myself

		How to Develop High Self-Esteem There are four conditions that need to be met for an individual to have high self-esteem: • Connectedness: feeling attached and connected to others; feeling as if they belong and are respected. • Uniqueness: the sense that we are special, different from everyone else. • Power: feeling in control of our lives: I am competent', I have responsibilities'. To build this feeling we need options and responsibilities from which we can choose. • Role models: to build self-esteem we need to have good role models. For example, I want to be a world leader like Amina Mohammed of the United Nations and Ngozi Okonjo-Iweala of the World Trade Organisation. **ASK** participants to identify other role models especially young ones	
Goal Setting	35 mins	**Goal Setting** **What is a goal?** A goal is that which we set to accomplish while goal setting is an activity that enables us to plan what we want to achieve in life. It is usually a broad statement of long or short-term outcomes of events. When one sets goals, there is a need to take into consideration, factors that will facilitate the achievement of the set goal. An example of a goal would be 'I want to go back to school and get a Bachelor's Degree in Mechanical Engineering.' This is very specific. It's not just stating 'I want to go back to school.' It's stating exactly what type of degree you want to obtain. Think about it, if you just use —I want to go back to school as your goal, there are still many unanswered questions, for example, which diploma or degree you should take. If you specify that you want a degree in Mechanical Engineering, you will be able to plan which classes to take, and it may narrow down your search for a school, as only certain schools offer degrees in Mechanical Engineering	Powerpoint presentation

Differences between Goal, Purpose and Objective

A **goal** is a future event that is concrete, specific and accomplishable. It is measurable in terms of what is to be done and how long it will take to achieve it.

A **purpose** is an aimed direction that is not necessarily measurable.

An **objective** is a future event that is specific in that it addresses a particular issue: it is measurable as it quantifiably allows for monitoring and evaluation. It is appropriate in terms of its available resources and it has a time-frame for achievement.

Types of Goals

There are two types of goals:

- Long Term: These are goals that are meant to be achieved over a long period of time, e.g. educational goals.
- Short Term: These are goals that are to be achieved within a short period i.e., they are things hoped to be achieved more immediately.

Purpose of Goal Setting

Setting goals enable one to:-

- Control and properly utilize one's time.
- Set priorities and identify what is to be accomplished.
- Know what one has to accomplish.

Steps in Goal Setting

- Know exactly what you want to achieve.
- Know when you want to achieve them.
- Know whether your goal is manageable.
- Ensure you achieve your goals.

Principles of Goal Setting

A useful way of making goals more powerful is to use the SMART acronym as follows:

- S – Specific
- M- Measurable
- A – Attainable
- R – Realistic
- T - Time-bound

For example, instead of having 'sail around the world' as a goal, it is more powerful to say 'to have completed my sail around the world by December 31, 2021.'

Advantages of Goal Setting

- Provides direction and meaningful activities.
- Provides opportunity for increased self-esteem based on goal-attainment.
- Provides opportunity for self-understanding.
- Provides guidelines for decision-making.

Keys for Success

It is important that all young people aspire to have a successful life. To do this, young people must:

- Set goals
- Establish priorities
- Work out plans towards goal attainment
- Measure achievements vis-à-vis goals

Exercise

Eno-Obong is a fifteen-year-old girl who has a desire to become a medical doctor. In order to achieve this goal, she needs to determine what subjects she has to study and the grade she needs to make at the Senior school Certificate and the Joint Admission and Matriculation Board Examinations. In addition, she needs to be in the university for a period of 6 years as well as devote more time to reading than attending social activities. When Eno-Obong entered the university, she discovered that she had to spend more time in the pre-clinical departments learning about parts of the human body, human physiology and biochemistry of human bodily functions using the cadaver (dead body). All these have to be mastered before moving on to clinical studies which are patient-centred.

At a point in time, she was put off, more so when she had to forfeit many social activities and pleasures which she enjoys much. However, because Eno-Obong is determined to be a doctor, she sat back, faced her studies and worked within the set time to achieve her goal. Exactly six years after admission, she graduated as a doctor.

		Processing questions - Using the steps in goal setting, identify how Eno-Obong achieved the goal of becoming a medical doctor. - What could have prevented her from achieving her goal?	
Decision-making	15 mins	**Decision-Making** **Introduction** Decision-making can be defined as an outcome of mental processes leading to the selection of a course of action from several alternatives. Every decision-making process produces a final choice. The output can be an action or an opinion of choice. Critical thinking is an important skill in making decisions. We make decisions every day: when to get out of bed, have breakfast, brush our teeth, meet certain people, etc. Some decisions are very important to our lives. We should recognize their importance and think before we act. Decisions about sexual relationships are very important. **Factors That Affect Decision-Making** Family, Religion, Culture, Society, Science/Technology, Climate, Friends/Peers, Government, Environment, the Media, foreign Influence, and School/Education. **Steps in the Process of Decision-Making** - **Define the problem:** State exactly what the problem is, or define the situation about which decision needs to be made. - **Consider all alternatives:** List the possible ways to solve the problem and all the possible decisions that could be made. You may need to gather more facts or consult with others to be sure you have not left out any options. - **Consider the consequences of each alternative:** List all the possible outcomes, positive and negative, for each alternative or each course of action that could be taken. Make sure that you have correct and full information for each point.	Powerpoint presentation

		- **Consider family and personal values:** Values include beliefs about how we should act or behave. The personal and family rules we live by and believe in are important. These could be beliefs about honesty, loyalty, or whether it is alright to smoke and drink alcohol. Most of our values come from the training we receive at home. Other values come from our friends and society. Consider whether each alternative fits with your personal and family values. - **Take action:** Put decisions you have made into action. - **Evaluate the consequences of the decisions:** Is it the best for a long time? How will it affect me and others around me?	
Summary	8 mins	**Summarise** as follows. Self-esteem, simply put, is a reflection of one's self, self-worth's appreciating one's strengths and positive qualities whilst acknowledging one's imperfections and working towards improving on them. Young people are encouraged to always promote the concept of self-worth, embrace qualities what will add value to their lives and always believe in themselves. Goal setting is crucial in everyone's life. It helps to identify that which one aims to become in life. Setting goals provides direction for the future and also helps in providing guidelines for decision-making towards accomplishing our immediate and future ambition. Decision-making is a day-to-day activity and everyone makes decisions over one issue or another. In order to avoid low self-esteem or further complications in life, you need to make the best decision at any point in time. Young people should also note that there are consequences for every action taken (or ignored) which may be either good or bad.	Powerpoint presentation

Questions	15 mins	**Evaluate** participants understanding of the session by asking the following questions 1. Explain the terms; self-esteem, goal setting and decision making 2. State at least four characteristics of self-esteem 3. List the different types of goals 4. Mention four advantages of goal-setting 5. Describe steps in decision-making Ask participants whether they have any questions or concerns and address these appropriately.	Discussion

Session 3: Assertiveness, Negotiation, and Refusal Skills

Duration

80 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Describe how to negotiate for safer sex.
2. List tips required for refusal skills.
3. Differentiate between negotiation and assertiveness.

Training/Learning Methods

- Group work exercise
- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation
- Flipchart paper and markers

Equipment needed

- Computer and projector
- Flipchart stand

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture
- Facilitate the group exercise

Work for Facilitator to Prepare in Advance

- Review the powerpoint presentation and information in this manual
- Set up computer and projector
- Prepare required supplies like flipchart paper, markers and masking tape

Topic	Time	Activities and Content	Materials
Introduction	2 mins	**Share** the objectives of the session	Powerpoint presentation
What is assertive-ness?	15 mins	**Present** the illustrated lecture **Assertiveness** Assertiveness refers to the ability or competence to express one's feelings, needs or desires openly and directly but in a respectful manner. Assertiveness means standing up for your right without violating the rights of others. It is expressing your opinions, needs, and feelings, without ignoring or hurting the opinions, needs, and feelings of others. People often keep their opinions to themselves because they want to be liked and thought of as 'nice' or 'easy to get along with', especially if their opinions conflict with other people's opinions. However, this sometimes leads to being taken advantage of by people who are not as nice or considerate. Asserting yourself will stop others from cheating you and you from cheating yourself out of what you deserve. Assertive behaviour makes you feel better about yourself, confident and respected by others. The following are examples of assertive behaviour: • To stand firmly by your beliefs without putting down others in the process. • The ability not to be exploited or used against your will. • The ability to reject undesirable behaviour. • The ability used to reject unequal treatment. • The ability to overcome submissiveness and uphold one's decisions, e.g. saying no to unwanted sexual activity. • Starting, changing, or ending conversations. • Sharing feelings, opinions, and experiences with others. • Making requests and asking for favors. • Refusing others' requests if they are too demanding. • Questioning rules or traditions that don't make sense or don't seem fair. • Addressing problems or things that bother you. • Being firm so that your rights are respected.	Powerpoint presentation

- Expressing positive emotions.
- Expressing negative emotions.

Being assertive includes other nonverbal signs of communication, such as tone of voice, posture, eye contact and general body language. It involves expressing beliefs, thoughts and feelings in a direct, clear way at an appropriate moment and does not mean imposing beliefs or views on another person. To be assertive implies the ability to say 'yes' or 'no' depending on what one wants and stand by your decision firmly. For example: 'I don't want to have sex' or 'Yes, I want to have sex but only if we use a condom'.

Differences between Passive, Aggressive, and Assertive Behavior

Many people are concerned that if they assert themselves others will think of their behavior as aggressive. But there is a difference between being assertive and aggressive. Assertive people state their opinions, while still being respectful of others. Aggressive people attack or ignore others' opinions in favor of their own. Passive people don't state their opinions at all.

Passive Behaviour	**Assertive Behaviour**	**Aggressive Behaviour**
Energy wasted	High energy level	Right and self - esteem of the others person are under mined
Poor body language	Respecting yourself	Pushing someone unnecessarily
Apologizes a great deal	High self-awareness	Telling rather than asking
Place too much emphasis on feelings of others	Making choices	Ignoring others
Always stressed	Confident	Not considering other's feelings
Avoid conflict	Good communication and firm body language	Confrontational
Is afraid to speak up	Speaks openly	Interrupts and 'talks over' others
Speaks softly	Uses a conversational tone	Speaks loudly

Avoids looking at people	Makes good eye contact	Glares and stares at others
Shows little or no expression	Shows expressions that match the message	Intimidates others with expressions
Slouches and with-draws	Relaxes and adopts an open posture and expressions	Stands rigidly, crosses arms, invades others' personal space
Isolates self from groups	Participates in groups	Controls groups
Agrees with others, despite feelings	Speaks to the point	Only considers own feelings, and/or de-mands of others
Values self less than others	Values self equal to others	Values self more than others
Hurts self to avoid hurting others	Tries to hurt no one (including self)	Hurts others to avoid being hurt
Does not reach goals and may not know goals	Usually reaches goals without alienating others	Reaches goals but hurts others in the process
You're okay, I'm not	I'm okay, you're okay	I'm okay, you're not

Tips for Behaving More Assertively

1. Speak up when you have an idea or opinion.
This is one of the biggest steps toward being more assertive and can be easier than you think. It may be as simple as raising your hand in class when you know the answer to a question, suggesting a change to your boss or coworkers, or offering an opinion at an event.

2. Stand up for your opinions and stick to them.
It can be a little harder to express opinions and stick to them when you know that others may disagree, but try to avoid being influenced by others' opinions just out of the desire to fit in. You may change your mind when someone presents a rational argument that makes you see things in a new light, but you shouldn't feel a need to change your mind just because you're afraid of what others may think. You will gain more respect for standing up for yourself than you will for not taking a stand.

3. Make requests and ask for favours
Most people find it hard to ask for help when they need it, but people don't always offer without being asked. As long as your requests are reasonable (for example, "Would you mind holding the door while I carry my

suitcase to the car?" as opposed to "Would you mind carrying my suitcase to the car while I hang out and watch TV?") most people are willing to help out. If your requests are reasonable (meaning, would you agree or respond kindly if someone asked the same of you?), do not feel bad about asking.

4. Refuse requests if they are unreasonable.
It is appropriate to turn down requests if they are unreasonable or if you do not have the time or resources. For example, if someone asks you to do something that makes you feel uncomfortable or you think is wrong, it is fine to simply say no ("I'm sorry but I don't feel right doing that" or "I'm sorry but I can't help you with that.") It's also fine to turn down someone if you feel overwhelmed. If you are concerned that you aren't being fair to others, ask if their favors are fair to you (would you ask the same of them? would you expect them to say yes every time?) You can always offer to help in the future or help in another way ("I'm sorry but I don't have time to help you with that today, but I could help you tomorrow" or "I won't write your report for you, but I'd be happy to talk to you about it and read it over when you're done.") As long as you don't turn down every request that comes your way, you shouldn't feel guilty.

5. Accept both compliments and feedback.
Accepting compliments seems easy, but people often make little of them because they are embarrassed ("Oh it was nothing" or "It's not a big deal".) But do not make less of your accomplishments. It is fine to simply say "thank you" when people give you compliments -- just don't chime in and begin complimenting yourself or you'll lose their admiration pretty quickly! ("You're right, I AM great!"). Similarly, be prepared to accept feedback from others that may not always be positive. While no one needs to accept unwarranted or insulting advice, if someone gives you helpful advice in the right context, try to accept it graciously and act upon it. Accepting feedback (and learning from it) will often earn you respect and future compliments.

6. Question rules or traditions that don't make sense or don't seem fair.

		Just because something 'has always been that way' does not mean it's fair. If you feel a tradition or rule is unfair to you or others, do not be afraid to speak up and question why that rule exists. Rather than break a rule or law, find out the reasoning behind it. If you still think it's wrong, talk to friends or co-workers, work with counselors and legislators, and see if there is a way to change it. While some rules are less flexible and should be respected, others may be open to debate (for example, why a public place doesn't have wheelchair access or your school computers aren't compatible with assistive technology). 7. Insist that your rights be respected. While you want to choose your battles carefully, you do have basic rights that you should feel comfortable standing up for. Some of these rights may be guaranteed you under law, such as your medical, employment, and educational rights. Other rights may involve basic courtesy - such as the right to be treated fairly, equally, and politely by friends, co-workers, and family. Being able to express what is truly felt or desired can have important consequences for the reproductive health of adolescents and young people. Being clear and assertive can increase self-respect and help resist peer pressure to engage in sex, drug use, etc. Adolescents and young people who are assertive can effectively negotiate safer sex to prevent unwanted pregnancy and STIs, including HIV, and resist unwanted sexual proposals. They are also more likely to identify and obtain services needed for pregnancy prevention, prenatal and postpartum care, and STI/HIV diagnosis, counseling and treatment. Behaving more assertively in sexual situations prevents: • Sexual exploitation/harassment/abuse. • Teenage pregnancy. • Succumbing to negative peer pressure. • Violation of one's rights. • Intimidation.	
Negotiation skills exercise	25 mins	**Negotiation Skills** **Facilitate** the group exercise: Great things and Bad things about Chocolate	Chocolate bars, Flipchart paper and markers, masking tape

Materials needed:

- Flipchart paper and markers
- One chocolate bar for each participant
- Masking Tape

Preparation required:

1. Write on the flipchart: 'Great things about chocolate' and 'Bad things about chocolate'
2. Have two flipchart papers ready, one with 'Strategies used' written on the top and one with 'What works' written on the top

Instructions:

1. Introduce the lesson by informing participants that they are going to participate in an activity around persuasion.
2. Tell the group that we need to begin by looking at two sides of an issue.
3. Do two quick brainstorms with the group on: 'Great things about chocolate' and 'Bad things about chocolate.' **(10 minutes)**
4. Have the participants split into groups of two.
5. Have each team decide which partner will play the parent and which will play the adolescent
6. Hand each participant a chocolate bar, instructing them NOT TO EAT IT YET and instructing them to treat their chocolate bar as if it is the BEST TREAT in the whole world to them.

Lesson:

7. Give the following instructions:
    - In this activity, it is your job to persuade your partner.
    - The 'parent' will go first.
    - It is the parent's task to try to convince the 'adolescent' not to eat the chocolate bar and also to hand the chocolate bar over and allow the 'parent' to keep it for him/her.
    - Remember, that chocolate bar is the BEST TREAT in the whole world.

		• Feel free to use information from the brainstorm list to help you in your per suasion. • You have 2 minutes to get the choco late bar from your child. 8. Allow the persuasion process to take place for 2 minutes, giving a warning when time is almost up. 9. When time is up, stop the process and do a quick check-in: • How many 'parents' got the chocolate from their 'adolescent'? • What actual words did you use and strategies did you try to get the chocolate? 10. Instruct the group that we will now reverse the process • 'Adolescents' will now try to talk their 'parents' into giving them their choco late bar. • You will have 2 minutes to try to persuade your 'parent'. 11. Allow the process to go for 2 minutes, giving a warning when time is almost up. 12. When time is up, do a quick check-in: • How many 'adolescents' got the choco late from their 'parent'? • What actual words did you use and strategies did you try to get the chocolate? 13. Let everyone share strategies they used in receiving the chocolate bars. **(10 minutes)**	
Negotiation skills	15 mins	**Present** the illustrated lecture Negotiation Skills **Introduction** Negotiation skills are necessary in every aspect of life. Whether dealing with sexual reproductive or any other challenging life circumstances. Negotiation is a dis-cussion aimed at reaching an agreement. Negotiation allows people to solve a problem or a conflict amicably. Young people are faced with different situations that put	Powerpoint presentation

them at risk. They need to be empowered with skills for negotiation so that they can get their needs met without feeling guilty, angry or intimidated.

Negotiation is a 'win-win' or 'no lose' process such that both sides should feel that they have gained, however small the gain may be. Negotiation skills, is a result of rational thinking based on informed choices and effective communication to get one's ideas/plans accepted by the other person.

Adolescents and young people need to negotiate with others for a healthy and happy life style and to overcome the strong influence of peer pressure for experimenting with drugs, alcohol and sex.

How to Negotiate Safer Sex

- Be assertive, not aggressive.
- Say clearly and nicely what you want (e.g. to use the condom from start to finish).
- Listen to what your partner is saying.
- Use reasons for safer sex that are about you, not your partner.
- Be positive.
- Turn negative objection into a positive statement.
- Never blame the other person for not wanting to be safe.
- Practice 'TALK':

Tell your partner that you understand what they are saying

Assert what you want in a positive way

List your reasons for wanting to be safe

Know the alternatives and what you are comfortable with

Tips Required For Negotiation

- Always use 'I' statement when negotiating.
- State your position firmly when negotiating.
- Shift ground but do not compromise your future.
- Shift ground as long as the other partner too is shifting ground.

		• Negotiation skill is necessary when being pressurized to have sex, take alcohol, cigarette, hard drugs or do whatever you do not want to do.	
Refusal skills	15 mins	**Refusal Skills** Refusal Skills are a set of skills designed to help young people avoid participating in high-risk behaviour. Refusal skills are those communication and behavior that tell someone that you do not want to do a particular thing-saying no and acting in ways to confirm this position. Young people, daily interact with peers because it is necessary for their psychological and social development. However, they often get subjected to influences as a result of such kind of association. They therefore need to be equipped with Skills to be able to refuse negative peer influences. **Tips for Refusal Skills** • Say 'no' and give no excuse • Say 'no' and suggest an alternative • Say 'no' and leave it at that • Use your body to signal 'no' e.g. stand back, hold up your hands, shake your head, etc. • Use your face to signal 'no' e.g make a face, frown, grimace, look disgusted with the idea, etc • Leave the environment, making it clear that you want nothing to do with the situation **STORY ON LIFE SKILLS: Sara and David** David was a married college graduate whose wife was studying abroad. He was a good family friend of a girl called Sara. Sara is poor but an attractive young woman who had just completed her high school. David would make jokes and sometimes he would hug her. Sara knew he was attracted to her. One afternoon, David met Sara on her way home and drove her back to town. He invited her for a drink and she accepted a soda at a restaurant. He said he would drive her home but instead he took her to a hotel. David insisted that she join him in the hotel room to eat supper but knowing his intentions, Sara refused. David	Powerpoint presentation

		took her hand and pulled her to go along with him. He told Sara he would beat her if she refused or started to scream. Scared, she went with him into the hotel room where he ordered supper. After a while David started to pull her on the bed. She wept, she begged him to let her go but she didn't want to scream very loudly because of David's threats. After more than one hour of struggling, she finally found the courage to threaten him. 'If you do anything to me, I will tell your wife and my family and you will be put in prison for rape.' David was so angry he pushed her out of the room. **Lessons learnt** • Sara was able to decide not to have sex (Decision-Making Skills). • She was able to maintain her decision to say no to David's demands (Assertiveness Skill). • She did not fully assess and foresee the possible dangers of driving alone with David even though she knew he was attracted to her (Critical Thinking). • Like many young women, Sara was threatened with violence if she expressed herself in front of other people. Because of that fear, she had to go into the hotel room and risk being raped (Communication). • In the end, Sara successfully resisted David. (Self-Esteem/Awareness).	
Summary	3 mins	**Summarise** by stating the following: Assertiveness refers to the ability or competence to express one's feelings, needs or desires openly and directly but in a respectful manner. While negotiation is the ability to reach a compromising decision between two people usually a 'win-win' situation. There is need to be assertive when negotiating for your health and sexual activity. Leadership and communication skills are important skills to peer educators. Effective communication is essential for adolescents and young people to maintain a healthy sexual and reproductive health life.	Powerpoint presentation
Questions	5 mins	**Ask** participants whether they have any questions or comments and respond appropriately.	Discussion

Session 4: Leadership and Communication

Duration

50 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Explain the term leadership and effective communication.
2. State at least four leadership skills.
3. List the different modes of communication.

Training/Learning Methods

- Illustrated lecture
- Discussion
- Group exercise

Training/Learning Materials Required

- Powerpoint presentation
- Flipchart paper and markers

Equipment needed

- Computer and projector
- Flipchart stand

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture
- Facilitate the group and individual exercises

Work for Facilitator to Prepare in Advance

- Review the powerpoint presentation and information in this manual
- Set up computer and projector
- Prepare required supplies like flipchart paper, markers and masking tape

Topic	Time	Activities and Content	Materials
Introduction	2 mins	**Share** the objectives of the session	Powerpoint presentation
Leadership	10 mins	**Leadership** Leadership is a process of social influence that maximizes the efforts of others towards the achievement of a goal. **Leadership skills** **Integrity** Integrity means honesty and high moral principles. It refers to having strong internal guiding principles that one does not compromise. It means treating others as you would wish to be treated. Integrity promotes trust, and is an important example of an essential leadership quality. **Vision/strategy** A leader must have a clear idea of where his or her organization and unit are going beyond the present situation and should communicate this to others. **Communication** Communication in the context of leadership refers to both interpersonal communications between the leader and followers and the overall flow of needed information throughout the organization. Leaders need to learn to be proficient in both the communication that informs and looks out for information (gives them a voice) and the communication that connects interpersonally with others. **Relationships** Relationships develop from good interpersonal and group communication. **Persuasion** The ability to influence others and cause them to move in a particular direction is a highly important skill in leadership. In fact, leadership is often defined as the ability to persuade or influence others to do something they might not have done without the leader‘s persuasion.	Powerpoint presentation

		Adaptability The leader must move easily from one set of circumstances (the plan) to the next if the plan is not going as expected and take them all in stride, even when the circumstances are unexpected. The good leader has to embrace change and see it as opportunity. **Teamwork** (Facilitator should explain the concept of volunteerism and selfless service). No one person can do it all. A leader must know how to build and nurture a team. A good leader knows when to be a leader and when to be a follower. The good leader is a good follower when necessary. **Coaching and Development** Developing others is an important role for a leader. Encouraging others to expand their capabilities and take on additional assignments is part of the leader's responsibility. Leaders who feel threatened by the capabilities of others are challenged in this area. Coaching and development are essential skills all leaders must cultivate. **Decision-making** A leader must be able to read through information, comprehend what's relevant, make a well- considered decision, and take action based on that decision. Making decisions too quickly or too slowly will hinder your leadership effectiveness. **Planning** Planning involves making certain assumptions about the future and taking actions in the present to positively influence that future.	
Communication	30 mins	**Communication** Effective communication is the ability to express ones views, thoughts and feelings, both verbally and non- verbally, interact with other people in any given circumstances in ways that are culturally acceptable. Communication can be verbal or nonverbal. Verbal communication involves the use of words while non-verbal communication involves the use of pictures, gestures	Powerpoint presentation Flipchart, markers

and body languages. There are various channels of communication including speaking, writing (print and electronic), photography, broadcasting (radio and television), digital (including social media), and advertising.

Effective communication involves active listening, effective use of verbal and body language, observation, and respect for others' feelings. Good communication can go a long way in improving relationships and minimizing possibilities of conflict.

Exercise: Oh John!

Aim

To enable participants realize the power of expressions in communication

Instructions

1. Get seven participants to role-play the following exercise.
2. They should express the following feelings when they shout 'Oh John!': anger, happiness, love, surprise, compassion, fear and scolding.
3. Then ask the rest of the group to identify what kind of feeling was expressed by each person. Also, use the discussion questions listed below.

Steps

- Write out the phrase 'Oh John!' on the flipchart.
- Select or ask for seven volunteers to do the exercise.
- Allocate the following expressions to the volunteers without the rest of the group present (anger, happiness, surprise, fear, love, compassion and scolding).
- Give the volunteers time to think about the emotion/state of mind they have been allocated.
- Now let the volunteers say (one by one) 'Oh John!' in a manner that suggests their feelings/emotions to the rest of the group.

Discussion points

- What have you learned about communication from this exercise?

- Was the statement not the same? Did they convey the same meaning? Why? Why not?
- Words can convey different messages depending on how they are said/conveyed.

Effective communication includes the ability to:

- communicate ideas skillfully and be able to persuade but not bully a partner.
- use the appropriate tone of voice in expressing anger, sadness, happiness, nervousness, respect, shame and understanding.
- use the appropriate verbal and non-verbal language in asking for and presenting information, influencing and persuading.
- use non-verbal methods during negotiations by sustaining eye contact and using appropriate facial expressions.
- use verbal hints to communicate e.g. 'Yes', 'I see', etc.
- demonstrate active listening and to communicate empathy, understanding and interest.
- use body language and facial expressions that inspire trust and friendliness.
- provide facts and raise awareness.

Communication Methods

	Passive Communication	**Aggressive Communication**	**Assertive Communication**
Characteristics	• Take no action to assert yourself. •Put others first at your expense. • Talk quietly. • Give in to what others want. • Remain silent when something bothers you. • Apologise excessively. •Make others feel guilty. • Blame others and be a victim.	• Stand up for your • own rights with no regard for the other person. • Put yourself first at the expense of others. • Overpower others. • Be rude and disrespectful.	•Stand up for yourself without putting down the rights of others. •Respect yourself as well as the other person. •Listen and talk. •Keep focused on what your position is and are not distracted by other arguments.

			•Feel regret.		•Express negative and positive feelings. ·Confident but not pushy. ·Seek a compromise without compromising your health, safety or values.	
		Outcomes	•You do not get what you want. •Anger builds up. •You feel lonely. •Your rights are violated.	•You dominate people. •You humiliate people. •You win at the expense of others.	•You do not hurt others. •You gain self-respect. •Your rights and the rights of others are respected and everybody wins.	
Summary	3 mins	**Summarise** by stating the following: Leadership and communication skills are important skills to peer educators. Effective communication is essential for adolescents and young people to maintain a healthy sexual and reproductive life.				Powerpoint presentation
Questions	5 mins	**Ask** participants whether they have any questions or comments and respond appropriately.				Discussion

Module 3: Overview of SRHR, SGBV and Harmful Practices

Goal

This module aims to provide participants with background knowledge on SRHR, SGBV/VAWG, and two common harmful practices in Nigeria (child marriage and FGM), as well as the relationship between these issues and measures that can be taken to prevent them.

Sessions

Session 1: Overview of SRHR including the reproductive system – 35 minutes

Session 2: SGBV/VAWG – 100 minutes

Session 3: Harmful practices - Child marriage – 45 minutes

Session 4: Harmful Tradition Practice - FGM – 45 minutes

Session 5: SGBV/VAWG, child marriage, and FGM Relationships, Trends and Prevention – 75 minutes

Session 1: Overview of SRHR including the Reproductive System

Duration

35 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Define SRHR.
2. Explain what is required for good SRH.
3. Describe the reproductive system in women.
4. Describe the reproductive system in men.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector

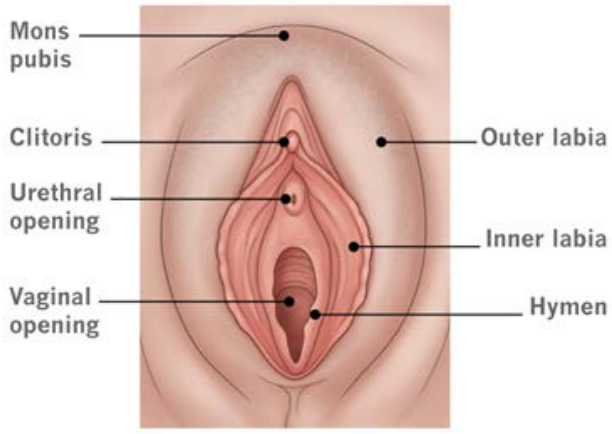
Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review the powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	2 mins	**Share** the objectives of the session	Powerpoint presentation
What is SRHR?	8 mins	**Present** the illustrated lecture **What is Sexual and Reproductive Health and Rights (SRHR)?** Sexual and reproductive health (SRH) is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. Sexual and reproductive rights (SRR) refer to the right of people to enjoy good sexual and reproductive health without coercion, discrimination or violence. **What is required for good SRH?** In order to enjoy good SRH, the following are needed: • Healthy body (reproductive organs) free from disease and injury. It is important to know about the normal reproductive system and to prevent them from disease and injury. SGBV/VAWG and some harmful practices like child marriage and FGM can have negative effects on the health of the reproductive organs. • Ability to prevent pregnancy (contraception) when pregnancy is not desired. • Ability to get pregnant (including infertility treatment) when pregnancy is desired and having a safe pregnancy and delivery resulting in a healthy mother and baby (antenatal care, delivery care and postnatal care). • Freedom for individuals to make their own choices regarding their SRH (SRR). This freedom is taken away from women and girls who are subjected to SGBV, child marriage and FGM and they may wish to seek justice. SGBV/VAWG, child marriage, and FGM are violations of human and sexual right and their complications may severely affect the lives of survivors and prevent them from	Powerpoint presentation

		achieving their full potential as valuable members of the society. In addition, treatment for these problems are an economic burden for the survivors, their families, and the country at large because of the costs of treatment, and the time spent away from working and earning money.	
The female reproductive system	15 mins	The Reproductive System The reproductive system in both women and men comprise of the internal organs and the external organs (genitals) that are required for sexual intercourse and reproduction. This training will focus more on the female reproductive system because it focuses on women and girls. The Female Reproductive System  Figure 1: The female outer reproductive organs (source: brook.org.uk) The outer female reproductive organs are shown in figure 1 above and they include: • **The outer lips (labia majora):** These are two folds of skin that protect the clitoris, urethra and the vagina. • **The inner lips (labia minora):** These are two folds that are placed under the outer lips. They are thinner than the outer lips and more sensitive. The inner lips closely protect the clitoris, urethra and the vagina. • **The mons pubis:** This is the fatty area above the clitoris that bears hair. It covers the bone and protects it during sexual intercourse.	Powerpoint presentation

- **The clitoris:** This is the small bump above the urethral opening which is most sensitive part of the female outer reproductive organs. It is the centre of sexual sensation for the female.
- **The urethral opening:** The urethra is the passageway for urine to leave the body and the opening lies just under the clitoris.
- **The vaginal opening:** The opening of the vagina which is located directly under the urethra. At the orifice of the vagina is the hymen, which is a thin delicate skin that may stretch or tear during first sexual intercourse. The vagina links the uterus to the outside of the body.

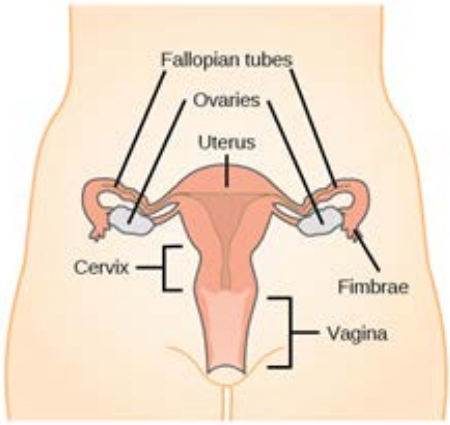


Figure 2: The female inner reproductive organs (source: khanacademy.org)

The inner female reproductive organs are shown in figure 2 above and they include:

- **The vagina:** It is a tube with an opening above the anus. It is behind the urinary bladder and the urethra through which urine is discharged from the body. It is in front of the rectum though which faeces is passed out of the body. The upper end is inside the woman's body and opens into the neck of the womb (cervix). It is the passage through which menstrual blood is discharged. The male penis is inserted into it during sexual intercourse. The vagina is also the passage through which a baby is delivered.
- **The cervix (neck of the womb):** It is a short muscular area that links the vagina to the uterus and it produces mucus that changes

the environment of the vagina. During delivery it opens widely to expel the baby into the vagina, from where it is fully delivered.

- **The uterus (womb):** It is a muscular organ with an empty space in the middle and it is connected to a fallopian tube on each side of the upper part. From the inner lining of the uterus (the endometrium), monthly bleeding known as menstruation occurs. During pregnancy, the baby grows in the uterus.
- **The fallopian tubes:** On each side of the upper part of the womb opens the fallopian tube which is a soft tube whose other end opens close to the ovary. When the ovary produces eggs, these eggs pass through the fallopian tubes where they unite with the sperm cells (fertilization) that are deposited in the vagina during sexual intercourse. The fertilized egg enters the uterus where it develops into the baby.
- **The ovaries:** There are two ovaries in a female, each one near the opening of the fallopian tube. The ovaries mature during puberty and begin to release eggs monthly (ovulation). They also produce chemical messengers (hormones).

Care of the external female reproductive organs

- Use soap and water to wash the external genitalia every day, especially during menstruation.
- Use either a disposable pad made of cotton, which has a nylon base, or a clean piece of cotton cloth to absorb blood during menstruation.
- Properly dispose of the pad after each use. Or, if a piece of cloth is used, wash and dry (in the sun) before re-use.
- Wash only the external genitalia. Do not try to clean the inside part of the vagina.
- While washing, wash starting from the vagina towards the anus. Do not wash from the anus towards the vagina. This will allow germs to enter the inner genitalia easily and cause

infection.

- Be aware of abnormal fluids from your vagina. Do not confuse this with normal vaginal fluids.
- If you see any changes in the vaginal fluid – a change in colour or odour, please visit a health professional.

The Breast

The breasts are specialized organs of the female body that contain mammary glands, milk ducts, and fat. The two breasts are located on the left and right sides of the chest. The main external feature of the breast is the nipple and the dark skin around it, called the areola. A hormone called estrogen causes the tissues and glands in the breasts to grow so that when a woman becomes pregnant, she is able to produce and store milk. Often, both breasts swell slightly during the menstrual period. In many women, one breast is larger than the other.

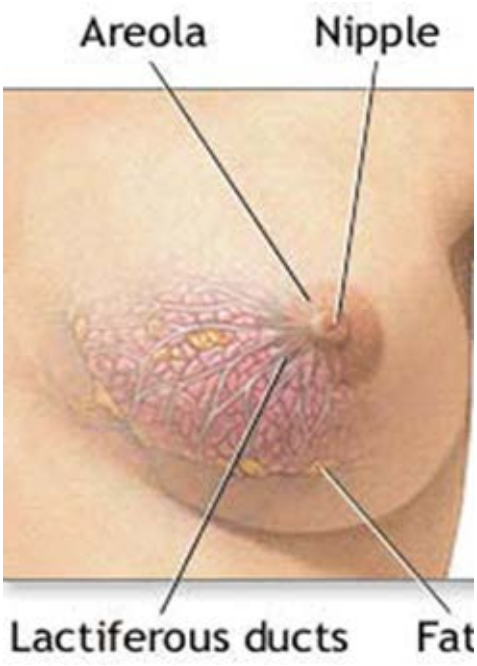


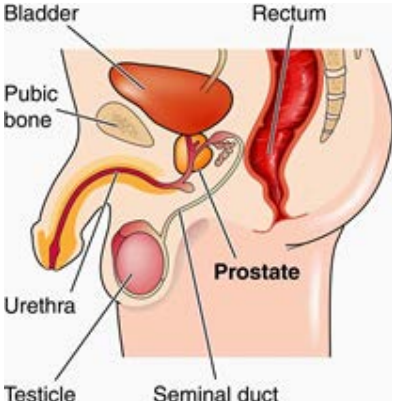
Figure 3: The breast (source: National Training Manual on Peer to Peer Youth Health Education, Nigeria 2013)

Menstruation and pregnancy

When a girl reaches the age when sexual maturity (puberty) begins, changes take place in her body (hormones) that enable the monthly release of eggs from her ovaries, in addition to changes in other parts of the body e.g. the breasts. These changes also lead to

a monthly thickening of the inner lining of the womb in preparation for a possible pregnancy after an egg is released.

- If pregnancy does not occur, the thickened inner lining of the womb dies off and comes out as menstrual blood and the whole cycle is repeated the following month.
- Menstruation can last 2 – 8 days but in most women and girls it lasts 3 – 5 days. Sometimes the duration of menstruation may change.
- 1st day of menstrual bleeding is 1st day of each cycle
- Cycle length is the interval between 1st day of one cycle and 1st day of next cycle (The time between the beginning of menstrual flow to the beginning of the next menstrual flow)
- Cycle length can range from 21 – 35 days but in most women and girls it is 28 – 30 days. This pattern may take place every month (regular) or it may change from one month to the other (irregular).
- The age at first menstruation (menarche) is usually 8 – 16 years though most girls start menstruating between 11 and 13 years of age.
- The age when menstruation stops (menopause) is usually 45 – 55 years though most women stop menstruating between 48 and 52 years of age.
- Release of eggs from the ovaries may not occur every month especially in very young girls who recently started menstruating and in older women who are close to stopping menstruation. This may result in irregular bleeding pattern for the first few years (up to 5 years) after a girl starts menstruating. It may also result in irregular bleeding patterns in older women who are close to the point when menstruation stops (menopause).
- Many women and girls have some lower abdominal pain (menstrual pain) at the beginning of menstrual flow (the first 1 or 2 days).

		• Menstrual flow is usually heavier in the first 1 – 3 days of menstruation then it becomes lighter. Very heavy menstrual flow with thick lumps of blood (clots) may be due to a health problem and women who have this need to be checked by a health worker. • A woman or girl who has menstrual patterns that are not within the normal limits stated above should seek advice from a health worker to be sure that there is no health problem. **Pregnancy** • If sexual intercourse occurs and a sperm fertilizes the egg, then pregnancy results. • The fertilized egg attaches to the thickened inner lining of the womb and grows into the baby. • The release of the egg usually takes place before the beginning of menstrual bleeding which is why a girl can get pregnant before she has her first menstrual period. It is also the reason why a woman can get pregnant before she starts menstruating again following the delivery of a baby.	
The male reproductive system	6 mins	**The Male Reproductive System**  Figure 4: The male reproductive organs (source: pinterest.com) The male reproductive organs are shown in figure 3 above and they include: • **The penis:** The penis is a soft and spongy tissue that lies in front of the scrotum. During erection, the penis gets hard and stiff as	Powerpoint presentation

the spongy tissue fills with blood. Erections occur when a man or boy feels sexually excited. The penis is inserted into the vagina during sexual intercourse.

- **The urethra:** This is the tube that runs through the penis and opens to the outside. It is the passage through which urine is discharged from the body and also the passage through which semen is discharged during sexual inter course.
- **The scrotum:** This is a thin walled soft bag that is covered with wrinkled skin that keeps the testicles at just the right temperature for sperm production. In order to maintain the right temperature the scrotum sometimes tightens up and pulls the testicles close to the body. At other times the scrotum gets loose and the testicles hang down lower. For most men, one testicle hangs lower than the other.
- **The testes (or testicles):** These are two firm, smooth and egg-shaped organs located in each chamber of the scrotum. They produce sperms that are responsible for fertilizing the female egg before pregnancy can occur. They also produce chemical messengers (hormones).
- **The seminal duct (sperm duct):** This is a narrow tube leading from each testicle. The seminal ducts from the two sides join together with the tube from the urinary bladder to form the urethra. The seminal ducts store mature sperms and also carry the sperms from the testicles to the urethra.
- **The prostate gland:** This is an organ located be low the bladder that surrounds the urethra. It produces the fluid that helps the sperm to move (semen) when a man or boy releases during sexual intercourse (ejaculation).

Boys begin the development of sexual maturity at the age of 9 – 14 years but most will start at about 11 – 12 years. During this time the penis and the scrotum grow bigger and production of sperms begins.

		Wet Dreams Wet dreams, also known as nocturnal emissions, are a common experience for many boys. During puberty, penis and testes will continue to enlarge and lengthen, and boys begin to experience erections (this is when the penis is filled with blood and hardens). Sometimes an erection can be followed by an ejaculation, where semen (a white, sticky fluid containing sperm) flows out through the penis. This can also happen when a boy is asleep, and is known as "wet dreams". Because of the release of semen, his underwear or bed may be a little wet when he wakes up. However, wet dreams lessen with time. A wet dream may occur after an exciting or sexy dream, or it can happen for no reason at all. It is the body's way of keeping the reproductive organs in good working condition. **Care of the male reproductive organs** • Wash the external genitalia at least daily with soap and water, as you wash the rest of the body. • Boys who are not circumcised need to pull back the foreskin and gently wash underneath it with clean water. • Be aware of any abnormal fluids coming from your penis. Do not confuse this with the presence of normal fluids. • If you see any abnormal fluid or wound, please visit a health professional.	
Summary	2 mins	Summarise by stating the following • Freedom of choice in SRH issues is SRR • A healthy reproductive system is necessary for good SRH • Ability to prevent pregnancy or to get pregnant when desired is required for good SRHR • SGBV/VAWG, child marriage and FGM are a violation of SRR • Complications of SGBV/VAWG, child marriage and FGM may affect SRH negatively	Powerpoint presentation
Questions and answers	2 mins	Ask participants whether they have any questions or comments and provide appropriate responses	Discussion

Session 2: Sexual and Gender Based Violence (SGBV)/Violence Against Women and Girls (VAWG)

Duration

100 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Discuss the difference between sex and gender.
2. Explain what SGBV/VAWG means and why it occurs.
3. Describe how common SGBV/VAWG is in Nigeria.
4. List the possible effects of SGBV/VAWG on survivors.

Training/Learning Methods

- Illustrated lecture
- Brainstorming
- Discussion
- Group exercise

Training/Learning Materials Required

- Powerpoint presentation
- Group exercise

Equipment needed

- Computer and projector
- Flipchart paper and markers

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture
- Facilitate the group exercise

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	1 min	**Share** the objectives of the session	Powerpoint presentation
Definition of terms	15 mins	**Present** the illustrated lecture **Definitions** Gender refers to the social characteristics assigned to men and women and it is based on various factors in that locality such as age, religion, ethnic group, nationality, culture, and social status. It includes how men and women are expected to behave and to react to issues, as well as their roles, responsibilities, constraints, opportunities and privileges (gender norms/stereotypes). **Sex** refers to the biological characteristics of men and women that they are born with. **Ask** participants which of the following statement refers to sex and which refers to gender Examples of sex and gender are in the statements below: • A man can get a woman pregnant **Sex** • Women can give birth but men cannot **Sex** • Men should not wear earrings **Gender** • Women should have long hair and men should have short hair **Gender** • Women can cook well but men cannot **Gender** • A boy's voice changes at puberty **Sex** **Gender based violence (GBV)** is any act of violence that is directed against a person or group of persons because of their gender, or violence that affects one gender much more than the other gender (disproportionately). Most GBV survivors are women and girls but men and boys can also be affected. GBV includes sexual violence and other forms of violence. **Gender equality –** equality between men and women exists when both sex are able to share equally in the distribution of power and influence. **Gender equity –** gender equity is the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level	Powerpoint presentation

playing field. Equity leads to equality.

Sexual violence includes abusive sexual contact, making a woman or girl engage in a sexual act without her consent, and attempted or completed sexual acts with a woman or girl who is ill, disabled, under pressure or under the influence of alcohol, drugs or other harmful substances. Rape is a form of sexual violence.

Violence is the intentional use of physical force or psychological power (actual or threatened) to cause injury, deprivation or suffering to the body (physical) or mind (psychological), or to cause poor development or death.

Violence against women and girls (VAWG) refers to any act of gender-based violence that results in, or is likely to result in, harm or suffering to the bodies (physical and sexual) and minds (psychological) of women and girls. VAWG includes threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. VAWG may be carried out by sexual partners (intimate) or others that have no sexual relationship with the survivor.

Other related terms

Abuse any action that intentionally harms or injures another person. It may be physical, sexual, emotional, or psychological. Also refers to inappropriate use of any substance e.g. alcohol, drugs, etc.

Coercion is forcing, or attempting to force, another person to act against their will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.

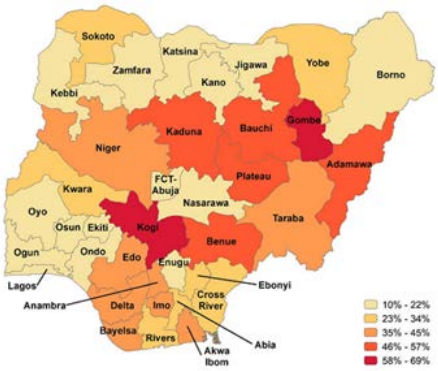
Consent refers to making an informed choice to do something freely and voluntarily. There is no consent when agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. Similarly, there is no consent when agreement is obtained from a child below the age of consent (18 years in Nigeria).

Intimate partner violence refers to a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner (e.g. a husband or partner), without her consent. This is the most common form of violence

		experienced by women around the world. Although it is more common among women and girls, men can also experience intimate partner violence. Non-partner sexual violence refers to sexual violence by someone who is not an intimate partner, such as, a relative, friend, acquaintance, neighbor, work colleague or stranger. It includes being forced to perform any unwanted sexual act, sexual harassment and violence carried out against women and girls commonly by an offender known to them, including in public spaces, at school, in the workplace and in the community. Perpetrator is a person, group, or institution that directly inflicts, supports and overlooks violence or other abuse against a person or a group of persons. Power is the ability to make decisions. It is also the ability to direct or influence the behaviour of others. Rape is penetration (however slight) of the vagina, anus or mouth with a penis, other body part or any other object without the consent of the person involved. Survivors refers to the women and girls who have experienced or are experiencing any form of violence. Men and boys may also be survivors of violence.	
SGBV/VAWG cause and risk factors	10 min	Why Does SGBV/VAWG Occur? SGBV/VAWG results from the desire of the perpetrator to control the other person and it can occur anywhere and at anytime – home, school, work, street, entertainment places, online, etc. It can be a way to force people to conform to certain gender norms that demand a woman's status to be lower than that of a man. Risk factors for SGBV/VAWG include poverty, low socio-economic status among women (e.g. child marriage survivors), patriarchy, disabilities, stress (e.g. loss of income during a pandemic or lockdown, conflict), displacement (e.g. internally displaced persons in north east), drug abuse, and mental illness in the man or woman. Children who witness SGBV/VAWG in their homes are also more likely to tolerate or perpetrate SGBV/VAWG when they grow up. In addition, lack of punishment for perpetrators also increases the risk of SGBV/VAWG as there is no deterrent. There are many myths about SGBV/VAWG including: • Physical abuse is more serious than emotional abuse. • Abuse of alcohol or other drugs is the cause of	Powerpoint presentation

		SGBV/VAWG. • Online abuse is not a serious issue. • SGBV/VAWG is provoked by the survivor through her dressing or behaviour. • Women and girls who do not report SGBV/ VAWG must be enjoying it. • SGBV/VAWG is a demonstration of love by a possessive partner. SGBV/VAWG Warning Signs Some behaviours may be warning signs that GBV may occur in any kind of relationship (intimate or non-intimate) and some examples of these include: • Bad temper, aggressive behaviour or speech • Extreme jealousy or possessiveness • False accusations of partner being unfaithful • Extremely controlling behaviour (movements, dressing, phone/communication, money, etc) • Humiliating or demeaning actions (in public or in private) • Contempt for others (family members, co-workers, etc) • Family history of violence • Making sexually offensive comments or offensive sexually suggestive behaviour • Unwelcome touching • Threats of physical force/violence Note: not all cases will have obvious warning signs like these	
Examples of SGBV/ VAWG	5 mins	Ask participants to give examples of SGBV/VAWG Examples of SGBV/VAWG include: Physical: slapping, kicking, beating, pulling of hair, pushing, choking, throwing things, physical punishment, denying her food. Sexual: rape, attempted rape, forced prostitution, incest, sexual harassment (unwelcome verbal or physical sexual advances or requests for sexual favours). Psychological: insults, bullying, public or private humiliation/shaming, isolation from others, verbal aggression, threats, intimidation, control, emotional manipulation. Economic: forcing her to beg for money, spending her money without her consent, preventing her from work-	Powerpoint presentation

		ing or advancing her career, denying her money, using physical force or threats to take her money, threatening to send her away without financial support.	
SGBV/ VAWG in Nigeria	10 mins	How Common is SGBV/VAWG in Nigeria? Based on data from the Nigeria Demographic and Health Survey (NDHS) 2018, among women and girls aged 15-49 years: • 31% have experienced physical violence (31 out of every 100 Nigerian women and girls). • 9% have experienced sexual violence (9 out of every 100 Nigerian women and girls). • 6% of women have experienced physical violence during pregnancy (6 out of every 100 Nigerian women and girls). • Among those women and girls who had ever experienced sexual violence, 4% had the experience before the age of 18 years (4 out of every 100 women and girls). In addition: • 36% of women who had ever married have experienced spousal physical, sexual, or emotional violence (36 out of every 100 Nigerian women and girls who had ever married). • Among these women who had experienced spousal violence, 29% reported that they sustained injuries (29 out of every 100). • The injuries include cuts, bruises or aches (26% i.e., 26 out of every 100), and deep wounds, broken bones, broken teeth, or other serious injuries (9% i.e., 9 out of every 100). • The experience of spousal violence is different in different states of the country as shown in figure 4 below.	Powerpoint presentation

		 Figure 5: Percentage of ever-married women aged 15 to 49 years who experienced spousal physical, sexual, or emotional violence in the 12 months preceding the NDHS 2018 (source: NDHS 2018) More than half of women (55% i.e., 55 out of every 100) who have experienced physical or sexual violence have never sought help to stop the violence while only 32% (32 out of every 100) have sought help. The most common sources of help were the women's own families (73% i.e, 73 out of every 100) and the male partner's families (26% i.e., 26 out of every 100). Only 1% (1 out of every 100) of such women sought help from medical personnel, the police or lawyers while 4% (4 out of every 100) sought help from a religious leader and very few (less than 0.1% i.e, 1 out of every 1,000) sought help from social work organisations. Family networks and local community structures are preferred for reporting and addressing SGBV as they are accessible, have a better understanding of the local issues and practices, and are less associated with stigma or shame.	
Effects of SGBV/ VAWG	5 mins	What are the Possible Effects of SGBV/VAWG? SGBV/VAWG can result in various complications that affect the SRH of women and girls including: • Complications that occur immediately, some of which may be life-threatening like bleeding, fainting (shock), infection (including tetanus), severe pain. • Unwanted pregnancies resulting from SGBV can lead to unsafe abortions that may be life-threatening or result in long lasting challenges like infertility or mental health problems.	Powerpoint presentation

		• Complications that remain for a long time such as long-term infections like HIV, hepatitis B (can result in liver cancer), human papilloma virus (HPV – this may result in cancer of the cervix i.e., the neck of the womb). • Mental or psychological complications like anxiety/fear, inability to sleep, risk taking behaviour like drug abuse, eating disorders, lack of self-confidence, fear of intimacy/sexual intercourse, inability to have sexual intercourse (vaginismus), depression. For young people the psychological stress may result in poor performance at school due to inability to concentrate. These problems may start immediately after the SGBV/VAWG incident and continue for many months or years. SGBV/VAWG can also result in disruption of education, work or social life due to severe mental stress or due to pregnancy.	
What actions can be taken by SGBV/ VAWG survivors?	5 mins	What to do if you experience SGBV/VWAG First get to a safe place away from the attacker. You may be scared, angry and confused, but remember the abuse was in no way your fault. You can take any or all of the following actions: • Contact Someone You Trust. Many people feel fear, guilt, anger, shame and/or shock after they have been sexually assaulted. Having someone there to support you as you deal with these emotions can make a big difference. It may be helpful to speak with a friend, family member, counsellor, someone at an SGBV hotline, a peer educator/advocate or a support group. Get more tips for building a support system. • Report What Happened to the Police. If you do decide to report what happened, you will have a stronger case if you do not alter or destroy any evidence. This means don‘t shower, wash your hair or body, comb your hair or change your clothes, even if that is hard to do. If you are nervous about going to the police station, it	Powerpoint presentation

		may help to bring a friend with you. There may also be sexual assault advocates in your area who can assist you and answer your questions. • Go to health facility. It is very important for you to seek health care as soon as you can after being assaulted. You will be treated for any injuries and/or offered medications to help prevent pregnancy and STIs. Remember there is always help. For more information or to find out about available resources in your area, chat with a peer educator/advocate.	
Summary	4 mins	Summarise by asking participants the following questions • What does SGBV/VAWG mean? • List 3 immediate effects of SGBV/VAWG • List 3 long-term effects of SGBV/VAWG	Powerpoint presentation
Group exercise	45 mins	• Divide the participants into 4 – 6 groups . • Each group should select a leader and a secretary and decide who will present their work using flipcharts or powerpoint. Task: • Identify 3 gender expectations for women and 3 gender expectations for men in their community. • Explain what happens if women or men do not follow these gender expectations. Duration: 15 minutes for discussion, 5 minutes for presentation by each group.	Flipchart paper and markers
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses	Discussion

Session 3: Harmful Practices – Child Marriage

Duration

45 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Explain what child marriage means.
2. Describe how common child marriage is in Nigeria.
3. List the possible effects of child marriage on survivors.
4. Describe fistula and how it affects survivors.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	3 mins	Share the session objectives Ask participants to define child marriage in their own words	Powerpoint presentation
Define child marriage	5 mins	Present the illustrated lecture Harmful practices are practices that are usually carried out based on some traditional beliefs, cultures or other reasons, and result in negative effects (physical, psychological or social) on the survivors/individuals. Some examples of these in Nigeria include female genital mutilation (FGM), child marriage, and forced marriage. What is Child Marriage? Child marriage refers to formal marriage or informal union of an individual under the age of legal consent which is 18 years in Nigeria. Child marriage is also forced marriage in many cases, however, the data on forced marriage in Nigeria is not readily available. Forced marriage is arranged marriage against the survivor's/individual's wishes and that may result in violent and/or abusive consequences if he/she refuses to comply. The term child, early and forced marriage is used to highlight the fact that child marriage occurs too early in terms of the physical and mental development of the child, and the fact that usually they are forced marriages. For the purpose of simplicity in this manual, the term child marriage is used to denote child, early and forced marriage.	Powerpoint presentation
Child marriage in Nigeria	10 mins	How Common is Child Marriage in Nigeria? Child marriage is common in Nigeria, particularly in the northern part of the country. The NDHS 2018 data shows that among women aged 25 to 49 years, the median age at first marriage is: • National: 19.1 years • North West: 15.8 years • North East: 16.6 years • North Central: 19.0 years	Powerpoint presentation

- South South: 22.5 years
- South West: 23.3 years
- South East: 23.6 years

Education helps to delay the age at first marriage (among women aged 25 to 49 years) – those who had no education got married earlier (15.9 years) than those who had primary (18.2 years) or secondary education (21.9 years). Similarly, girls living in rural areas got married earlier (17.2 years) than those living in urban areas (21.6 years).

The NDHS 2018 data also shows that the percentage of girls aged 15 to 19 years that had commenced childbearing is:

- National: 18.7% (19 out of every 100 girls)
- North West: 28.5% (29 out of every 100 girls)
- North East: 24.5% (25 out of every 100 girls)
- North Central: 16.3% (16 out of every 100 girls)
- South South: 10.6% (11 out of every 100 girls)
- South East: 8.8% (9 out of every 100 girls)
- South West: 5.5% (6 out of every 100 girls)

The percentage of girls aged 15 to 19 years that have started childbearing the different states is shown in figure below.

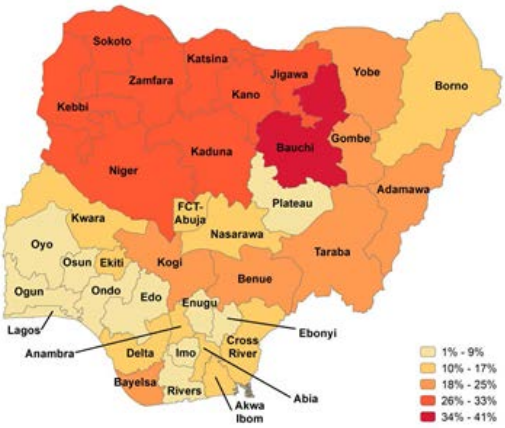


Figure 6: Percentage of girls aged 15 to 19 years who have started childbearing in Nigerian states (source: NDHS 2018)

Education and place of residence also play a role as shown in the data below:

- No education: 43.7% (44 out of every 100 girls)
- Primary education: 23.2% (23 out of every 100 girls)

		• Secondary education: 8.2% (8 out of every 100 girls) • More than secondary education: 0.8% (8 out of every 1,000 girls) • Rural: 27.2% (27 out of every 100 girls) • Urban 8.4% (8 out of every 100 girls)	
Effects of child marriage	20 mins	What are the Possible Effects of Child Marriage? Child marriage leads to early sexual intercourse before the body and mind of the girl is mature and this can result in: • Genital tract injuries due to sexual intercourse with an immature girl (tears resulting in bleeding, infection, shock, fear and anxiety, etc). • Risk of HIV and other sexually transmitted infections (STIs) like hepatitis B and HPV. • Risk of miscarriage. • Pregnancy in young girls which can be complicated by insufficient blood (anaemia), high blood pressure and convulsions (pre-eclampsia and eclampsia), low birth weight of the baby, difficulty during delivery leading to leakage of urine, faeces or both (fistula), severely stressed baby, death of the baby. • Poor knowledge of sexual and reproductive health resulting in low usage of family planning to space births which leads to numerous deliveries and their negative effects on the health of the woman (e.g. severe bleeding after delivery, abnormal position of the baby, etc). It also results in low uptake of antenatal, delivery and postnatal services. In addition to the SRH problems that may arise, child marriage often results in disruption/discontinuation of education leading to: • Lack of socio-economic empowerment – unable to earn an income and take care of her basic needs. • Lack of power to make decisions regarding her own health e.g. to space deliveries using contraceptives. • Increased likelihood of also getting their daughters married very early.	Powerpoint presentation

- Increased likelihood of having their daughters subjected to FGM.
- Increased likelihood of experiencing SGBV/ VAWG.

Fistula

A fistula is an abnormal opening between structures in the body that are close to each other and in the case of women and girls, the common types are vesico-vaginal fistula (VVF) which connects the bladder and the vagina and recto-vaginal fistula (RVF) which connects the rectum and the vagina. This results in continuous leakage of urine or faeces or both through the vagina, that leads to physical, emotional, psychological and socio-economic suffering.

Fistula is a common effect of child marriage in Nigeria with about:

- 12,000 new cases occurring every year in addition to
- about 150,000 untreated cases that have not yet been treated.

Most of the fistula cases (95% i.e., 95 out of every 100 fistula cases) in the country result from excessively long labour with inability or difficulty in delivering the baby naturally – this type is called obstetric fistula. In most cases, the baby is not born alive due to the excessive stress. Fistula can also result from extensive damage to the body tissues as a result of FGM.

Fistula occurs in all parts of the country but is more common in the north where child marriage is common and where these married girls get pregnant and deliver without good quality care during pregnancy or delivery as shown by the following data. The percentage of pregnant women who deliver with well trained personnel (skilled birth attendants i.e., midwives, nurses, and doctors) is as follows:

- National: 43% (43 out of every 100 pregnant women)
- North West: 18.2% (18 out of every 100 pregnant women)
- North East: 24.8% (25 out of every 100 pregnant women)
- North Central: 51% (51 out of every 100 pregnant

women)

- South South: 64.8% (65 out of every 100 pregnant women)
- South East: 85.2% (85 out of every 100 pregnant women)
- South West: 85.4% (85 out of every 100 pregnant women)

Delivery with a skilled birth attendant is also different among women with different levels of education as follows:

- No education: 14.4% (14 out of every 100 pregnant women)
- Primary education: 45.8% (46 out of every 100 pregnant women)
- Secondary education: 72.5% (73 out of every 100 pregnant women)
- More than secondary education: 92.8% (93 out of every 100 pregnant women)

Similarly, delivery with a skilled birth attendant is different among women living in urban areas (67.6% i.e., 68 out of every 100 pregnant women) as compared to those living in rural areas (28% i.e., 28 out of every 100 pregnant women).

Fistula results in:

- Continuous leakage of urine or faeces or both (no control over passing urine or stool).
- Rashes and skin infection due to the uncontrolled leakage that keeps skin wet and irritated.
- Long-term infections in the genital and urinary tract.
- Bladder stones (especially when survivors try to drink less water in order to reduce the leakage of urine).
- Complete absence of menses and inability to get pregnant even after treatment due to the longstanding infection in the genital tract.
- Rejection by their husbands, families and communities due to the bad smell (of urine or faeces or both).
- Severe psychological and mental stress due to the condition and also due to the fact that most of the time, the baby does not survive and many of the families shun them.

Some fistula survivors also have additional health prob-

		lems due to the excessively long labour and damage to the tissues, such as loss of strength in the leg (foot drop) or complete absence of menses due to heavy bleeding during or after the delivery. An operation requiring highly trained surgeons is needed to treat most cases of fistula, however, not all cases can be operated successfully and up to 10% of survivors (1 out of every 100 fistula survivors) remain with lifelong problems. Some fistula cases that are seen early (less than 4 weeks after the injury) and are small, can be treated by inserting a rubber tube (catheter) into the bladder through which urine will be drained for 4 weeks. It is much easier to prevent fistula than to treat it and preventing it requires that all women and girls should be cared for by well-trained health workers (skilled birth attendants: midwives, nurses, doctors) during pregnancy, delivery and during the first 6 weeks after delivery. This will help to ensure that any problems can be recognised and treated early, especially among survivors of child marriage whose bodies are not yet mature enough for childbearing. Preventing child marriage will also greatly reduce the occurrence of fistula.	
Summary	2 mins	Summarise as follows: • Child marriage is common in Nigeria especially in the north. • It disrupts education of the girl child and leads to lack of empowerment. • Fistula is a serious complication of pregnancy in young girls that results in physical, emotional, and social suffering. • Care from a skilled birth attendant during pregnancy, delivery and after delivery can greatly reduce the complications of pregnancy in young girls.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Session 4: Harmful practices - Female Genital Mutilation (FGM)

Duration

45 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Explain what FGM is.
2. Describe how common FGM is in Nigeria.
3. List the possible effects of FGM on survivors.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Ask participants what they know about FGM Share the objectives of the session	Powerpoint presentation
Overview	15 mins	Present the illustrated lecture Harmful practices are practices that are usually carried out based on some traditional beliefs or cultures, and result in negative effects (physical, psychological or social) on the survivors. Some examples of these in Nigeria include female genital mutilation (FGM), child marriage, and forced marriage. What is FGM? Female genital mutilation (FGM) or female circumcision is any procedure that involves partial or total removal of the external genital organs and/or injury to the female genital organs for cultural or other non-medical reasons. There are four main types of FGM based on the World Health Organisation (WHO) classification: Type I: Cut but no flesh removed (removal of the prepuce with or without excision of part or all of the clitoris). Type II: Cut with some flesh removed (removal of the clitoris with partial or total removal of the labia minora). Type III: Cut with flesh removed then sewn closed (removal of part or all of the external genitalia and stitching or narrowing of the vaginal opening – infibulation). Type IV (unclassified): Other forms of mutilation or cutting of the female genital tract including pricking, piercing, or cutting of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the opening of the vagina (angurya) or cutting of the vagina for various health reasons (gishiri cuts); and introduction of burning or stinging (corrosive) substances or herbs into the vagina to cause bleeding or to tighten or narrow the vagina. Figure 5 below shows the first 3 types of FGM.	Powerpoint presentation

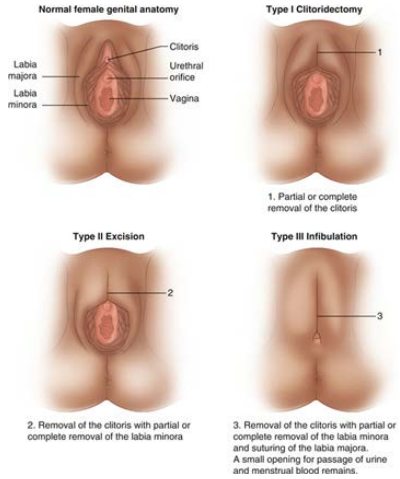
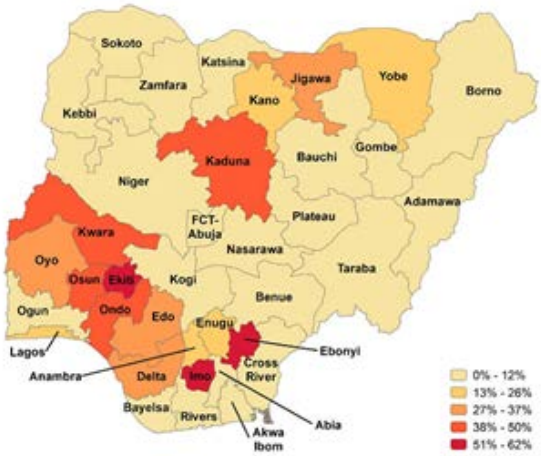


Figure 7: FGM Types I to III (source: link.springer.com)

Reasons for FGM

There is no valid reason for FGM based on scientific evidence, however, various reasons are given for the practice including:

- Social acceptance – where it is widely practiced, many people feel that their daughters will be rejected in the community if they are not cut and may not find husbands.
- Hygiene – both men and women may feel that the female genitals are cleaner and have less odour if FGM is practiced.
- Prevention of promiscuity – some communities feel that practicing FGM prevents women from having sexual intercourse before marriage or outside marriage. It is used to control the sexual behaviour of women.
- Increasing male sexual pleasure – some men find it exciting trying to penetrate the cut female genitals.
- Preference for dry sex – in some communities there is a preference for dry sex so women insert burning or stinging (corrosive) substances into their vagina to keep it dry.
- Increasing fertility – some communities believe that FGM increases fertility.
- Protecting babies – some communities believe that if a baby's head touches the clitoris during delivery, the baby will die.

		• Gishiri and angurya cuts – used to treat conditions that are thought to be due to the vagina being too narrow including difficult labour, infertility, painful sexual intercourse, difficulty in passing urine, weakness and sagging of the genitals (pelvic organ prolapse).	
FGM in Nigeria	10 mins	How Common is FGM in Nigeria? Based on the NDHS 2018 data, FGM is present in about 20% of Nigerian women and girls aged 15 to 49 years (20 out of every 100 Nigerian women and girls). Figure 6 below shows the percentage of women and girls in the different states that are affected by FGM.  Figure 8: FGM among women aged 15 to 49 years by state (source: NDHS 2018) The types of FGM in Nigeria are: • Type II: 41% (41 out of every 100 women and girls who have had FGM have type II). This is the most common type of FGM in the country. • Type I: 10% (10 out of every 100 women and girls with FGM). • Type III: 6% (6 out of every 100 women and girls with FGM). The rest have type IV comprised mainly of: • Angurya cuts: 40.4% (40 out of every 100 women and girls with type IV FGM). • Gishiri cuts: 13% (13 out of every 100 women and girls with type IV FGM). • Burning/stinging (corrosive) substances inserted in the vagina: 6.6% (about 7 out of every 100 women	Powerpoint presentation

and girls with type IV FGM).

Most FGM in Nigeria is performed in girls below the age of 5 years (85.6% i.e., about 86 out of every 100 women and girls with FGM). In Nigeria, FGM is mainly performed by:

- Traditional agents: 85.4% (85 out of every 100 FGM performed). The traditional agents include
  - Traditional circumcisers: 75.7% (76 out of every 100 FGM performed)
  - Traditional birth attendants: 8.4% (8 out of every 100 FGM performed)
- Trained medical professionals: 8.6% (9 out of 100 FGM performed). The trained medical professionals include
  - Nurses/midwives: 7.7% (8 out of every 100 FGM performed)
  - Doctors: 0.8% (8 out of every 1,000 FGM performed)
  - Other trained medical professionals: 0.1% (1 out of every 1,000 FGM performed)

FGM is more among mothers with no education. The percentage of circumcised daughters aged 0 to 14 years, among mothers with different educational status is as follows:

- Mothers with no education: 24.4% (24 out of every 100 daughters have FGM)
- Mothers with primary education: 16.7% (17 out of every 100 daughters have FGM)
- Mothers with secondary education: 14.1% (14 out of every 100 daughters have FGM)
- Mothers with more than secondary education: 7.5% (8 out of every 100 daughters have FGM)

FGM is also more common in the rural areas (21.1% i.e., 21 out of every 100 women and girls) compared to the urban areas (16.3% i.e., 16 out of every 100 women and girls).

Effects of FGM	10 mins	What are the Possible Effects of FGM? FGM can lead to various health problems that affect the body and/or the mind. Some immediate problems due to FGM like excessive bleeding and infection at the time of the procedure can even result in death. When FGM is performed during pregnancy, these complications may also affect the unborn baby and result in death. Immediate complications of FGM may include: - Severe bleeding - Severe pain - Fainting (shock) - Infections in the genital or urinary tract, or generalized like tetanus, HIV and hepatitis B - Extensive damage to tissues - Severe psychological stress Long-term complications may include: - Inability to pass menstrual blood (retention) - Very painful menses - Difficulties with sexual intercourse like painful intercourse, lack of penetration, lack of interest, lack of orgasm (satisfaction) - Difficulties with getting pregnant - Excessively large scars from the wound (keloids) - Swelling or fluid collection in the external genital tract (cysts, clitoral neuroma) - Leakage of urine or faeces or both (fistula) - Long-term infections in the genital or urinary tract, or generalized like HIV and hepatitis B - Difficulties during delivery (excessively long labour, inability to deliver normally, genital tract tears, excessively stressed baby or death of the baby) In addition, these health effects can also result in disruption of education or work that further adds to the burden being faced by survivors.	Powerpoint presentation
Summary	3 mins	Summarise by asking participants the following questions • Describe the types of FGM. • List 3 immediate effects of FGM. • List 3 long-term effects of FGM.	Discussion
Questions	5 mins	Ask participants whether they have any questions or comments and respond appropriately.	Discussion

Session 5: SGBV/VAWG, Child Marriage and FGM Relationships, Trends and Prevention

Duration

75 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Describe the relationship between SGBV/VAWG, child marriage and FGM.
2. Explain the changes in SGBV/VAWG, child marriage and FGM in Nigeria.
3. Discuss measures that can be taken to address SGBV/VAWG, child marriage and FGM, particularly preventive measures.

Training/Learning Methods

- Illustrated lecture
- Group Exercise
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector
- Flip chart paper and markers

Instruction to Facilitator

- Facilitate the group exercise
- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share session objectives	Powerpoint presentation
Group Exercise	45 mins	• Divide the participants into 4 – 6 groups. • Each group should select a leader and a secretary and decide who will present their work using flipcharts or powerpoint. Task: • Identify the common issues in a community that they are familiar with (SGBV/VAWG, child marriage, and/or FGM). • State whether the issue(s) is increasing or decreasing and give reasons for the changes. Duration: 15 minutes for discussion, 5 minutes for presentation by each group.	Group exercise Discussion
Relationship between SGBV/VAWG, child marriage and FGM	5 mins	Present the illustrated lecture Relationship between SGBV/VAWG, Child Marriage and FGM There is a complex and mutually enhancing relationship between these issues where: • SGBV/VAWG can occur as a result of low self-esteem, lack of empowerment and/or sexual difficulties resulting from FGM or child marriage. • SGBV/VAWG can also result in child marriage particularly when incidents of sexual violence result in pregnancy in communities that frown upon single parenthood. • Child marriage increases the risk of a girl being subjected to FGM especially during difficult childbirth. • FGM also increases the risk of additional genital cutting after marriage to facilitate sexual intercourse or to facilitate childbirth. • Pregnancy, which is a stressful condition, may also be complicated by SGBV or FGM, especially in the survivors of child marriage who are not empowered to take decisions and who may have difficulties during childbirth due to their immature reproductive organs. • These linkages create the unfortunate situation where survivors are subjected to further suffering.	Powerpoint presentation

Trends in SGBV/ VAWG, child marriage and FGM in Nigeria	5 mins	SGBV/VAWG, Child Marriage and FGM Trends in Nigeria There are several laws and policies to help reduce these problems (SGBV/VAWG, child marriage and FGM) – all of them are against the law in Nigeria. There are also several laws and policies that have been put in place to support survivors to get whatever help they need (health, justice, and/or social services). Despite these, SGBV/ VAWG and child marriage are increasing in the country. • Both SGBV/VAWG and child marriage are increasing particularly in the north-eastern part of the country due to the boko haram insurgency which has resulted in large numbers of women and girls being forcefully taken away (abducted) or being forced to leave their homes (internally displaced). In these situations, women and girls experience all forms of violence including forced marriage, rape and other forms of sexual abuse. • Internally displaced women and girls with disabilities are more likely to experience more violence as they are less able to escape, less likely to report such violence, are less likely to be believed when they report, and are less likely to have access to support services. • A similar situation is also present among internally displaced persons in the north-western part of the country where banditry and other forms of insecurity have resulted in people being forced to leave their homes and their communities. • Similarly, women and girls are being forced into prostitution and subjected to other forms of SGBV/ VAWG, sexual exploitation and violence when they are trafficked within and outside the country mainly for economic reasons. • In addition, the COVID-19 coronavirus pandemic may have resulted in increased SGBV/VAWG due to the prolonged periods that families were forced to remain indoors during the lockdown as shown by the increased reports of SGBV/VAWG incidents during this period. This resulted in women and girls being in close contact with perpetrators and also led to them not being able to escape or to report SGBV/VAWG incidents. • The COVID-19 lockdown may have also increased the risk of child marriage due to schools being closed, loss of family income to cater for all the children, and interruption of various activities that help to reduce child marriage. In addition, the lockdown resulted in disruption of all services thus limiting access of survivors to the required services. • Services to help survivors were also interrupted because government and development partners moved money and personnel from these services to the fight against the COVID-19 coronavirus pandemic. • FGM is slowly becoming less common in the country but a lot more effort is required to end this practice completely.	Powerpoint presentation

Actions against SGBV/ VAWG, child marriage and FGM	10 mins	What Can Be Done about SGBV/VAWG, Child Marriage and FGM? Prevention • Raise awareness about these issues, how common they are, and the effects on women, girls and their families and their communities. Explore myths about these issues and provide the correct information. Provide information about what can be done to prevent them and what can be done to support survivors. • Involve community-based structures and networks such as community based organisations, youth groups, women's groups, traditional institutions, religious organisations, etc, in the efforts to prevent and monitor the situation. • Educate and empower women and girls to minimise child marriage, reduce their economic dependence, and enable them make decisions that protect them e.g. protecting their daughters from FGM. This helps women and girls to be better able to take decisions and respond to situations in a manner that improves their well-being. • Ensure perpetrators are held accountable. This will serve as a deterrent to others and will also help to prevent repeat offence by the same perpetrators. • Involve men and boys in prevention efforts as they play a key role in protecting the rights of women and girls as family members, friends, neighbours, work colleagues, policy makers, and in other capacities. • Development and enforcement of laws and policies to protect women, girls and all individuals, will also help to reduce the occurrence of these issues. • General socio-economic improvement in the country to minimise insecurity, trafficking, unemployment and drug abuse. Services Ensure survivors have access to necessary support and services to help them recover and re-integrate into society. Peer educators play a vital role in prevention and in referral of survivors for services that they need.	Powerpoint presentation

Summary	3 mins	Summarise by stating the following • SGBV/VAWG, child marriage and FGM are all linked. • Both SGBV/VAWG and child marriage are increasing in Nigeria due to insecurity and the societal changes resulting from COVID-19. • FGM slowly decreasing in Nigeria. • Prevention is an important part of the response to these issues. • Peer educators play a vital role in prevention and in referral of survivors for services.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Module 4: SRHR Services

Goal

This module aims to provide participants with background knowledge and skills on SRHR services. The module focuses more on services that can be provided by peer educators and comprises of the following sessions:

Sessions

Session 1: Preventing Sexually Transmitted Infections (STIs) – 55 minutes

Session 2: Preventing pregnancy (Contraception or Family Planning) – Overview – 40 minutes

Session 3: Preventing Pregnancy – Abstinence and Natural Family Planning Methods – 65 minutes

Session 4: Preventing Pregnancy – Barrier Methods – 90 minutes

Session 5: Preventing Pregnancy – Withdrawal, IUD and Permanent Methods – 35 minutes

Session 6: Preventing Pregnancy – Hormonal Methods and Emergency Contraceptive Pills – 30 minutes

Session 7: Achieving Pregnancy and Safe Motherhood – 65 minutes

Session 8: SRHR services required by survivors of SGBV/VAWG, child marriage and FGM – 65 minutes

Session 1: Preventing Sexually Transmitted Infections (STIs)

Duration

65 minutes

Session Objectives

By the end of this session, participants will be able to

1. Explain what STIs are.
2. List examples of common STIs.
3. Describe signs that are suggestive of STIs.
4. State steps that can be taken to reduce the risk of getting an STI.

Training/Learning Methods

- Illustrated lecture
- Individual exercise
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector

Instruction to Facilitator

- Facilitate the individual exercise
- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Individual exercise	20 mins	Instructions · Each participant should write the following on a piece of paper - 3 STIs that they know - 3 signs that suggest that someone has an STI · Share what you have written with your neighbour on the right · The 2 neighbours should combine their lists · 5 volunteers to present their combined lists Duration · 5 minutes to write the list · 5 minutes to combine the lists · 2 minutes for each presentation	Notepads and pens
Overview	5 mins	Present the illustrated lecture What are STIs? STIs are caused by microscopic organisms (microorganisms) including bacteria (e.g. gonorrhoea, syphilis), viruses (e.g. HIV, hepatitis B), and parasites (e.g. pubic lice, scabies). These infections are transmitted through sexual intercourse of any type (oral, vaginal or anal), therefore, the more sexual partners a person has, the greater their risk of getting an STI, especially if they do not use condoms. Some STIs can be passed from a mother to her baby during pregnancy, delivery or breastfeeding. There is also a risk of getting an STI through sexual violence and survivors need to be supported to either prevent them from getting an infection or to treat if it occurs. In general, a woman‘s risk of infection is higher than a man‘s. The vagina and rectum are more easily infected than the penis because the openings are more exposed. Women also generally have fewer symptoms than men, as a result, women are less likely to know if they are infected. STIs are not transmitted through hugging, shaking hands, sharing food, using the same utensils, drinking from the same glass, sitting on public toilet seats, or touching doorknobs.	Powerpoint presentation

Signs of STIs	10 mins	Signs of STIs Many individuals who are infected with an STI will have no symptoms. Women and girls who experience any of the following issues should seek help from a health worker for proper assessment and care • Abnormal vaginal discharge including changes in quantity, colour, texture or smell. • Itching, tingling or pain in the genital area. • Pain during sexual intercourse. • Lower abdominal pain. • Pain or burning sensation when passing urine. • Rash, sores, or bumps on the genitals or around the anus. Men and boys who experience any of the following issues should seek help from a health worker for proper assessment and care: • Heaviness and discomfort in their testicles. • Discharge (pus) from the penis. • Pain or burning sensation when passing urine. • Swollen or painful testicles. • Rashes on the penis.	Powerpoint presentation
Testing and treatment of STIs	5 mins	Testing and Treatment The most common ways that health care providers test for STIs include collecting urine, taking blood, or swabbing the mouth, throat, penis, or cervix. Individuals who have any symptoms should see a health care provider immediately. Because so many STIs show no symptoms, all sexually active individual should consider being tested for STIs. If tests results are positive, health care providers can help individuals decide what to do. They may prescribe medication to cure the infection. If they do, individuals have to take all of their medicine — even if their symptoms subside before they finish taking the medication. Even if some STIs can't be cured, health care providers can help individuals treat the symptoms.	Powerpoint presentation

Complications of STIs	5 mins	Complications of STIs • Many STIs caused by bacteria or parasites can be cured with appropriate treatment but treatment needs to be started as early as possible in order to prevent complications (like inability to get pregnant). • HIV, hepatitis B and herpes are viral STIs that are not curable and can lead to serious complications. They cannot be treated but can be controlled using drugs. The risk of getting hepatitis B infection can be reduced by giving hepatitis B vaccine. • Human papilloma virus (HPV) infection is an STI that is also not curable but can be controlled using various treatments. There is also a vaccine that can reduce the chances of getting infected with HPV. Uncontrolled HPV infection can lead to cancer of the cervix later in life. • The risk of getting infected with HIV after SGBV/VAWG may be reduced by taking drugs prescribed by a health worker (post exposure prophylaxis). • Having an STI (especially those that cause sores on the genitals) increases the risk of getting HIV.	Powerpoint presentation
Prevention of STIs and role of peer educators	5 mins	Prevention of STIs In order to reduce the risk of getting an STI or complications of STIs, the men and women can do the following: • Abstinence • Avoid having many sex partners. Stick to one partner. • Use condoms. • Seek help from a health worker immediately any signs of STIs are experienced. • Complete any treatment as prescribed by the health worker for STI. Peer educators can play an important role in preventing STIs and their complications by providing accurate information and linking survivors with health services for assessment and treatment.	Powerpoint presentation

Some common STIs	10 mins	Ask participants to refer to the table about common STIs in their participants' reference manual Discuss it with them to ensure they understand the contents. Clarify any concerns or questions they have.	Table on common STIs
Summary	3 mins	Summarise by stating the following • Risk of STIs is increased by having many sexual partners. • There are treatments to cure or control STIs. • Some STIs have vaccines that reduce the risk of getting it. • Proper and consistent use of condoms reduce risk of STIs.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Some Common STIs

Infection	Symptoms	Transmission	Protection	Treatment	Complication
Chlamydia Silent epidemic- often no symptoms;	Discharge, painful/ burning urination, vaginal bleeding, lower abdominal pain, nausea, fever (1-4 weeks post exposure)	Oral, anal, vaginal intercourse, peri- natally (around the time of delivery) i.e. from mother to child (rare), hand to eye	Monogamous relationship, regular STI testing, barrier methods, abstain from sexual contact	Treat and cure	Infertility, Pelvic Inflammatory Disease (PID);
Gonorrhea Often do not show symptoms (80% women; 10% men); occurs 2-10 days after exposure	Affect intestinal tract, mouth, rectum; yellow, bloody discharge, same as above; 90% men exhibit symptoms	Oral, anal, vaginal; no toilet seats (dies in few seconds)	Same as above	Treat and cure It can be drug resistant	Infertility, PID, ectopic pregnancies (outside the uterus), arthritis (joint problems), inflammation of heart valves
Syphilis	Vary by stage and includes sores, rashes, swollen glands, fatigue, hair/ weight loss	Open sores, oral, anal, vaginal, perinatally (from mother to child), kissing, direct contact with sores	Monogamous relationship, regular testing, barrier methods, abstinence	Early stages can be treated and cured	Disfigurement, neurological disorder, heart disease, blindness, death

Trichomoniasis (Trich) Hepatitis B Vaccine preventable disease	Female: frothy vaginal discharge with unpleasant odour, itching, spotting	Vaginal intercourse Bodily fluids such as semen, blood, urine; intimate or sexual con-	Same as above Three dose vaccine, clean needles, protected sex	Can be treated and cured No cure No cure; antiviral medi-	Can cause severe liver disease and death Long-standing illness,
Herpes Simplex 1 & 2 HSV-1: typically cold sores/fever blisters on mouth	Male: groin swelling, irritation, frequent and painful urination 50% do not show symptoms; flu-like	tact- kissing, oral, anal or vaginal sex, unclean needles Skin to skin contact, touching, kissing, vagi-	Barrier methods offer some protection, avoid contact with sores Don't share needles, use barrier method	cations lessen outbreak frequencies No cure, antiretroviral medication for management	inability to resist diseases
HSV-2: typically genital sores	symptoms- fatigue, headache, fever, nausea, vomiting	nal, anal, oral sex Can occur even when no sores are present			
HIV (Human Immunodeficiency Virus) Weakens immune system unable to fight disease Can lead to AIDS (Acquired Immuno Deficiency Syndrome)	Sores, blisters, cuts, pimples, rash on cervix, vagina, penis, mouth, anus, buttocks Occurs 2-20 days post exposure No symptoms; average time 7-10 yr, develop opportunistic infections	No transmission through toilets, hugging or drinking same glass Blood, semen, vaginal fluids, breast milk; behaviours: sharing needles, anal, vaginal,			

	AIDS - fatigue, fever, weight loss, swollen lymph nodes, sweats, skin sores	oral (rare), blood transfusions, perinatally (mother to child)			
HPV (Human Papilloma virus) Most common STI among young, sexually active youth, highly contagious, Vaccine preventable Scabies Pubic Lice “crabs”	Warts (fleshy growths) on genitals, anus, urethra, throat (rare), cervix; usually asymptomatic Intense itching (at night), small bumps or rash appear between fingers, penis, buttocks, breasts wrists, thighs	Direct skin to skin contact; oral, vaginal, anal sex, can transmit when warts are not present Close personal contact and through sharing of bedding Intimate and sexual activity; contact with infected bedding, clothing, upholstered furniture and toilet seats	Barrier methods, with direct sexual contact HPV vaccines Personal hygiene Personal and environmental hygiene	No cure, wart removal Treat and cure Treat and cure	Cervical Cancer
Attach and eggs to pubic hair, underarm hair, eye lashes, eyebrows	Intense itching in genitals and anus; mild fever, irritability				

Session 2: Preventing Pregnancy (Family Planning or Contraception) – Overview

Duration

40 minutes

Session Objectives

By the end of this session, participants will be able to

1. Explain what family planning means.
2. Describe the types of family planning methods.
3. Mention benefits of family planning.
4. Describe contraceptive use in Nigeria.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

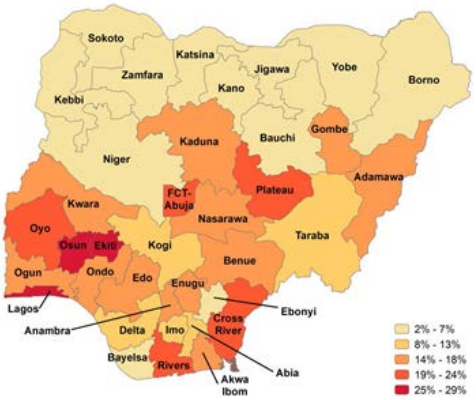
Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	3 mins	Ask participants what they know about FP Share the objectives of the session	Discussion Powerpoint presentation
Overview	7 mins	Present the illustrated lecture What is Family Planning (FP)? Family planning is a process that allows individuals and couples to decide the number of children they want and the spacing they desire between pregnancies. This is achieved through the use of contraceptive methods and treatment of infertility (WHO 2013 Fact Sheet). Often family planning is used to refer to contraception and family planning methods used to refer to contraceptives. Contraception is the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse. It is the act of preventing pregnancy by the use of a drug, device or a method that interferes with the normal process of release of eggs (ovulation), meeting of sperms and the egg (fertilization), and attachment of the fertilized egg to the inner lining of the womb (implantation). A contraceptive is a drug, device, or a method used to prevent pregnancy or reduce the chances of getting pregnant without avoiding sexual intercourse. There are different methods of preventing pregnancy which are classified mainly by what they contain or by the way they act. The barrier methods are those that prevent the sperm meeting with the egg. The fertility awareness methods help the woman to avoid intercourse when she is likely to get pregnant, the hormonals work with chemical messengers that stop the egg from ripening and being released, the intrauterine device (IUD or loop) is a device placed inside the womb to prevent the egg meeting the sperm and the permanent methods tie the tubes through which either the sperm passes (men) or the egg gets into the womb (women).	Powerpoint presentation

Benefits of FP	10 mins	Benefits of Family Planning General benefits · Reduces maternal, newborn and child deaths. · Providing comprehensive family planning services addresses major reproductive health problems such as unwanted pregnancies, STIs/HIV adolescent/ teenage pregnancies and unsafe abortions. · Supports the health and development of communities- there is less strain on the health system and less strain on available resources like water, sanitation and social services. · Addresses issues of infertility by identifying the causes and providing appropriate management. Benefits to the Mother and Child · Gives her enough space between pregnancies for her body to completely recover from the effects of pregnancy, labor and childbirth (she regains lost strength, nutrients, muscle tone and her shape) · Helps her maintain her health and enables her to care for her family. · Prevents her from getting pregnant when she is too young or too old- both age extremes increase risks of health problems and death. · Enables her to limit/control her family size. · Reduces the rate of unintended pregnancies and unsafe abortions. · Enables her to gain empowerment through education, employment and social participation. · SRH and medical conditions can be identified during routine screening for family planning services and managed/referred. Benefits to the Family · Allows both parents to adequately care for the number of children they choose to have. · Reduces pressure/stress on men to provide for their families, encourages them to be the best they can be in their careers and make worthwhile contributions to society. · Reduces risk of infant mortality associated with closely spaced and ill-timed pregnancies and births.	Powerpoint presentation

		• Reduces risk of death and poor health associated with death of the mother while giving birth. • Babies are born healthy, are well breast-fed, given proper weaning diets, grow well and are less likely to die from common childhood illnesses. • Children grow well and become strong, healthy and responsible citizens in the future. • Children with fewer siblings tend to stay in school longer than those with many siblings- this is also because parents can invest more in each child.	
Types of FP	3 mins	Types of Contraceptives The two broad categories of contraceptives/FP methods are non-hormonal and hormonal (containing chemical messengers). Contraceptives/FP methods are also classified as short-acting or long-acting – the long acting methods include the IUDs, the implants and the permanent methods while all others are short-acting methods (natural methods, barrier methods, pills, injectables, patches, vaginal rings). Abstinence is the only method that is 100% effective.	Powerpoint presentation
Contraceptive use in Nigeria	10 mins	Contraceptive Use in Nigeria In Nigeria, 17% of married women aged 15 – 49 years use contraceptives while 37% of unmarried women within the same age group use contraceptives (NDHS 2018). The use of contraceptives among married women aged 15 – 49 years, is more in the south than in north as show by the following data: • National: 17% (17 out of every 100 women) • North West: 6.7% (7 out of every 100 women) • North East: 9.5% (10 out of every 100 women) • North Central: 16.2% (16 out of every 100 women) • South South: 21.7% (12 out of every 100 women) • South East: 28.1% (28 out of every 100 women) • South West 35.1% (35 out of every 100 women) The percentage of married women aged 15 – 49 years that use contraceptives in the different states is shown in figure 8 below.	Powerpoint presentation

		 Figure 9: Percentage of married women aged 15 – 49 years who use contraceptives in Nigerian states (source: NDHS 2018) Contraceptive use is also affected by the level of education of women and their places of residence as shown in the data below: • No education: 5.2% (5 out of every 100 women) • Primary educations: 19.4% (19 out of every 100 women) • Secondary education: 26.8% (27 out of every 100 women) • More than secondary: 33.3% (33 out of every 100 women) • Urban 26.3% (26 out of every 100 women) • Rural: 10% (10 out of every 100 women)	
Summary	2 mins	Summarise by stating the following: • FP involves both contraception and treatment of infertility. • Contraceptives are agents used to prevent pregnancy & are also called FP methods. • Contraceptives may be hormonal or non-hormonal, short-acting or long-acting. • Young people and survivors of SGBV/VAWG, child marriage and FGM may lack access to FP services or lack information about FP services.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Session 3: Preventing Pregnancy – Abstinence and Natural Family Planning Methods

Duration

40 minutes

Session Objectives

By the end of this session, participants will be able to

1. State the advantages of abstinence.
2. List natural family planning methods.
3. Describe how to use the different natural family planning methods.
4. Explain how to use the different natural family planning methods.
5. State the advantages and disadvantages of natural family planning methods.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the session objectives	Powerpoint presentation
Abstinence	10 mins	Present the illustrated lecture. Abstinence Abstinence is the only 100% effective method of preventing unintended pregnancy. It is the process of avoiding sexual intercourse until the adolescent or young person is able to have a fully responsible and emotionally fulfilling relationship. It is an important principle that must be promoted in helping a young person to delay the beginning of sexual intercourse.. The young person needs to know the consequences of early sexual intercourse especially in biomedical terms, including pregnancy, STIs, HIV/AIDS and a high risk of developing cervical cancer for girls in later years. Efforts must be made by counsellors to assist young people make a choice including abstinence. Abstinence can be further achieved where the young person is equipped with skills that will enable him/her resist pressure and also say 'NO' to sex until he/she is fully ready. Advantages of Sexual Abstinence 1. Abstinence - Has no medical or hormonal side effects. - Is free. - Prevents pregnancy. - Prevents STIs. - Wait until they're ready for a sexual relationship. - Wait to find the right partner. - Focus on school, career, or extracurricular activities. - Support personal, moral, or religious beliefs and values. 2. Any girl or boy can abstain from sexual activities Skills/ factors that enhance the ability of a young person to practice sexual abstinence include - Being able to talk to the other party. - Self-control.	Powerpoint presentation

		- A positive vision. - Shared values. - Alternatives. - Partner cooperation. - Information. - Knowledge of consequences. - Ability to identify sexual situation.	
Natural Family Planning	10 mins	Natural Family Planning This involves the use of the menstrual pattern in a woman to know when she is likely to release eggs (ovulate) which is when is she likely to get pregnant if she has sexual intercourse – this time is called the fertile period. In order to prevent pregnancy using this method, during the fertile period the couple can: - Avoid sexual intercourse: this is called natural family planning (NFP) or - They can use another method like condoms or withdrawal method: this is called fertility awareness method (FAM) This method can be used by all women as long as they can identify their fertile period accurately and can follow the instructions for the method. Identifying the fertile period can also be used to help a woman get pregnant by ensuring she has sexual intercourse during her fertile period. The methods for identifying the fertile days include the following: basal body temperature, calendar/rhythm method, ovulation method, etc. A health worker can provide details on how to use these. Advantages of Natural Family Planning (NFP) · Encourage communication between couples · Involve men in family planning. · No physical side effects. · No effect on future fertility. · No effect on breastfeeding or breast milk. · Inexpensive. · Acceptable to many religious groups that oppose modern methods. · Safe.	

		• Helpful for planning or preventing pregnancy. • Increases awareness about reproductive cycles. Disadvantages of NFP • Not very effective • Requires high motivation by the woman and her partner for successful use. • Restricts spontaneous sexual intercourse. • Not suitable for women with irregular menstrual cycles. • Difficult to use after childbirth until menstrual cycle becomes regular again. • Requires a long time of practice. • Do not protect against STIs/HIV except if couples use condoms or remain monogamous • Challenging in polygamous settings where the woman may not be able to avoid sexual intercourse during her fertile period if it is her turn to be with the husband.	
Overview of LAM	5 mins	Lactational Amenorrhea Method (LAM) This method is based on the fact that breastfeeding delays the resumption of ovulation after childbirth but it is only effective under the following specific conditions: • The baby is fed only breastmilk or mostly breastmilk, and is fed on demand, • The woman has not resumed menses and, • The baby is less than 6 months old. LAM can be used by the following groups of women: • Women who are not menstruating and are less than 6 months after delivery and are feeding their babies wholly or mostly on breastmilk. • Women who do not have blood borne infection (like HIV), which could be passed to the newborn baby. • Women who are not on drugs that can adversely affect their babies. Adolescents and working mothers may find this method difficult because of the need for exclusive breastfeeding.	Powerpoint presentation

Advantages and disadvantages of LAM	5 mins	Advantages of LAM • Can be used immediately after childbirth. • Helps a woman to regain her shape faster and also suppresses menstruation. • Breastfeeding pleasurable to some women. • Facilitates bonding between mother and child. • Protects baby against infections. • Not expensive and does not need any time for preparing baby food. Disadvantages of LAM • Return of ovulation and menstruation after delivery is not predictable. Ovulation can occur before menstruation starts. • Not effective in preventing pregnancy for more than 6 months after delivery. • Frequent breastfeeding may be inconvenient or perceived as inconvenient. • Some women find breastfeeding stressful. • Does not protect against STIs and HIV/ AIDS.	Powerpoint presentation
Summary	5 mins	Summarise by asking participants the following questions: • Describe how natural family planning methods work. • Mention 3 advantages of natural family planning methods. • Mention 3 disadvantages of natural family planning methods. • State the conditions required for LAM. • Mention 2 disadvantages of LAM.	Discussion
Questions	3 mins	Ask participants whether they have any questions or comments and provide appropriate responses	Discussion

Session 4: Preventing Pregnancy – Barrier Methods

Duration

90 minutes

Session Objectives

By the end of this session, participants will be able to

1. Explain how barrier methods work.
2. List the types of barrier methods.
3. Demonstrate how to use male and female condoms.
4. State the advantages and disadvantages of male and female condoms.

Training/Learning Methods

- Illustrated lecture
- Discussion
- Demonstration and return demonstration

Training/Learning Materials Required

- Powerpoint presentation
- Equipment and supplies for demonstration and return demonstration **(see below)**

Equipment needed

- Computer and projector
- Anatomical models – penile, pelvic
- Male and female condoms
- Samples of other barrier methods to show participants

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture
- Demonstrate how to use male and female condoms
- Facilitate return demonstration of how to use male and female condoms by participants

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector
- Set up skills practice area and supplies

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Overview of barrier methods and condoms	5 mins	Present the illustrated lecture Barrier Methods Barrier methods prevent sperms from entering the womb either by mechanical obstruction e.g. condoms or by chemical action e.g. spermicides (foaming tablets). The commonest mechanical barrier methods are condoms although there are other barriers such as spermicides, diaphragms and cervical caps which are placed deep inside the vagina before intercourse. This training will focus on condoms because they do not require visits to a health worker before they can be used. Condoms Condoms can be used by all men and women except those with allergies to any component of the method e.g. latex. They work by preventing the semen from entering the vagina thus preventing the sperms from reaching the egg thereby preventing pregnancy. In addition to preventing pregnancy, condoms also prevent the transmission of STIs and HIV. It is important to note that condoms do NOT · Cause infertility, weakness or impotency. · Cause decreased sex drive. · Get lost in a woman's body. · Cause promiscuity. There are two types of condoms – male and female. The male condom is more commonly used.	Powerpoint presentation
Male Condoms	15 mins	Male Condom The male condom is a thin latex (rubber) sheath that is worn over the erect penis before it is inserted in the vagina during sexual intercourse. Advantages of Male Condoms · No medical prescription is required. · Condoms are widely available. · They have no generalized side effects. · They are relatively cheap.	Powerpoint presentation

- Condoms protect against some sexually transmitted infections including HIV/AIDS.
- Condoms promote participation of men in family planning.
- May promote foreplay in some couples.

Disadvantages of Male Condoms

- Condoms may decrease sexual enjoyment for some couples.
- A new condom must be used with each act of sexual intercourse.
- Condoms may interrupt foreplay.
- Causes delay in penetration due to the time required to put it on properly.
- They get damaged if not properly stored.
- The condom may burst, or slide off a soft penis during withdrawal.
- They require partner participation.
- Some people are allergic to latex.

Correct use of male condoms requires couples to follow these instructions (figure 8):

- A new condom MUST be used for every act of sexual intercourse. Do NOT use more than one condom at a time and do NOT use male and female condoms together.
- Condom must be put on an erect penis before it comes in contact with the woman's genitals.
- Inspect the condom, checking for expiry date and if there is damage to the packaging before use. Do NOT use if expired or damaged.
- Carefully open the packet by tearing it at the designated point to avoid damaging the condom. Do not open with the teeth or sharp fingernails. Handle gently.
- Pinch the nipple end and unroll the condom over erect penis, leaving a small space at the tip if there is no nipple.
- Roll the rim of the condom all the way down to the bottom of the penis.
- After sexual intercourse, hold onto the rim of the condom and withdraw the penis taking care not to spill semen anywhere near the opening to the partner's vagina.

- Penis should be withdrawn as soon as possible after ejaculation because if the erection is lost, the condom can slip off and semen can spill into the vagina. Wrap used condom and discard in a pit latrine, or burn or bury it.
- Do not flush it down the toilet as it may cause a blockage. Also, do not leave it where children may find and play with it.
- If necessary, lubricate the outside of the condom using contraceptive jelly or any water-soluble lubricant but do not use Vaseline or other petroleum products as lubricant as they can weaken the condom. Do NOT have dry sex with a condom as the friction will cause the condom to break or tear.
- Store condoms away from heat and humidity – in a cool dry place away from bright light.

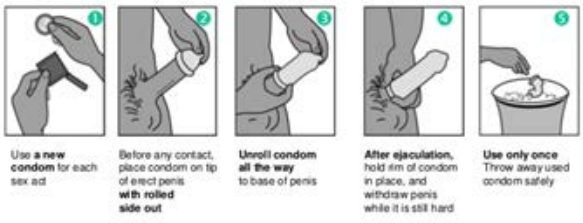


Figure 10: How to use a male condom (source: fphandbook.org)

What to do if there is a problem when using male condoms

Condom breaks or slips off: Wash both penis and vagina with toilet soap and water. The woman should report for emergency contraception as early as possible but within 5 days (120 hours) to prevent pregnancy.

Difficulty with putting on the condom: Teach them how to use condoms again, preferably using penile model if available.

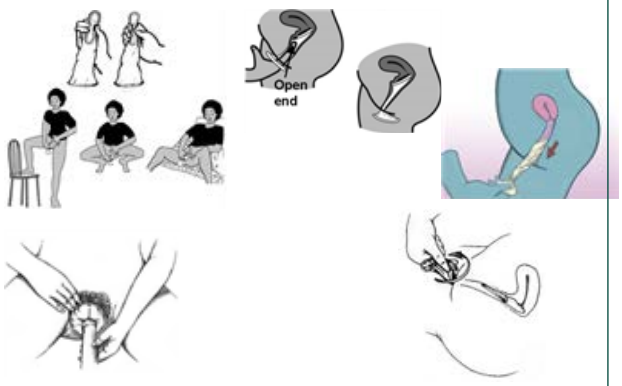
Difficulty persuading her partner to use condoms: Help her make a plan for talking with her partner about the importance of using the condom.

Irritation of the vagina or penis: Refer to the health facility to see a health worker.

Female Condoms	20 mins	Female Condom The female condom is a sheath of soft plastic (polyurethrane) or rubber (latex), which is inserted into the vagina before sexual intercourse. It has two flexible rings – a removable ring at the closed end to aid insertion, and a fixed ring at the open end that sits on the woman's genitals to hold the condom in place. Advantages of Female Condoms · No medical prescription is required. · It has no generalised side effects. · It protects against sexually transmitted infections including HIV/AIDS. · It promotes partner participation in family planning. · Usage is controlled by the woman and needs only to be used when required. · Can be inserted up to 8 hours before sex as opposed to the male condom which can only be worn on an erect penis. · The ring at the closed end can further stimulate the penis and cause excitement. Disadvantages of Female Condoms · Use may be associated with excessive (unpleasant) noise during intercourse. · The penis needs to be guided to avoid passing outside the outer ring. · A new condom must be worn for every act of sexual intercourse. · Can be damaged by oil-based lubricant, excessive heat, humidity and light. · Causes delay in insertion of penis into the vagina if not worn before initiation of sex. · May interrupt foreplay. · Survivors of FGM may not be able to use female condoms due to scarring and narrowing of the genital tract · Survivors of child marriage may not be able to use female condoms if their husbands do not approve	Powerpoint presentation

How to use the female condom

- Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date.
- If possible, wash your hands with mild soap and clean water before inserting the condom.
- Can be inserted up to 8 hours before sex. For the most protection, insert the condom before the penis comes in contact with the vagina.
- Choose a position that is comfortable for insertion—squat, raise one leg, sit, or lie down.
- Rub the sides of the female condom together to spread the lubricant evenly.
- Hold the ring at the closed end, and squeeze it so it becomes long and narrow.
- With the other hand, separate the outer lips (labia) and locate the opening of the vagina.
- Gently push the inner ring into the vagina as far up as it will go. Insert a finger into the condom to push it into place. About 2 to 3 centimeters of the condom and the outer ring remain outside the vagina.
- The man or woman should carefully guide the tip of the penis inside the condom—not between the condom and the wall of the vagina. If his penis goes outside the condom, withdraw and try again.
- If the condom is accidentally pulled out of the vagina or pushed into it during sex, put the condom back in place.
- The female condom does not need to be removed immediately after sex.
- To remove the condom, twist to seal the outer ring and pull out gently.
- Remove the condom before standing up, to avoid spilling semen.
- If the couple has sex again, they should use a new condom.
- Do not use both male and female condoms at the same time. Only one is used at a time.
- Wrap the condom in its package and put it in the rubbish bin or latrine. Do not put the condom into a flush toilet, as it can cause blockage.

		 Figure 11: How to use a female condom (source: fphandbook.org, open.edu, & enkirelations.com) What to do if there is a problem when using female condoms Difficulty with inserting: Teach her how to insert again or ask her to see a health worker for further explanation. Condom is noisy during sex, suggest using more lubricant inside the condom or the penis. Difficulty persuading her partner to use condoms: Help her make a plan for talking with her partner about the importance of using the condom. Any kind of incorrect use e.g., her partner inserted his penis between the outside of the condom and the vaginal wall - refer her to the health worker for emergency contraception. Irritation of the vagina or penis or if the inner ring is painful: Refer to the health worker for assessment and management.	
Other barrier methods	5 mins	Other barrier methods These include the following: Spermicides: foaming tablets, jellies or cream that are inserted into the vagina to kill or weaken sperms. They can be used alone or in combination with condoms, diaphragms or cervical caps. Diaphragms and cervical caps: these are soft latex rubber cups that cover the cervix and prevent the sperms from meeting the egg. Survivors of FGM may not be able to use these methods due to scarring and narrowing of the genital tract. A health worker can provide more information about other barrier methods.	Powerpoint presentation

Summary	3 mins	Summarise by stating the following • Barrier FP methods prevent pregnancy by preventing the sperms from meeting the egg. • Most common barrier method is male condom. • Condoms also provide protection against STIs/ HIV. • Survivors of FGM may not be able to use female condoms, diaphragms and cervical caps due to scarring and narrowing of the genital tract. • Child marriage survivors may not be able to use female condoms unless their husband approves.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses	Discussion
Skills practice	5 mins	Demonstrate how to use male and female condoms Divide participants into groups of 6 – 8 to practice these skills Each group should be supervised by a facilitator	Penile and pelvic models, male and female condoms

Session 5: Preventing Pregnancy – Withdrawal, IUD and Permanent Methods

Duration

35 minutes

Session Objectives

By the end of this session, participants will be able to

1. List other non-barrier methods that are mainly non-hormonal.
2. Describe how the methods work.
3. Explain the advantages and disadvantages of each of these methods.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

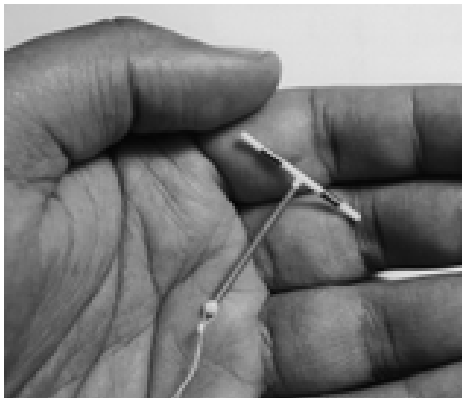
- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Withdrawal method	5 mins	Withdrawal method This method is also called coitus interruptus or pulling out. It works by preventing the meeting of sperms and the egg by withdrawing the penis from the vagina just before the man releases semen during sexual intercourse. The man releases his semen outside the woman's body and away from her genitals. This method is not very effective because some sperms may be released in the fluid that comes out of the penis before ejaculation. Advantages of withdrawal method · Can be used by most men at any time. · Does not have any side effects. Disadvantages of withdrawal method · Not very effective. · Requires discipline. · Cannot be used by men who have premature release of semen (premature ejaculation) or men who cannot tell when they are about to release semen. · Does not protect against STIs and HIV.	Powerpoint presentation
IUD	10 mins	The Intrauterine Device (IUD)  Figure 12: Intrauterine device (source: fphandbook.org) This is commonly known as the loop and it is a small flexible plastic frame that is placed in the womb by a trained health worker. There are two main types of IUD:	Powerpoint presentation

1. One with copper placed around the plastic – this can prevent pregnancy for up to 12 years
2. One with a hormone (chemical messenger) placed around the plastic – this can prevent pregnancy for up to 5 years

Advantages of IUDs

- Long-lasting – no need to do anything else after it is inserted.
- It can be used as emergency contraception to prevent pregnancy after unprotected sexual intercourse.
- Private – nobody will know that a woman has an IUD in her womb unless they are told.
- It can be used during breastfeeding as it does not have any effect on breastmilk.
- A woman can get pregnant immediately after it is removed.

Disadvantages of IUDs

- Need to be inserted and removed by a trained health worker.
- Can change menstrual pattern – can cause irregular menstruation, heavy and prolonged menstrual flow.
- Does not protect against STIs or HIV.
- Survivors of FGM may not be able to use copper IUDs due to scarring and narrowing of the genital tract that may make insertion difficult.

Note about IUD

All women and girls who are interested in using the IUD or are already using the IUD and have complaints, should be referred to a trained health worker for proper assessment and care.

Note that IUDs:

- Do NOT travel to the heart or brain.
- Do NOT cause inability to get pregnant after removal.

Permanent methods	10 mins	Permanent methods The permanent methods involve the cutting and/or tying of the tubes through which the sperms or the egg pass thereby preventing them from meeting. In men this is referred to as vasectomy or male sterilization and in women it is referred to as bilateral tubal ligation (tying of the tubes) or female sterilization. Advantages of permanent methods • No side effects. • No need to worry about pregnancy or family planning again. • Nothing to do or remember after the procedure. Disadvantages of permanent methods • Cannot be reversed. • Requires well trained health worker. • Requires an operation. • Risk of infection or abscess of the wound. • Do not protect against STIs and HIV. • Male sterilization not fully effective until 3 months after the procedure. Note about permanent methods It is important to note that permanent methods do NOT • Involve removal of a man's testicles or a woman's ovaries or womb. • Make a man or woman weak or ill. • Affect sexual desire or sexual function.	Powerpoint presentation
Summary	3 mins	Summarise by stating the following • Other non-barrier methods that are mainly non-hormonal include withdrawal, IUDs and permanent methods. • Withdrawal method can be used by most men but requires self-control. • IUDs may contain copper or a hormone and are long lasting. • Permanent methods involve surgery and can be carried out on men and women.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses	Discussion

Session 6: Preventing Pregnancy – Hormonal Methods and Emergency Contraceptive Pills

Duration

30 minutes

Session Objectives

By the end of this session, participants will be able to

1. Mention the main types of hormonal methods.
2. Explain how hormonal methods work.
3. State the advantages and disadvantages of hormonal methods.
4. Describe how to use emergency contraceptive pills.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

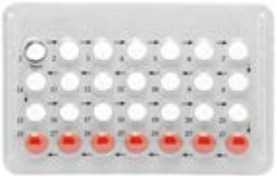
- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Hormonal methods	10 mins	Hormonal methods These methods contain one or two chemical messengers known as hormones (oestrogen and progestin). These are similar to the hormones that are naturally present in women. They are available in form of tablets (pills), injections (injectables), plastic rods placed under the skin (implants), plastic rings placed in the vagina (vaginal rings), small thin flexible pieces of plastic attached to the skin (patches) or intrauterine devices (hormonal IUDs). The pills are the most common of these. These prevent pregnancy mainly by preventing the release of eggs from the ovary (ovulation) and by making mucus from the cervix very thick so that sperms cannot pass through and meet the egg.  Figure 13: Combined hormonal pills (source: britannica.com  Figure 14: Injectable contraceptives (source: mcguffmedical.com, verywell.com)  Figure 15: Skin patch (source: nhs.uk)  Figure 16: Vaginal ring (source: nhs.uk)  Figure 17: Contraceptive implant (source: healthguide911.com)	Powerpoint presentation

		Advantages of the hormonal methods · Do not interfere with sexual intercourse. · Widely available, especially pills. · Hormonal pills can be used to prevent pregnancy after unprotected sexual intercourse (emergency contraception). Disadvantages of hormonal methods · Hormonal pills must be taken every day at the same time in order to be effective. · Can cause menstrual changes – heavier bleeding, lighter bleeding, irregular bleeding, infrequent bleeding or complete absence of bleeding. · Other side effects such as headache, dizziness, nausea, vomiting, weight changes, breast pain, mood changes, acne, blood clots in the leg, increase in blood pressure. · Do not protect against STIs/HIV. Note about hormonal methods · Women who want to start using any of the hormonal methods should see a health worker for proper guidance and support. · Women who are using any of the hormonal methods and have any complaints should see a health worker for proper assessment and care. · Use of the hormonal pills for emergency contraception requires guidance from a health worker as there are different types of hormonal pills and the number of pills to take will depend on the type and quantity of hormones in the pills.	
ECPs	10 mins	Emergency Contraceptive Pills (ECPs)  Figure 18: Emergency contraceptive pills (source: postinorpill.com, ellaone.co.uk) These are progestin-only hormonal pills that are made specifically for use in preventing pregnancy after un-	Powerpoint presentation

protected sexual intercourse. They prevent pregnancy by preventing or delaying release of the egg. These pills prevent pregnancy if they are taken as soon as possible after the unprotected sexual intercourse but they are effective up to 5 days after the unprotected sexual intercourse. There are 2 main types:

- Progestin-only ECPs e.g. Postinor-2
- Ulipristal acetate e.g. EllaOne

Advantages of ECPs

- Safe for all women regardless of age and health status including adolescents and young people.
- ECPs drugs exposure and side effects are of short duration.
- Readily available.
- Convenient and easy to use.
- Significantly reduce the risk of unwanted pregnancy.
- Reduce the need for abortion.
- Can provide a bridge to the practice of regular family planning.

Disadvantages of ECPs

- Do not protect against STIs/HIV.
- Must be used within five days of unprotected intercourse. The sooner they are taken after unprotected sex the higher the efficacy.
- May have side effects such as irregular bleeding (early or late bleeding), nausea, vomiting, headaches, tiredness, breast tenderness, abdominal pain, dizziness.

When can a woman use ECPs

Any woman of reproductive age may need ECPs at some point to avoid unwanted pregnancy, especially in situations like:

- Following voluntary sexual intercourse that took place with no contraceptive protection.
- After incorrect or inconsistent use of a regular method or when there has been a mistake or accident with a regular method such as:
  - Condom breakage or slippage.
  - An IUD that has come out on its own.
  - Failed withdrawal method (when semen has

		been released in the vagina or on the external genitalia). - Forgetting to take any type of hormonal pills for 3 or more days in a row. - Being late for a contraceptive injection. • When a woman is a survivor of sexual violence and has had no contraceptive protection. How to use ECPs ECPs should be taken as soon as possible after the unprotected sexual intercourse. They can be taken up to 5 days after the unprotected sexual intercourse. Refer to a health worker for guidance on how to use ECPs. Note about ECPs • ECPs will not protect a woman from getting pregnant if she has unprotected sexual intercourse again more than 24 hours after taking the ECPs. • If a woman will need to continue to prevent pregnancy after using ECPs, she should see a health worker for guidance on the use of regular family planning method. • The earlier ECPs are taken after unprotected sexual intercourse, the more effective they are. • ECPs do not cause abortion if pregnancy is already existing. • ECPs do not cause abnormalities in the baby if pregnancy occurs even after taking it.	
Summary	3 mins	Summarise by stating the following • Hormonal contraceptive methods may be combined or contain only progestin. • The combined pills are the commonest combined method. • The injectables are the commonest progestin-only method. • ECPs are a form of hormonal contraceptives that can be used after unprotected sexual intercourse. Ask participants the following question • How long after unprotected sexual intercourse can ECPs be used?	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Session 7: Achieving Pregnancy and Safe Motherhood

Duration

70 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Explain infertility and its causes.
2. Describe steps that can be taken to prevent or reduce the risk of infertility.
3. Explain why antenatal care is important.
4. List the danger signs in pregnancy, labour, and the first 6 weeks after delivery.
5. State the recommended time a woman should wait before getting pregnant again after delivery.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Infertility	10 mins	Present the illustrated lecture. An important part of SRHR is being able to get pregnant when a woman desires to do so, and being able to have a safe pregnancy and delivery resulting in a healthy mother and a healthy baby. Difficulty in getting pregnant (Infertility) Some women are not be able to get pregnant despite regular sexual intercourse without contraception for 12 months or more. This is referred to as infertility and it may arise due to problems that affect a man or a woman or both. It may lead to severe emotional stress and it can be a cause of marital problems including SGBV/VAWG with the woman being blamed for the problem. Infertility has various causes including: • Abnormality of the genital tract due to abnormal development (born with it), injury, medical procedures (like operations), infection (STIs), or other diseases like cancer. This can affect both men and women. • Abnormality in the hormones that control reproduction which can affect men or women. • Older age in both men and women. • Lifestyle – smoking, alcohol, drug abuse, excessive weight (obesity), poor nutrition – these affect both men and women. It can also result from • FGM – due to damage to the genital tract, longstanding genital tract infections or both. • SGBV/VAWG – due to longstanding infection in the genital tract as a complication of sexual violence. • Child marriage – due to longstanding infections in survivors who have fistula, can also be due to heavy bleeding or genital tract infection during or after difficult delivery. Some cases of infertility can be prevented by: • Using condoms to prevent STIs. • Seeking treatment early if any signs of STI are	Powerpoint presentation

		experienced. · Seeking treatment early if any signs of infection are experienced after a miscarriage or after childbirth. · Using effective family planning to prevent abortions. Unsafe abortions may lead to damage to the reproductive organs due to injury or infection. · Avoid lifestyles that reduce the ability to get pregnant e.g. smoking, excessive weight, etc. It is important for women who have difficulty in getting pregnant to seek help from a health worker along with her husband/partner in order to have proper assessment and care. There are various options that are available to help such couples.	
Overview of care during pregnancy, delivery and after delivery	5 mins	Care during Pregnancy, Delivery and After Delivery Pregnancy and delivery care is important for all pregnant women including survivors who may have experienced SGBV/VAWG or harmful practices during pregnancy or who may have become pregnant as a result of their experience. In addition, FGM may occur before or during pregnancy and survivors need additional care to ensure that both mother and baby are healthy during and after the pregnancy. Pregnancy may end very early (miscarriage or abortion), later when the baby is bigger but not yet mature (premature delivery), or at the normal time when the baby is mature. Teenage Pregnancy Pregnancies occurring in girls below the age of 19 years are often referred to as teenage pregnancy irrespective of whether the girl is married or not. Risk factors for teenage pregnancy · Early sexual debut – early age at first sex. · Early age at menarche (onset of menses). · Unprotected sexual intercourse within or outside marriage. · Early marriage. · Sexual violence e.g. rape · Risky behaviour e.g. substance abuse, sexual experimentation. · Sexual relationships with older men.	Powerpoint presentation

- Low contraceptive use.
- Poverty.

Consequences of Teenage Pregnancy

	To the mother	To the child
Health	Complications during pregnancy and delivery including anaemia, hypertension, obstructed labour resulting in fistula or even death Increased risk of contracting STI, HIV/ AIDS	Increased risk of death from: -Obstructed labour -Low birth weight -Respiratory infection -Premature birth -Intrauterine growth retardation
Social	Shame and regret Low self esteem Difficulty in getting married in later life School drop out	Rejection Stigmatisation

Prevention of teenage pregnancy

- Sexual abstinence.
- Appropriate use of contraceptives for sexually active adolescents and young people.
- Provide information about sexual rights and health.
- Prevent sexual violence.

Miscarriage and abortion	10 mins	Miscarriage and Abortion Miscarriage is the loss of a pregnancy before the age at which the baby can survive outside the mother's womb (in Nigeria, this is 28 weeks of pregnancy). It can result in heavy bleeding, incomplete emptying of the womb, and/or infection which must be treated as these are serious complications that can result in fainting (shock), insufficient blood (anaemia), generalized infection or death. Longstanding infection of the genital tract may also result and can lead to infertility. Bleeding may require the use of drugs to control it and/or blood transfusion to replace lost blood, incomplete emptying of the womb may require assistance by the health worker to empty the womb using drugs or a surgical procedure, and infection will require treatment with appropriate drugs. Some young women may have chosen to abort an unwanted pregnancy and may develop complications due to unsafe abortions (by unskilled persons, in an unhygienic environment and/or using unsafe methods). Such methods may include: packing dirt or other unsafe preparations into the vagina; pushing a foreign body (such as a coat hanger) into the uterus; causing external trauma to the abdomen; and/or taking traditional remedies, including poisons. This is because of abortions for social reasons are illegal in the country. Some complications of unsafe abortions are similar to those of miscarriage and the treatment options are the same. Any pregnant woman who experiences bleeding at any stage of her pregnancy should seek help from a health provider for proper assessment and care. Similarly, any woman who has any of the following signs following a miscarriage or an abortion should seek help from a health worker: • Severe abdominal pain • Heavy vaginal bleeding • Fever • Yellowness of the eyes • Bad-smelling vaginal discharge • Fainting or dizziness Consequences of Unsafe abortion • Infertility due to blocked tubes or scarred uterus	Powerpoint presentation

		• Perforated uterus • Miscarriage in future pregnancies • Death • Psychological problems e.g. guilt, depression, anger, difficulty in sleeping, nightmares or flashbacks, wanting to avoid children or babies, preoccupation with being pregnant again, fear of not being able to get pregnant again, self-abusive behaviours	
Antenatal care	15 mins	Antenatal Care, Delivery and Care After Delivery Antenatal Care For all pregnancies, it is important to attend antenatal clinic where health workers can provide antenatal care (ANC). Pregnant women should seek assistance from a health worker as soon as possible after they realise that they are pregnant and should attend ANC regularly based on the appointment schedule they are given by the health worker. ANC is important for: • Education on staying healthy: balanced diet; avoid smoking, alcohol, drug abuse; regular gentle exercise; safer sex to prevent STIs (as described above); personal hygiene. • Preventing illness and complications: iron and folic acid tablets; antimalarial preventive treatment; use of insecticide treated bednets to prevent malaria; tetanus vaccination; and preventive treatment for intestinal worms that can result in insufficient blood. • Early assessment and treatment of any complications by checking: adequacy of blood (anaemia); blood pressure (hypertension); sickle cell disease (sickler); blood sugar (diabetes); STIs (HIV, hepatitis, syphilis); SGBV; FGM; and any other complications that may arise based on her individual circumstances. • Preparing for delivery and care of the baby, and being ready if complications arise: expected date of delivery (EDD); where to deliver (skilled birth attendant); saving money for hospital bills and other expenses; who will support her during labour; who will donate blood for her if needed; who will take care of the other children; transport arrangements when labour starts or if complications arise; and danger signs to be aware of. Danger signs in pregnancy	Powerpoint presentation

		If a woman experiences any of the following danger signs, she should seek immediate medical help for proper assessment and care. 1. Bleeding from the vagina at any stage of the pregnancy. 2. Severe abdominal pain at any stage of the pregnancy. 3. No movement or reduced movement of the baby. 4. Breaking of water (fluid coming out of the vagina) with no sign of labour. 5. Abnormal vaginal discharge. 6. Severe headache. 7. Convulsions or fainting. 8. Dizziness. 9. Fever. 10. Swelling of the whole body. 11. Difficulty in breathing. 12. Severe vomiting.	
Care During and After Delivery	15 mins	Care During and After Delivery Delivering with a well-trained health worker (skilled birth attendant: midwives, nurses, or doctors) helps to ensure a healthy mother and baby at the end of pregnancy. This is even more important for survivors of SGBV/VAWG, child marriage and FGM who may have special needs as a result of their experience. All women regardless of whether they are survivors or not should be encouraged to deliver in a health facility with a skilled birth attendant and should be encouraged to see a health worker at least 3 times in the first 6 weeks after delivery. The newborn baby should be breastfed exclusively for 6 months if possible and should be given the required childhood vaccinations which are available at health facilities. Signs that labour has started include: · Abdominal pain or low backpain that comes and goes. · Mucus discharge from the vagina that may or may not contain some blood. · Breaking of water (fluid coming out of the vagina). Danger signs in labour	Powerpoint presentation

If a woman experiences any of the following danger signs, she should seek immediate medical help for proper assessment and care.

1. Excessive vaginal bleeding during or after delivery.
2. Placenta not delivered more than 1 hour after the baby has been delivered.
3. Breaking of water without labour pains for more than 12 hours.
4. Labour pains lasting more than 12 hours without delivery.
5. Severe headache.
6. Dizziness.
7. Convulsions or fainting.
8. Fever.
9. Vaginal discharge that smells very bad.
10. Severe abdominal pains that are continuous.
11. Reduced or no movement of the baby in the womb.
12. Umbilical cord, arm or leg of the baby coming out of vagina before the rest of the body.

Danger signs in the first 6 weeks after delivery
If a woman experiences any of the following danger signs, she should seek immediate medical help for proper assessment and care.

1. Abnormal vaginal discharge.
2. Severe headache.
3. Dizziness.
4. Swelling of the whole body.
5. Breast swelling and pain.
6. Convulsions or fainting in mother or baby.
7. Fever in mother or baby.
8. Difficulty in breathing or fast breathing in mother or baby.
9. Severe vomiting in mother or baby.
10. Baby unable to feed or refusing to feed.
11. Baby losing weight or not gaining weight.
12. Baby's eyes or skin being yellow.

Family planning after miscarriage/ abortion or delivery	5 mins	Family planning after miscarriage/abortion or delivery Family planning can be provided after a miscarriage/ abortion or after delivery if the woman desires it. It is important to note the following: • A woman can get pregnant again within 2 to 4 weeks after a miscarriage/abortion. • Waiting for 6 months after a miscarriage/abortion before getting pregnant again improves the health of the woman and reduces the chances of complications in the next pregnancy. • Most methods of family planning can be used immediately after treatment for a miscarriage/abortion but a health worker should be consulted for proper assessment and appropriate care. • It is preferrable to wait for 2 years after delivery before trying to get pregnant again in order to give the woman's body enough time to recover from the previous pregnancy. Waiting for 2 years will also give the baby time to grow with the mother's full attention. • There are restrictions on the use of family planning methods after delivery and it is important to seek help from a health worker before using family planning after delivery. This is especially important regarding the use of hormonal methods among women who are breastfeeding. • The combined hormonal pills, which are widely available, should NOT be used by breastfeeding mothers in the first 6 months after delivery.	Powerpoint presentation
Summary	5 mins	Summarise by asking participants to list the following • 3 causes of infertility. • 5 danger signs in pregnancy. • 5 danger signs during labour. • 5 danger signs in the first 6 weeks after delivery.	Discussion
Questions	3 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Session 8: SRHR Services Required by Survivors of SGBV/VAWG, child marriage and FGM

Duration

65 minutes

Session Objectives

By the end of this session, participants will be able to:

1. Describe the SRH services that may be required by survivors.
2. Explain the social services that may be required by survivors.
3. List the justice and policing services that may be required by survivors.

Training/Learning Methods

- Illustrated lecture
- Discussion
- Group exercise

Training/Learning Materials Required

- Powerpoint presentation

Equipment needed

- Computer and projector

Instruction to Facilitator

- Introduce the topic and facilitate the illustrated lecture
- Facilitate the group exercise

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Overview	5 mins	Present the illustrated lecture Women and girls who experience SGBV/VAWG, child marriage or FGM may need various services depending on how they feel and what they want. They need health services to address complications affecting their bodies or their minds, social services to help them reorganize their lives, and justice and policing services in order to ensure that perpetrators are held responsible and prevented from repeating the offence. It is important for survivors to have information about services that are available, and how to access them, in order to make an informed decision. They should not be forced to use any service and service providers should be aware that a survivor may need one or more service(s). Information that they can use are as follows.	Powerpoint presentation
SRH Services	5 mins	Sexual and Reproductive Health Services SRH services may be required for any of the following reasons: • Injuries to any part of the body including the reproductive organs can occur as a result of SGBV/VAWG. In FGM there is deliberate injury inflicted on the reproductive organs and in child marriage there may be tears to the girl's immature reproductive organs during sexual intercourse. Severe injuries may lead to heavy bleeding and/or infection which need to be treated urgently, and some may need surgery. Less severe injuries may need treatment (e.g. stitching) to prevent them from getting worse or becoming longstanding problems. • Bleeding may occur as a result of SGBV/VAWG, FGM or following sexual intercourse resulting from child marriage. This may be very heavy and lead to profuse sweating, dizziness, or fainting. Heavy bleeding can lead to death if not treated urgently. • Preventing or treating infections including tetanus, HIV, hepatitis B and HPV (human papilloma virus that leads to cancer of the cervix) which can be acquired through SGBV/VAWG or FGM. There are medicines and vaccines that can be used to reduce the risk	Powerpoint presentation

of getting such infections and these are effective when started within 3 days of the incident. In the case of child marriage, exposure to HIV, hepatitis B or HPV may occur but prevention may not be possible unless there is an injury that causes the girl to seek medical help shortly after the first sexual intercourse. In many cases of child marriage, infection may already be present before they seek medical help so the focus will be more on providing appropriate treatment for whichever infection is present.

- Treatment of swellings, deformities or disfigurement of the reproductive organs resulting in difficulties in passing menstrual blood or difficulties as a consequence of FGM.
- Prevention and management of unwanted pregnancy that may result from SGBV/VAWG. There are family planning methods for preventing unwanted pregnancy after unplanned sexual intercourse and these are effective if used within 5 days of the sexual intercourse.
- Delaying pregnancy and spacing births in survivors of child marriage or FGM using various family planning methods.
- Prevention and management of pregnancy complications that may arise following SGBV/VAWG or FGM during pregnancy including insufficient blood (anaemia), miscarriage, premature labour, low weight of the baby, death of the unborn baby, high blood pressure, bleeding or any other complication. Child marriage survivors may also have similar complications during pregnancy. Antenatal care will help to detect any complications early and ensure that treatment is provided early so that the pregnancy outcome will be good for the mother and her baby.
- Safe delivery of pregnant survivors of SGBV, child marriage or FGM by a skilled birth attendant. Delivery in health facilities with skilled birth attendants will ensure that the appropriate management is provided during labour and delivery to prevent excessively long labour, tears of the genital tract, death of the baby, excessive bleeding and fistula. In some cases, the baby will have to be delivered using instruments or through an abdominal operation.
- Prevention and treatment of fistula. It is important for survivors to know that it is possible to prevent fistula and that there are treatment options for fistula (as

		described under the fistula section). · Preventing or treating emotional/psychological stress with or without sexual difficulties. SGBV/VAWG, child marriage and FGM may cause severe psychological stress that leads to fear of sexual intercourse or lack of interest in sex, and they may also result in physical damage that makes sexual intercourse difficult, unsatisfying, or painful. Survivors need to be aware that there are ways of addressing these problems. · Collecting evidence for court proceedings and testifying if the survivor wants to seek justice. · Referral to other services that they may need.	
Social services	5 mins	Social Services Social services may be needed to help survivors to move on with their lives by providing: · Assistance to seek medical help. · Report to the police and take the matter to court. · A place to stay in cases where the survivor has to nowhere to go. · Supplies like food, water, clothes, sanitary towels, etc. · People to talk to for support (support groups). · Money to take care of their immediate needs. · Training opportunities so that they can earn money. · Opportunities to get a job or start a business. · Protect their children from experiencing SGBV/VAWG, child marriage or FGM. · Other support that they may need.	Powerpoint presentation
Justice and policing services	5 mins	Justice and Policing Services Justice and policing services may be needed to: · Report the case to the police. · Investigate the matter and gather evidence. · Get appropriate legal advice. · Take the case to court. · Get compensation. · Ensure that the perpetrator is punished. · Protect the survivor from further incidents. · Discourage people from committing such crimes.	Powerpoint presentation

Role of families and communities	5 mins	Role of Families and Communities Families and communities can help to prevent SGBV/VAWG by making it clear that such acts are unacceptable, teaching children that it is not acceptable and teaching them how to protect themselves. Families and communities can also help to prevent SGBV/VAWG by reporting anyone suspected to have committed such crimes to the police and not protecting perpetrators from justice. Similarly, families and communities play a vital role in the prevention of child marriage and FGM and need to be provided with accurate information on the dangers of these practices and the benefits of abandoning them. Education of girls is very important in this regard as it helps to delay the age at first marriage and also helps women to be able to take the decision not to allow their daughters to experience child marriage or FGM.	Powerpoint presentation
Summary	3 mins	Summarise by stating the following: • Survivors may need health, social and/or justice & policing services. • They should be provided with adequate information to enable them make a decision on what service they need. • Families and communities play a vital role in preventing SGBV/VAWG, child marriage & FGM, and in supporting survivors.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion
Group exercise	30 mins	Instructions • Divide the participants into 3 groups. • Each group should work on one of the issues - SGBV/VAWG, child marriage, or FGM (e.g. group 1 – SGBV/VAWG, group 2 – child marriage, & group 3 – FGM). • Each group should select a leader and a secretary and decide who will present their work. Task: • Give a talk to the family of a survivor of the issue your group is working on. Duration: • 15 minutes for preparation. • 5 minutes for presentation by each group.	Discussion

Module 5: Other Health Issues

Goal

This module provides participants with knowledge and skills on how to provide information and support their peers on other health issues.

Sessions

Session 1: Mental Health and Drug Use – 120 minutes

Session 2: Nutritional Requirements for Adolescents and Young People – 90 minutes

Session 3: Coronavirus/COVID-19 and Epidemics/Pandemics – 50 minutes

Session 1: Mental Health and Drug Use

Duration

120 minutes

Session Objectives

By the end of this session, participants will be able to

1. Understand how to maintain good mental health.
2. Appreciate the relationship between mental health and reproductive health of young people.
3. Understand the challenges of drug use and how to counsel adolescents and young people who are drug users, including appropriate referrals where necessary.

Training/Learning Methods

- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Illustrated lecture
- Flipchart paper and markers

Equipment needed

- Computer and projector
- Flipchart stand

Instruction to Facilitator

- Facilitate the illustrated lecture
- Facilitate the brainstorming exercise

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Overview	5 mins	Overview of Mental Health Health has been defined by the World Health Organization as a state of physical, mental and social well-being of an individual and not merely the absence of disease or infirmity. This definition emphasizes the need to perceive health at physical, mental and social levels. This underscores the need to appreciate the fact that the brain (mental health) controls the body and that good mental health is necessary for normal human functioning within the society. Mental health in adolescence may be characterized by a roller coaster of emotional and psychological highs and lows. Intense feelings are a normal and healthy part of the psychological landscape of youth, but it is also true that many mental health disorders of adulthood begin in childhood or adolescence. Definition of Mental Health It refers to the capacity of an individual, a group and the environment to interact with one another in ways that promote the feeling of well-being. This entails the optimal development and use of mental abilities (thinking, reasoning, understanding, feeling and behaviour) required for normal level of functioning. Mental health therefore involves satisfactory social relationship with others and it is not the same as mental disorders. The World Health organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".	Powerpoint presentation
Signs of poor mental health	5 mins	Signs of Poor Mental Health The following may be warning signals for poor mental health: · Always worrying. · Unable to concentrate on task at hand for	Powerpoint presentation

		un-recognized reasons. • Continually unhappy without justified cause. • Losing your temper easily and often. • Not sleeping well (insomnia). • Wide fluctuations in your moods from depression to elation, back to depression, which incapacitates the person. • Continually dislikes to be with people/withdrawal from family and friends. • Undue shyness. • Upset when the routine of your life is disturbed. • Children consistently getting on your nerves. • Afraid without cause. • Always right and the other person always wrong. • Always suspicious of people around. • Have numerous aches and pains for which no doctor can find a physical cause. • Inflicting injuries on themselves. • Confused thinking or reduced ability to concentration. • Major changes in eating habits. • Changes in sex drive. • Suicidal thinking. • Inability to cope with daily problems or stress.	
Promoting good mental health	5 mins	Factors that Promote Good Mental Health 1. Build Confidence Identify your abilities and weaknesses together, accept them build on them and do the best with what you have. 2. Eat right, Keep fit Adequate diet, regular exercise and adequate rest can help you to reduce stress and enjoy life. Reduce consumption of stimulants like alcohol, cigarettes, etc and avoid use of recreational drugs. 3. Make Time for Family and Friends These relationships need to be nurtured; if taken for granted they will not be there to share life's joys and sorrows. Eat together, play together, recreational activities, parents/guardian should give them room to share their views and ask questions.	Powerpoint presentation

4. Give and Accept Support

Friends and family relationships are strengthen when they give support and accept each other in times of need.

5. Create a Meaningful Budget

Financial problems cause stress. Not all we want are what we need at a particular time – use a scale of preference to identify needs and spend wisely.

6. Volunteer

Being involved in community service gives a sense of purpose and satisfaction that paid work cannot.

7. Manage Stress

We all have stressors in our lives but learning how to deal with them when they threaten to overwhelm us will maintain our mental health.

8. Find Strength in Numbers

Share your problem with a trained counselor in your school or locality who will help you find a solution and will make you feel less isolated.

9. Identify and Deal with Moods

We all need to find safe and constructive ways to express our feelings of anger, sadness, joy and fear.

10. Learn to Be at Peace with Yourself

Get to know who you are, what make you really happy, and learn to balance what you can and cannot change about yourself.

Summarise the section on overview of mental health as follows:

Mental health is an integral and equally important component of the well-being of an individual. Mental health enhances satisfactory inter-personal and social relationships. A good knowledge of early signs of poor mental health and tips for promoting optimal mental health among adolescents and young people is important.

Mental Disorders	5 mins	Mental Disorders Mental disorders account for a large proportion of the disease burden in young people in all societies. Most mental disorders begin during youth (12–24 years of age), although they are often first detected later in life. Poor mental health is strongly related to other health and development concerns in young people; notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health. Those disorders that most commonly affect adolescence are anxiety disorders, which manifest through phobias, excessive worry and fear, and nervous conditions; and depression disorders, characterized by states of hopelessness or helplessness that are disruptive to day-to-day life. Other mental health conditions affecting youth include bipolar disorder, conduct disorder, attention-deficit/hyperactivity disorder, learning disorders, eating disorders, autism, childhood-onset schizophrenia, post-traumatic stress disorder and pre-menstrual dysphoric disorder. Definition Mental disorder: It can be defined as an illness with psychological or behavioural manifestations and (or impairment in functioning due to social, psychological, genetic, physical or biological disturbance.) Mental disorders are characterized by abnormalities in a person‘s emotions, thoughts, cognition, sensory perceptions, beliefs and behaviour.	Powerpoint presentation
Common types of mental disorders	10 mins	Refer participants to the table on common types of mental disorders in their participants’ reference manual. Go through the types of mental disorders in the table and explain each one.	Table on common types of mental disorders
Causes of mental disorders	5 mins	Causes of Mental Disorders Mental illness does not come without a warning. It is the combination of unsuccessful reaction to life problems and long-term failure to adjust to real life situations. The causes may be attributed to: 1. Emotional experiences e.g. - In infancy and childhood	Powerpoint presentation

		- Broken homes - Socio-economic problems - Psychosocial stressors. e. g. failure of examination, unwanted pregnancy, parental quarrels. 2. Brain injuries e.g. at childbirth, accidents etc. 3. Drug abuse e.g. alcohol, cannabis. 4. Genetic factors. 5. Organic brain syndrome e.g cerebral malaria, typhoid, meningitis, encephalitis.	
Prevention of mental disorders	10 mins	Prevention of Mental Disorders Primary prevention: aimed at reducing the number of new cases, include efforts at education concerning risk factors and protective factors of mental disorders eg: need for adequate antenatal and delivery methods to prevent birth injury and mental retardation or the dangers of drug abuse. Secondary prevention: aimed at reducing the number of identified cases through early detection and appropriate treatment. It is important to advocate prompt referrals to enable quick and effective management of every case. Tertiary prevention: aimed at reducing the effect of the illness on individual and the society through rehabilitation and reintegration of the patient back into the society after the illness has been treated successfully. This usually involves vocational training, occupational therapy, support groups etc. Referral Centres Persons with mental disorders can be referred to: • Primary Health Care Centres • Secondary and Tertiary Health Facilities e.g. State and General hospitals, Teaching hospitals, and Psychiatric hospitals. • MyQ helpline 08027192781 or text 38120 (toll free) Summarise the section on mental health disorders as follows: Recognition of the signs and symptoms of mental health disorders is important because early intervention may be critical to restoring health. Mental health disorders are	Powerpoint presentation

		typically marked by disruption of emotional, social, and cognitive functioning. A good knowledge of cases, signs and common types of mental disorders will go a long way to help in promoting mental health among adolescents and young people.	
Substance abuse	10 mins	Substance Abuse Drug (Substance) abuse has become a public health problem all over the world. In resource- poor countries, the problem is of no less importance than in Western countries and exacts a tremendous toll in terms of morbidity and mortality. In Nigeria within the last two decades, adolescents and young adults have been found to be abusing licit (alcohol, tobacco) and illicit substances (Indian hemp, cocaine and heroin). The abuse of such substance has harmful effects on the individual, family and the larger society. In addition to acute effects and disorders, substance use in children and adolescents can harm the healthy development of the body, brain, and behaviour. Also, apart from the consumption of such drugs, trafficking in illicit drugs constitutes a criminal offence. Unfortunately, male youths predominantly form the risk group at tender ages of 10-15 years. It is therefore essential for the society (Government and non-Governmental Organizations) to work out strategies (methods) of controlling drug abuse in our societies. Definitions Drug A drug is a substance which affects the body to modify its functioning. Drugs which mainly affect the level of consciousness/mind, mood and behaviour are called psychoactive drugs. These psychoactive drugs have habit-forming potentials. Examples of these drugs are cigarette (nicotine), alcohol, cannabis (Indian hemp), heroin, cocaine and kola-nut. Tolerance This is said to have developed to a drug when it produces a decreased effect or when there is the need for markedly increased amounts of the substance to achieve a	Powerpoint presentation

desired effect.

Substance Dependence

This is a repetitive prolonged use of a habit forming drug to the extent that there will be an overriding desire for the drug, and tendency to increase the frequency and quantity used. There is also the development of withdrawal symptoms when attempt is made to stop the use of the drug.

Substance withdrawal

This is the manifestation of physical and/or psychological symptoms occurring when a drug is reduced in amount or stopped and usually lasts for a limited time.

Substance intoxication

This is the development of reversible substance – specific problems due to recent ingestion of (or exposure to) a substance e.g. excessive consumption of alcohol over a short period of time and usually disappears when that substance is eliminated from the body.

Drug (substance) abuse

Substance abuse is a maladaptive recurrent pattern of use of a habit-forming drug that may lead to significant impairment or distress manifesting as:

- Failure to fulfill major role obligations at work, school or home e.g. poor work performances, absenteeism, expulsion from school, neglect of children etc.
- Recurrent substance use in situations in which it is physically hazardous e.g. operating a machine.
- Recurrent substance related legal problems e.g. arrest for substance-related disorderly conduct.
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or made worse by the effects of the substance.

The abuse of habit-forming drugs can progress from the stage of experimentation through the stage of more frequent use to the stage of drug dependence/addiction. At this stage of physical and/or psychological dependence, there is a craving for the drug of choice, tendency to increase the dose of drug used, withdrawal signs and symptoms when the drug is stopped.

Why adolescents and young people use substances	10 mins	Why Adolescents and Young People Use Substances Adolescents and young people often take to drugs because of environmental influences, defects in their personality (who they are) or because such substances are easily available. Some of the most common reasons are:- • Peer pressure i.e. influence of friends. • Ineffective control of drug availability. • Out of curiosity - they want to find out about it. • To gain acceptance by friends e.g. cultism in institutions of learning. • As a means of escaping from or relieving pressures. • To get high. • As a means of relaxation. • Because parents/guardian/role models/mentors use drugs e.g. they smoke cigarette or drink alcohol. • Because of problems at home or at school. • Because they work on jobs or in environment that encourage drug use e.g. as bar attendants, cigarette vendors. • Presence of personality problems e.g. low self-esteem. • Heredity – alcohol and other drug problems tend to run in some families. • Parental deprivations e.g. separation, divorce; death of parents. • Advertising: youths learn wrong information from advertisement of tobacco and alcohol. • Social change, Youths moving from rural areas to urban centers where they have no social support, unemployment.	Powerpoint presentation
Drugs/substances commonly abused in Nigeria	5 mins	Drugs/Substances Commonly Abused in Nigeria • Alcohol. • Tobacco. • Cannabis (Indian Hemp). • Stimulants e.g. dexamphetamine, pemoline. • Anxiety relieving drugs e.g. valium, lexotan. • Opioids e.g. heroin. • Cocaine. • Volatile substances e.g: solvents, paint, petrol. • Coffee, tea, kola nuts.	Powerpoint presentation Table on common drugs and their effects

		• Hallucinogens. • Codeine. • Glue. • Methane from pit toilets and gutters. Refer participants to the table on common drugs/substances abused and discuss.	
Warning signs	5 mins	Warning Signs of Drug/Substance Abuse There are certain behaviours, which can help parents and care givers to suspect in good time when a person is using drugs. These are: • Sudden change in behaviour and mood. • Sudden change and decline in attendance and performance at school or work. • Unusual temper flare-ups. • Increased borrowing of money from parents and friends. • Stealing at home, school or work place. • Unexplained long absence from home. • Unnecessary secrecy. • Changes in dressing and appearance. • Presence of paraphernalia e.g. syrups, foil paper, lighter and burnt spoon syringe. • Needle marks especially where there are veins. • Selling belongings and personal items.	Powerpoint presentation
Effects of drug/ substance abuse	10 mins	Effects of Drug/Substance Abuse The consequences of excessive and/or prolonged drug abuse can be socio-economic, physical or psychological. Social • Loss of sense of responsibility. • Loss of job. • Family disruption. • Criminal behaviour. • Terrorism. • Delinquent acts usually in youths. • Lack of achievement. • Promiscuity. • Road traffic accidents. • Attempted suicide and suicide Physical • Physical dependence leading to withdrawal	Powerpoint presentation

		reactions e.g. alcohol. • Sympathetic nervous system stimulation as in amphetamine or cocaine abuse- restlessness, tremors etc. • Depression of the central nervous system with drugs such as alcohol, barbiturates, heroin, Valium etc. • Damage to organs such as liver, brain, pancreas, and peripheral nerves. • Head injury-Road traffic accidents, falls, home accidents etc. • Damage to unborn babies, e.g. fetal alcohol syndrome in alcoholic mothers, Low birth weight in chronic cigarette smokers, etc. Psychological Complications • Psychic dependence leading to cravings e.g. cannabis, tobacco, kolanuts. • Mood altering resulting in mood elevation or depression e.g. drugs such as cocaine, amphetamines, cannabis, and alcohol. • Abnormal behaviour such as psychosis with drugs such as cannabis, cocaine, amphetamines. • Psychological symptoms of withdrawal e.g. hallucinations, severe anxiety, sleep disturbance etc. • Dementia- Impairment of memory as in chronic alcohol use. • Personality disintegration and loss of self-esteem. • Lack of motivation as seen in chronic cannabis abuse. • Sexual disorders such as impotence and delayed ejaculation.	
Effects of drug/ substance abuse on reproductive health	5 mins	Consequences of Using Substances on Reproductive Health Apart from the general effects of drugs on the body, drugs particularly affect reproductive health in a very serious and harmful way. Drugs cause dis-inhibition and may also make young people to be more daring. In this state, they take risks including: • Sexual experimentation: Unprotected sexual activity may lead to:	Powerpoint presentation

		- Infection with STIs and HIV/AIDS (untreated STIs may lead to infertility). - Unwanted pregnancy: (Illegal unsafe abortion may be procured to terminate unwanted pregnancy, which may lead to infection, bleeding, death or infertility. · Prostitution in order to sustain the habit. · Early initiation of sexual activity, which is more likely to have serious health problems in future such as cancer of the cervix. · Poor performance at school, such school drop-out falls into the low-income group where problems of unplanned families are more common. · Unstable homes, marital disharmony, separation and divorce.	
Management of drug/substance abuse	10 mins	Management of Drug/Substance Abuse Management of drug abusers is usually fraught with difficulties. Some of the difficulties encountered in managing drug addicts are due to the following characteristics: · Some of them can become aggressive and violent under the influence of drugs. · Majority of drug addicts tell lies and cannot be believed or trusted. · Most of them are very manipulative, dependent on other people and crafty. · Under the influence of drugs, addicts have a high tendency to commit suicide or harm themselves. · Some addicts are given to the life of crime and may not have developed enough skills to survive outside the drug culture. · They may be completely occupied with seeking out drugs and taking them that nothing else matters to them including offer to help. · Under the influence of drugs their mood may swing unpredictably. Main Methods of Treatment · Referring the drug addict to treatment centres such as hospitals, counselling centres or rehabilitation homes for full assessment including history taking, examination, testing and treatment of all problems identified. · If the person is having serious withdrawal symp-	Powerpoint presentation

toms, he may need to be admitted and detoxified. This is a process of getting rid of the drug in the person's body under controlled situation and monitoring. The client will be placed on medication by professionals under close observation. After the initial phase of detoxification and taking care of any existing physical problems, the person is enlisted into a drug treatment programme where psychological forms of treatment may be used to assist him or her to get out of the habit of taking drugs.

- The addict will also be assisted to develop skills that may equip him for independent economic existence when he goes back to society. This process is called rehabilitation. Rehabilitation programmes are of different types and can be set in different locations or for specific groups, such as adolescents and young people.
- On discharge back to society some drug addicts may be advised to attach themselves to self-help groups for further reinforcement of their determination to stay free of drugs. Self-help groups are made up of people who have similar problems in the past and have decided to come together to help and reinforce themselves so that they can continue to stay away from drugs. The most common of these groups is the AA or Alcoholic Anonymous. The group has established a set of regulations to guide their conduct, which they follow faithfully. These guidelines or rules are called the 12 steps and 12 traditions of the AA.
- Apart from these, the drug abuser/client needs constant support from the family, the community and his or her primary therapist. He needs to be counselled regularly to assist him have information to enable him make the right life choices.
- Counsellors should refer identified health problems promptly.

Treatment of Health Problems Related to Drug Abuse
The main point to note in the treatment of problems related to drug abuse is that drug abuse is dangerous to health and is often a problem of young people whose lives may be ruined if adequate intervention is not made in good time. The situation should always be given the seriousness it deserves.

Prevention of drug/sub-stance abuse	10 mins	Prevention of Drug/Substance Abuse The main ways to prevent drug abuse are by controlling the supply of the drugs and by reducing the demand for the drugs by users. These are done through several strategies as follows: • Use of mass media to increase public awareness to drug problems. • Drug abuse preventive education in schools. • Community and NGOs involvement in drug prevention activities. • Provision of counseling centres in schools, mosques, churches and primary health care centres etc. • Early identification, treatment and social reinte-gration of drug abusers. • Legislation to prohibit production, distribution, advertisements, sale and use of drugs. • Limiting the cultivation of drugs producing plants to medical and scientific purposes only. • Providing those who grow drug producing crops like cannabis (Indian Hemp) with other economic activities so that they can stop further planting, e.g. by crop substitution. • Establishing effective monitoring system to check drug production and distribution. • Participating in international conventions on drug control and collaborating with other countries to control drug trafficking. • Ensure enforcement of drug control laws. • Preventing drug abuse in young people through education and counselling. • Providing accurate information education and counseling to young people. Summarise the section on drug/substance abuse as follows: Drugs/substances that are abused could be licit (alcohol, tobacco) and illicit (Indian hemp, Cocaine, heroin).These substances have harmful effects on the body, brain and the behavior of an individual.	Powerpoint presentation
Questions and answers	8 mins	Ask participants whether they have any questions or comments and respond appropriately.	Discussion

Common Types of Mental Disorders

Anxiety disorders:	Signs and symptoms.
· Panic disorders · Specific phobias or social phobias · Generalized anxiety · Obsessive-compulsive disorder · Acute stress reaction · Post-traumatic stress disorder · Pre-menstrual dysphoric disorder	· Fear · Pounding heart or accelerated heart rate · Trembling · Sweating · Difficulty in sleeping at night · Abdominal discomfort · Sensation of shortness of breath · Feeling dizzy, unsteady, light-headed and faint. · Feelings of unreality or being detached from oneself. · Fear of losing control or going crazy · Fear of dying · Numbness or tingling sensations · Chills (cold)or hot flushes (hot sensations of the body) · Mood lability, irritability, dysphoria and anxiety
Mood disorders	Signs and symptoms
· Major depressive disorder	· Depressed mood most of the day, nearly everyday · Markedly diminished interest or pleasure in all or almost all activities. · Fatigue or loss of energy · Poor appetite and significant weight loss · Insomnia particularly early morning wakening. · Psychomotor agitation or retardation in movement and thinking · Feeling of worthlessness or inappropriate guilt. · Diminished ability to think or concentrate · Recurrent thought of death · Suicidal thought and/or attempts
· Manic episode	· Inflated self-esteem or grandiosity false estimation of ones-self · Decreased need for sleep · More talkative than usual or pressure to keep talking · Subjective experience that thought are raising · Attention too easily drawn to unimportant or irrelevant external stimuli. · Increase in goal directed activity · Dis-inhibition e.g. engaging in unrestrained buying sprees, sexual indiscretions or foolish business investment.
Conduct Disorder · A repetitive and persistent pattern of behaviour in which either the basic rights of others or major age-appropriate societal norms or rules are violated.	· Signs and symptoms · Aggression to people and animals · Destruction of property. · Deceitfulness of theft. · Serious violation of rules

· Substance (drug) related disorders	· Substance intoxication · Recurrent use of habit-forming drug resulting in a failure to fulfil major obligations. · Recurrent substance use in situations in which it is physically hazardous. · Recurrent substance related legal problems continued substance use despite having persistent or recurrent social or interpersonal problems used or exacerbated by the effects of the substances. · A need for markedly increased amount to the substance to achieve intoxication or desired effect. (tolerance). · Withdrawal symptoms.
Adjustment disorders · Emotional or behavioural symptoms that occur in response to stressful life events	· Marked distress that is in excess of what would be expected from exposure to the stressor. · Significant impairment in social or occupational functioning. · Adjustment disorder can manifest with depressed mood, anxiety, or disturbance of conduct.
Disorders of human sexuality	Abnormal sexuality is sexual behaviour:
· Non organic sexual dysfunction · Sexual desire disorders · Sexual arousal disorders · Orgasm disorders · Sexual pain disorders · Substance induced sexual dysfunction · Sexual dysfunction due to general medical conditions · Sexual disorders (paraphilia) Exhibitionism Fetishism Paedophilia Sexual sadism Voyeurism Transvestic Fetishism	· That is destructive to oneself or others, · That cannot be directed toward a partner, · That excludes stimulation of the primary sex organs, · That is inappropriately associated with guilt and anxiety or that is compulsive
Organic Brain Disorders · These are mental illness caused by physical problems such as infections, trauma, substance abuse, epilepsy etc.	· Disturbance of consciousness e.g. confusion · Memory deficits · Development of perceptual disturbance e.g. Visual hallucinations.

Eating disorders	Signs and symptoms
Anorexia nervosa	• There is weight loss or, in children, a lack of weight gain, leading to a body weight of at least 15 % below the normal or expected weight for age and height. • The weight loss is self-induced by avoidance of 'fattening foods'. • There is self-perception of being too fat, with an intrusive fear of fatness, which leads to a self-imposed low weight threshold. • A widespread endocrine disorder involving the hypothalamic-pituitary-gonadal axis which is manifested in women as amenorrhea, and in men as a loss of sexual interest and potency. • There are recurrent episodes of overeating (at least twice a week over a period of 3 months) in which large amounts of food are consumed in short periods of time.
Bulimia nervosa	• There is persistent preoccupation with eating, and a strong desire or a sense of compulsion to eat. • The patient attempts to counteract the 'fattening' effects of food by one or more of the following: - induced vomiting - induced purging - alternating periods of starvation - use of drugs such as appetite suppressants, thyroid preparations or diuretics

Summary Table of Common Drugs/Substances of Abuse and Their Effects

Drug Group	Effects	Danger	Example
Stimulants Depressants Marijuana Inhalants Opioids	• Can cause increase in energy and activity • Can suppress hunger • Produce a state of excitement or 'feeling good' • Can cause one to be in a state of euphoria. The intensity of the feeling depends on the type of drug e.g. cocaine is stronger than caffeine in coffee • Can slow down body functions • Causes sleep or drowsiness • Leads to fall in blood pressure, lowering of the heart rate and breathing unconsciousness • Death • Can make a person to 'feel good' at the beginning • Can cause depression in addicts • Can alter the way people see, hear, and feel • Can cause fear or reduce it thereby making the user bolder and more daring in taking risk • Can cause dryness of mouth and throat • Disorientation • Confusion • Inhaled fumes can cause - Excitation - Dis-inhibition - Euphoria • Can induce analgesia, drowsiness and changes in mood	• Sleeplessness • Anxiety • Irregular heartbeat • Possible heart failure • Over excitement • Hypomania • Hallucination and other forms of mental disorders • Reckless behaviour • Tolerance and psychological dependence develop quickly. Amphetamine can cause psychosis • Drowsiness • Uncoordinated behaviour and actions • Difficulty in operating machines • Unconsciousness and death • Problem of coordination • Long term use can also decrease libido, and affect sperm production • Like cigarette smoking it can cause damage to the respiratory system especially the lungs • Can reduce motivation and precipitate mental disorders • Dizziness • Incoordination • Slurred speech • Unsteady gait • Lethargy • Tremor • Generalized muscle weakness • Blurred vision • Euphoria • Stupor or coma • Facial rash • Nausea or vomiting • Muscle aches • Watering of eyes and running of noses • Sweating • Chills • Diarrhoea • Yawning • Fever • Insomnia	• Cocaine (crack) • Caffeine • Nicotine • Amphetamine • Alcohol • Lexotan • Valium • Other benzodiazepin es • Barbiturates Indian hemp, also referred to as • Weed • Igbo • Ganja • Glue (solution for patching shoes) • Paint thinner • Nail polish remover • Aerosols like hair spray, and petrol • Heroin • Morphine • Codeine

Session 2: Nutritional Requirements for Adolescents and Young People

Duration

90 minutes

Session Objectives

By the end of this session, participants will be able to

1. Know the different classes of nutrient, their uses and sources.
2. Understand nutritional requirements for adolescents and young people.
3. Understand the types of malnutrition and how it can be prevented.

Training/Learning Methods

- Brainstorming
- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Illustrated lecture
- Flipchart paper and markers

Equipment needed

- Computer and projector
- Sample data record sheets, sample data, and pens

Instruction to Facilitator

- Facilitate the illustrated lecture
- Facilitate the brainstorming activity

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Overview	10 mins	Introduction During adolescence, there is a greater demand for calories and nutrients due to the dramatic increase in physical growth and development over a relatively short period of time. Also, adolescence is a time of changing lifestyles and food habit - changes which affect both nutrient needs and intake. Adolescents and young people can be at risk for dietary excesses and deficiencies. Dietary excesses of total fat, saturated fat, cholesterol, sodium, and sugar commonly occur. Most adolescents and young people do not meet dietary recommendations for fruits, vegetables, and calcium rich foods. Other nutrition-related concerns for adolescents and young people include high soft drink consumption, unsafe weight-loss methods, micronutrient deficiencies, especially iron-deficiency anemia, and eating disorders. Nutrition problems may also occur as a result of tobacco and alcohol abuse, pregnancy, disabilities, or chronic health conditions.	Powerpoint presentation
Food classes and the food pyramid	30 mins	Food Classes and the Food Pyramid · Review the table on food classes and the diagram on the food pyramid with the participants. · Explain the various food classes, their function, the effects of deficiency and the sources of these nutrients. · Describe the food pyramid showing how much of the food classes are needed.	Table on food classes and diagram on food pyramid
Nutritional consideration of special adolescent groups	10 mins	Nutritional Consideration Of Special Groups Among Adolescents and Young People Pregnant Teenagers One of the factors in the outcome of pregnancy is maternal age at the time of conception. There are greater risks of pregnancy complications in very young adolescents, including an increased incidence of low birth weight (LBW) infants and prenatal morbidity and mortality. In addition there is higher incidence of premature delivery and anaemia. Malnourished mothers are likely to give	Powerpoint presentation

		birth to low birth weight (LBW) infants, who are then susceptible to disease and premature death, continuing the cycle of poverty and malnutrition. Early age at conception, smaller maternal size and poor nutritional status of young adolescents has been given as explanations for poor pregnancy outcome. Young adolescents who become pregnant have not yet completed their own growth and therefore require extra nutrient. Competition for nutrients between the mother's growth need and those of her fetus is one of the factors that contribute to unfavourable pregnancy outcome. The pregnant adolescent requires an extra 300 calories and 30g of protein per day. HIV Positive Adolescents and Young People Pregnant adolescents and young people with HIV are at particularly at high nutritional risk as a result of their higher dietary requirement. Infants born to HIV-positive mothers are more likely to be malnourished with low birth weight and impaired postnatal growth. Malnutrition is common in HIV infection and it is one of the complications of AIDS. Wasting has been associated with increased infectious complications and reduced survival. Vitamin A deficiency leads to rapid progression of HIV to AIDs, higher rate of mother- to-child- transmission and increased mortality.	
Harmful Eating Habits And Disorders	5 mins	Harmful Eating Habits And Disorders Adolescents and young people spend a good deal of time away from home and usually consume fast foods, which are convenient, but are often high in calories and fat. It is common for adolescents and young people to skip meals and snack frequently. The social pressure to be thin and the stigma of obesity can lead to poor body image and unhealthy eating practices, particularly among young female adolescents. Males in contrast, may be susceptible to the use of high-protein drinks or supplements as they try to build additional muscle mass.	Powerpoint presentation

		Religion, social and economic status, and the environment where one was raised or where one currently lives (urban, rural, or suburban) can influence food preferences. Adolescents also have their own particular —teen culture that can strongly influence their food choices. This effect would be more striking when they are away from home. Malnutrition in Adolescents and Young People Malnutrition is a broad range of clinical conditions that result from deficiencies in one or a number of nutrients. It is caused by eating too little, too much or not the right food. It is a state in which the physical function of an individual is impaired to the point where he or she can no longer maintain adequate bodily performance processes such as growth, pregnancy, lactation, physical work, and resisting and recovering from disease. Poor or inappropriate dietary habits increase the risk and/or incidence of chronic disease among adolescents and young people. Of great concern is the increasing rate of obesity among adolescents and young people as well as obesity-related health risks, such as diabetes and cardiovascular disease. Inadequate iron intake increases the incidence of iron-deficiency anaemia, especially among adolescents and young people at highest risk such as pregnant teens, vegetarians, and competitive athletes. Nutritional problems among adolescents and young people can be grouped into three major categories: • Under-nutrition. • Micronutrient deficiency. • Overweight and obesity.	
Undernutrition	15 mins	Undernutrition Under nutrition is manifested in the form of stunting (short-for-age) or wasting (thin-for-age) • Stunting Is observed when the height-for-age is less than two standard deviation units from the median height-for-age of the NCHs/World Health Organization reference values. Stunting is usually a consequence of chronic under-nutrition or deprivation of food. • Wasting or thinness	Powerpoint presentation

Is the result of acute energy deficiency leading to the individual being underweight for his or her height (i.e. a Body Mass Index (BMI), weight/height2, below 18.5). Some of the consequences are:

- Lack of energy to participate actively in sports and other activities.
- Delayed physical development.
- Delayed onset of menarche in girls.
- Menstrual disorders.
- Delayed growth of pelvic bones in girls with risk of obstetric complications in future.
- Low pre-pregnancy weight leading to delivery of low birth weight and stillborn babies.
- Suppressed immunity making them more prone to infection and illness.
- Failure of the brain to attain its full intellectual capacity.

Management

- Carry out regular assessment to determine the nutritional status through:
  - Anthropometrics measurement.
  - Physical/clinical examination.
  - Dietary assessment.
- Counsel adolescents and young people to maintain and improve upon food choices and eating habits.
- Educate adolescents or young people and their parents to improve on food choices and eating habits so as to satisfy the energy needs of the adolescents.
- Encourage adolescents and young from poor background to include low-cost nutritious foods in their diets.

Micronutrient Deficiency

a) Iron Deficiency Anaemia (IDA): Anaemia is one of the major nutritional problems of adolescents and young people. The onset of menarche in girls leads to regular loss of blood and this leads to more demand for iron. During the growth spurt period, iron deficiency anaemia is also a serious problem among young adolescent but the problem increases with age for girls. Anaemia could also be caused by hookworm infestation. Some of the consequences of iron deficiency anaemia are:

- Pregnancy outcome is affected leading to low birth weight babies, prematurity, stillbirth, neonatal infection and maternal mortality.
- Reduces work capacity.
- Reduces endurance of athletes.
- Causes apathy and reduced ability to concentrate.
- Reduces cognitive functions leading to poor school performance.
- Reduces resistance to infection.

Prevention

- Give dietary advice.
- Deworm and treat other parasites.
- Check haemoglobin regularly.
- Emphasize personal and environmental hygiene.

Management

- Emphasize dietary sources of iron e.g. Dark green leafy vegetables, meat, and liver.
- Give dose of iron preparation and folic acid.
- Involve parents/guardians in planning meals to effect behaviour change.
- Consume vitamin C rich foods to improve Iron absorption.
- Educate both parents and adolescent or young person to diversify diet.

b) Iodine Deficiency Disorders (IDD): Iodine deficiency disorders (IDD) are associated with brain damage, mental retardation, reproductive failure, child death and goitre.

Prevention

- Use only iodized salt for cooking.
- Diversify diet to include foods rich in Iodine.
- Counsel both adolescent or young person and parents to improve food choices and eating habits.

Management

- Diversify diet to include foods rich in Iodine.
- Counsel both adolescent or young person and parents to improve food choices and eating habits.

		c) Vitamin A Deficiency (VAD): Vitamin A deficiency can lead to poor night vision, blindness and death in children. It hinders physical growth and lowers resistance to infections. Prevention • Diversify diets to include vitamin A rich foods. • Use red palm oil regularly for cooking without bleaching. • Eat fruits and vegetables (both dark green vegetables and orange coloured fruits). Management Counsel adolescents or young persons and parent to diversify diets to include vitamin A rich foods. Encourage use of red palm oil for cooking without bleaching. Eat fruits and vegetables.	
Overweight and obesity	10 mins	Overweight and Obesity Obesity is defined as excess deposit of fat. The indicator for assessment is the Body Mass Index (BMI) which is weight in kilograms divided by the height in meters squared (Wt/Ht2). Obesity is BMI > 30 while overweight is BMI between 25 and 30. BMI < 18.4 is reported as underweight. Obesity is caused by excess energy intake, high fat diets and sedentary lifestyles or low physical activity. Obesity and overweight in childhood and adolescence leads to a higher risk of developing diabetes and other diet-related conditions and its persistence into adulthood puts a further strain on health. The obese adolescent or young person is less active with psychological and emotional problems such as depression because of low self-esteem. Prevention • Promote healthy living through consumption of a balanced diet. • Avoid excess intake of high fatty foods and sugar foods. • Encourage physical activity through exercises.	Powerpoint presentation

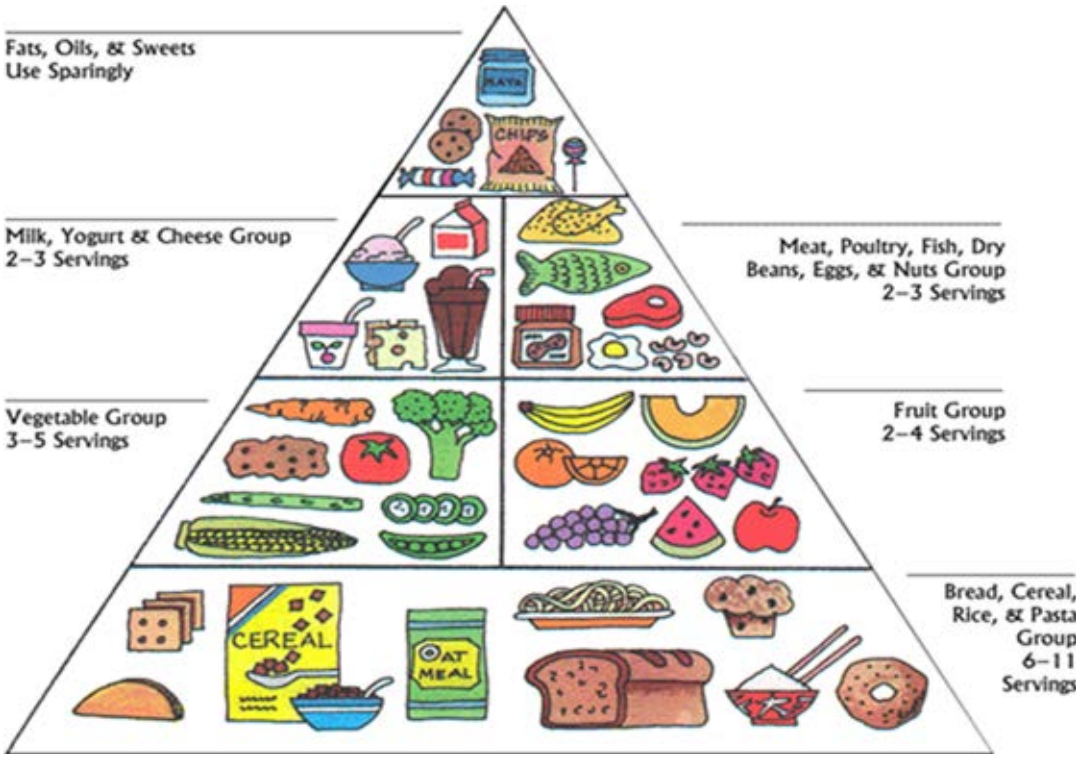
		• Build self-esteem. • Promote behaviour change. Management • Promote healthy living through consumption of fruits and vegetables, complex carbohydrates. • Avoid excess intake of high fatty foods and sugar foods. • Encourage physical activity through exercises. • Counsel on behaviour change. • Refer to nutritionist, dietician, and psychotherapy.	
Summary	3 mins	Summarise as follows: Adolescence is a period of increasing physical growth and development which requires a great demand for calorie and nutrient. Changing life style and food habits may lead to dietary excesses and deficiencies. However, proper growth require intake of all the different group substances (carbohydrate, protein, fat and water) in their correct proportion.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and respond appropriately.	Discussion

Classes of Food

Nutrient		Function	Deficiency	Sources
Carbohydrates		As fuel for energy for body heat and work		Rice, Maize, Sorghum, Yam, Cassava, Potatoes, Nuts, Fats and Oil
Protein		For growth and tissue repair; production of enzymes and hormones; improve immune functions; preserve lean muscle mass; and supply energy in times when carbohydrates are not Available	Impair mental and physical development	Meat, Beans, Milk, Eggs, Dairy products, Cheese
Fats		As fuel for energy and essential fatty acids		Butter, Margarine, Egg yolk, Nuts, Milk
Minerals	Calcium	Gives bones and teeth rigidity and strength	Stunted growth in children, bone mineral loss in adults; urinary stones	Milk, cheese and dairy products, Foods fortified with calcium, e.g. flour, cereals. eggs, fish, cabbage
	Iron	Blood formation	Iron-deficiency anemia, weakness, impaired immune function, gastrointestinal distress	Meat and meat products, Eggs, bread, green leafy vegetables, pulses, fruits
	Iodine	For normal metabolism of cells	Goiter (enlarged thyroid), cretinism (birth defect)	Iodised salt, sea vegetables, yogurt, cow's milk, eggs, and cheese, Fish; plants grown in iodine-rich soil
	Zinc	For growth and development; wound healing,	Growth failure, loss of appetite, impaired taste acuity, skin rash, impaired immune function, poor wound healing	Maize, fish, meat, beans
	Fluorine	Helps to keep teeth and bones strong	Higher frequency of tooth decay	Fluorinated water, marine fish eaten with bones
Vitamins	A	- Healing epithelial cells	Night Blindness, dry, scaling	Tomatoes, cabbage, lettuce,
		- Normal development of teeth and bones	skin; increased susceptibility to infection; loss of appetite; anemia; kidney stones	pumpkins, Mangoes, papaya, carrots, Liver, kidney, egg yolk, milk, butter, cheese cream
	D	- Needed for absorption of calcium from small intestines - Development and maintenance of bones	Rickets (bone deformities) in children; bone softening, loss, fractures in adults	Ultra violet light from the sun, Eggs, butter, fish, Fortified oils, fats and cereals

K	- For blood clotting	Hemorrhaging	Green leafy vegetables, Fruits, cereals, meat, dairy products
B Complex	Metabolism of carbohydrates, proteins and fats	Anemia, convulsions, cracks at corners of mouth, dermatitis, nausea, Anemia, fatigue, nervous system damage, sore tongue	Milk, egg yolk, liver, kidney and heart, Whole grain cereals, meat, whole bread, fish, bananas
C	- Aiding wound healing - Assisting absorption of iron	Scurvy, anemia, reduced resistance to infection, loosened teeth, joint pain, poor wound healing, hair loss, poor iron absorption	Fresh fruits (oranges, banana, mango, grapefruits, lemons, potatoes) and vegetables (cabbage, carrots, pepper, tomatoes)
Fibre	To form a vehicle for other nutrients, add bulk to the diet (for weight reduction/management), provide a habitat for bacterial flora and assist proper elimination of waste	Constipation	Fruits and Vegetables
Water	Acts as transport medium; Provides body fluid (tears, digestive juices, etc) and regulates body temperature (production of sweat), detoxification (production of urine)	Dehydration	Well, spring, tap, borehole, etc

Pyramid of food showing how much of the classes of nutrients we need



Session 3: Coronavirus/COVID-19 and Epidemics/Pandemics

Duration

40 minutes

Session Objectives

By the end of this session, participants will be able to

1. Explain what coronavirus/COVID-19 is, and how it is spread.
2. Describe actions that can be taken to reduce the spread of the virus.
3. List some other diseases that can lead to epidemics and steps that can be taken to reduce spread.

Training/Learning Methods

- Illustrated lecture
- Discussion
- Brainstorming

Training/Learning Materials Required

- Illustrated lecture
- Flipchart paper and markers

Equipment needed

- Computer and projector
- Flipchart stand

Instruction to Facilitator

- Facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Overview	5 mins	Present the illustrated lecture Introduction Some infectious diseases spread easily and can affect large populations very quickly. With the increased movement of people within and beyond countries, such diseases can affect the whole world. An example of such a disease is the novel coronavirus that is responsible for COVID-19. Epidemic: a widespread occurrence of an infectious disease in a community at a particular time. Pandemic: an epidemic of an infectious disease that has spread across a large region such as multiple continents or worldwide. Peer educators need to follow government guidelines to protect themselves and protect their peers during disease outbreaks.	Powerpoint presentation
What is coronavirus and COVID-19?	5 mins	What is coronavirus? A large family of viruses that include common cold. The present outbreak is caused by a new strain of the virus that was previously not identified in humans. This new strain causes an illness called COVID-19, which refers to coronavirus disease of 2019. People who have COVID-19 may have sore throat, dry cough, fever, difficulty in breathing, stuffy nose, tiredness, body pains, diarrhoea. Some people who are infected do not have any symptoms at all. Although most people infected by the virus do not have serious illness, others may develop severe illness such pneumonia and kidney failure, which may result in death. How does the disease spread? The virus is spread through droplets from an infected person when they cough, sneeze or talk. These droplets land on the hands of infected persons, other nearby persons or nearby surfaces. Other people can become infected through close contact such as touching or shaking infected persons, or touching their eyes, nose or mouth after touching surfaces where droplets landed.	Powerpoint presentation

What actions can be taken to reduce spread?	10 mins	Facilitate a quick brainstorming activity by asking participants the following question: • What actions can be taken to reduce the spread of COVID-19? Present the illustrated lecture How can you protect yourself and others? The federal government provides guidelines on how to reduce the spread of the coronavirus and these are communicated regularly to the general population. Instituting a lockdown is one of the measures the government can take to help reduce the spread of the virus and this requires everyone to stay at home and not go out except for essential activities and services. Other measures that the government can recommend include the following: Things you can do to protect yourself • Wash your hands frequently for at least 20 seconds using soap and running water OR use an alcohol-based hand sanitizer. • Avoid touching your face, eyes, nose and mouth • Avoid large gatherings and crowds. • Stay at least 2 metres away from other people (physical distancing). • Avoid greetings that involve touching other people such as shaking or hugging. • Regularly clean frequently touched surfaces and objects (e.g. phones, keys) with disinfectants. • Take the coronavirus vaccine. Things you can do to protect others • When coughing or sneezing, cover your mouth and nose with a tissue or your bent elbow. Dispose of the tissue safely in a closed waste bin and wash your hands. • Wear a mask to cover your nose and mouth when in public spaces including school. For disposable masks, discard in a closed bin after use and wash your hands. For cloth masks, wash carefully using soap and water, dry and iron before reusing • Stay at home and avoid contact with people if you are sick or if you have come in contact with a sick person.	Powerpoint presentation

		• If you have come in contact with someone who has COVID-19, stay at home for 14 days and avoid close contact with others in order to reduce the risk of spreading the virus. • Stay away from people who are at greater risk of the disease, such as people who are over 65 years of age or have a longstanding illness such as hypertension, respiratory illness, diabetes or heart disease. There are many rumours about COVID-19 and the vaccine, seek clarification from a health worker or if you have access to the internet, visit covid19.ncdc.gov.ng or who.int to obtain accurate information. If you or someone you know has symptoms of COVID-19 (such as fever, cough, sore throat, tiredness, etc): • Call the NCDC hotline 0800 9700 0010 or the hotline in your state	
Some other disease epidemics	10 mins	Some Other Diseases That Can Cause Epidemics Various other infectious diseases can result in epidemics and these include: • Cholera: due to ingestion of contaminated food or water. It causes severe watery diarrhoea that can result in death within hours if not treated. It can be treated successfully if treatment is started early. It can be prevented by having access to safe drinking water and good environmental sanitation. Other diarrhoeal diseases can also cause epidemics and can result from contaminated food or water. • Meningitis: although there are various types, epidemics can be caused by bacteria that are spread through coughing or sneezing. It causes headache, fever, stiff neck, and mental confusion. It can result in severe illness, loss of consciousness, brain damage, and death if not treated. Meningitis outbreaks can be prevented by avoiding overcrowding, maintaining good hygiene and taking the vaccine. • Lassa fever: this is spread by inhaling air or swallowing food (including eating the rats) contaminated by the urine or faeces of a species of rats. It is spread also by direct contact with the body fluids (blood, urine, stool) of an infected person. It can cause fever, general	Powerpoint presentation

body weakness, sore throat, severe headache, nausea, vomiting and diarrhoea. There may also be swelling of the face and reddening of the eyes and in severe cases, bleeding, confusion, convulsions, loss of consciousness and death. Lassa fever can be prevented by improving sanitation, eliminating rats and their habitats, avoiding contact with rats and their body fluids, safe food storage and preparation, use and consumption of clean water as well as regular handwashing. It is also important to avoid contact with the body fluids of an infected person.

- Ebola virus disease: this is also spread through contact with the body fluids of infected wild animals (fruit bats, chimpanzees, gorillas, monkeys, forest antelopes, and porcupines). It also spreads between people through contact with body fluids of infected people and objects that have been contaminated by body fluids of infected people. The symptoms are similar to those of Lassa fever (above) but Ebola is more likely to cause bleeding (internal and external) and to result in death. The prevention is similar to the prevention of Lassa fever in addition to avoiding contact with wild animals and ensuring that animal products are well cooked before consumption. There is also an Ebola vaccine that can be used for those at high risk of getting infected.
- Yellow fever: this is spread by infected mosquitoes and it causes fever, headache, nausea, vomiting, bleeding and yellowness of the eyes (jaundice). It can be prevented by taking the vaccine which requires only 1 dose for lifelong protection.
- Childhood illnesses: common childhood illnesses like measles, whooping cough and other respiratory illnesses can spread quickly especially among children that have not been vaccinated. It is important for all children to be given all the recommended childhood vaccines following the national guidelines. Visit a health facility for more information.

Summary	5 mins	Summarise by asking participants the following questions: 1. How is the COVID-19 coronavirus spread? 2. List 4 things that can be done to reduce the spread of COVID-19 coronavirus. 3. Name 2 other diseases that can cause epidemics.	Discussion
Questions	3 mins	Ask participants whether they have any questions or comments and respond appropriately.	Discussion

Module 6: Promotion of Personal Hygiene

Goal

This module aims to familiarize participants with some good grooming routines, importance of hand washing and information on common conditions that can be controlled by improving personal hygiene.

Sessions

Session 1: Good Grooming – 40 minutes

Session 2: Handwashing – 60 minutes

Session 3: Common Conditions Controlled By Good Personal Hygiene – 40 minutes

Session 1: Good Grooming

Duration

40 minutes

Session Objectives

By the end of this session, participants will be able to

1. Explain some good grooming routines.

Training/Learning Methods

- Brainstorming
- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Illustrated lecture
- Flipchart paper and markers

Equipment needed

- Computer and projector
- Flipchart stand

Instruction to Facilitator

- Facilitate the illustrated lecture

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Good grooming	30mins	Good Grooming One of the most effective ways to protect others and ourselves from illness is through good personal hygiene. Personal hygiene can be defined as taking care of the whole body daily in order to be healthy and free from diseases. This includes washing your hands and the rest of your body, being careful not to cough or sneeze into the faces of others, putting waste items into a bin and using protection like gloves when you might be at risk of catching or passing on an infection. Here are some grooming routines. Hair The hair is usually referred to as one's crowning glory and it is easy to maintain. The hair should be washed using soap or shampoo. It should be rinsed well and dried after every wash and keep clean. Apply hair cream to avoid dryness. Girls who dress their hair should wash it once a week while boys are to wash theirs every day. The hair should be brushed or combed after bathing. Skin Soap and water are essential for keeping the skin clean. Bathing with soap and water at least once or twice a day is recommended. Those who are involved in active sports should take a bath after such activities. Use toilet soap, medicated or antiseptic soaps are not essential for the daily bath. A bath sponge should be used for scrubbing. Drying with a clean towel is important. People should not share towels. A moisturising oil or cream can be rubbed on the body after bathing. Teeth The teeth can be kept clean by using a toothbrush and or chewing stick. The teeth should be brushed with a	Powerpoint presentation

fluoride toothpaste (The trainer should ask students to give examples of local toothpaste) twice a day; that is, morning and night, to prevent tooth decay.

While brushing, attention should be paid to the fact that one is getting rid of the food particles stuck in between the teeth and in the crevices of the flatter teeth at the back - the molars and pre-molars. The upper teeth should be brushed down while the lower teeth should be brushed up. The tongue should be brushed as well as the inner surface of teeth. For those using toothbrushes, the following should be taken into consideration:

Steps in Brushing the Teeth

Figure 19: Steps in brushing the teeth (source: National Training Manual on Peer to Peer Youth Health Education, Nigeria 2013)

(Demonstrate the steps for washing teeth with the picture)

- A quality tooth brush should be used
- It should be rinsed well and left to dry after use.
- Toothbrush should be changed at least every three month. People should not share toothbrushes

Nails

Nails should be cut regularly and keep clean. However they should not be cut so close that they pinch the skin. Do not use your teeth to cut your finger nails.

Feet

The feet should be given a good scrub with a sponge. After a bath, ensure that in-between the toes are kept dry. Keep toenails clipped. Also shoes should be aerated regularly to prevent odour.

A clean pair of cotton socks should be worn every day. Many people have sweaty feet, and socks and shoes can get quite smelly. The same pair of unwashed socks should not be worn every day. At least two pairs should be kept and used alternately.

Genitals

The genitals (penis and vagina) and the anus need to be cleaned well because of the natural secretions in these areas. If not properly cleaned, irritations and infections can occur. In women, to avoid infections, they should wipe front to back after urinating or defecating. Clean underwear should be worn after bathing. Underwears should be changed daily. Cotton underwears are preferable to other types as they generate less heat. White coloured underwears also generate less heat than dark-coloured ones

Specific Hygiene Issues for Women and Girls

Many women do not feel completely comfortable when menstruating. This discomfort can be as a result of pre-menstrual tension or caused by the menstrual flow.

Modern sanitary pads or tampons are helpful to deal with the flow. The user has to decide what suits her best. Whatever the preference, bathing is important. Some women have the problem of odour during menstruation. Cleanliness and changing of sanitary pads or tampons as often as is necessary reduce this problem. It is not advisable to use perfumed pads or tampons. In fact, using powder in the genital area is not recommended and should be discouraged.

		For those who use tampons, it should be changed regularly (do not use each for more than six hours) because of the possibility of getting infection caused by bacteria. Approximately 1% of all menstruating women carry this bacterium in their vagina. Absorbent tampons provide the medium for them to grow and spread infection especially if left beyond six hours. Therefore, the importance of not leaving a tampon inside the vagina for more than six hours cannot be overemphasised. Specific Hygiene issues for Men and Boys For uncircumcised men, a build-up of secretions called smegma can form under the foreskin. Therefore, the foreskin should be pulled back gently during a bath and cleaned with soap. However, the soap should be rinsed off the foreskin well. For circumcised men, the penis and scrotum should be washed with soap and water during a bath and rinsed well. Travellers' Hygiene When travelling, take special care if you are not sure whether the water available is safe. Suggestions include: • Drink only clean potable/bottled water. • Wash hands with clean water and soap or use alchohol based sanitisers • When you wash your hands, make sure they are dry before you touch any food. • Don't wash fruits or vegetables with unsafe water. • In taking of fruits, preferably take those with an outer layer that can be removed easily e.g. banana, orange. • If you have no other water source, make sure the water is boiled before you drink. • Make sure any dishes, cups or other utensils used are totally dry after they are washed.	
Summary	5 mins	Summarise by asking participants the following questions: 1. Why is good grooming important? 2. Describe 3 aspects of good grooming. 3. Name 2 important hygiene tips for travellers.	Discussion
Questions	3 mins	Ask participants whether they have any questions or comments and respond appropriately.	Discussion

Session 2: Hand Washing

Duration

60 minutes

Session Objectives

By the end of this session, participants will be able to

1. Explain when to wash hands.
2. Mention the importance of soap.
3. Demonstrate how to wash hands properly.
4. Describe how to take care of the hands.

Training/Learning Methods

- Brainstorming
- Illustrated lecture
- Discussion
- Demonstration and return demonstration

Training/Learning Materials Required

- Illustrated lecture
- Flipchart paper and markers
- Hand washing supplies – soap, running water

Equipment needed

- Computer and projector
- Flipchart stand
- Hand washing sink, bowls, water source

Instruction to Facilitator

- Facilitate the illustrated lecture
- Demonstrate correct hand washing technique
- Observe return demonstration of hand washing by participants

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.
- Set up hand washing supplies.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Overview of hand washing	20 mins	Introduction A number of infectious diseases, particularly gastro-intestinal infections and COVID-19 coronavirus, can be spread from one person to another by contaminated hands. Washing the hands properly can help prevent the spread of the organisms which cause the infections. Some forms of gastro-enteritis can cause serious complications, especially for young children, the elderly or those with a weakened immune system. Drying the hands properly is as important as washing them. When to Wash the Hands The hands should be washed thoroughly: · Before preparing food. · Before eating food and snacks. · Between handling raw and cooked or ready-to-eat food. · After going to the toilet or changing nappies. · After using a tissue or handkerchief for blowing the nose. · After handling garbage or working on the farm. · After handling animals. · After attending to sick children or other sick family members. · After handling dressings, bandages or contaminated clothes or material from an infected person. · After using chalk to write. Importance of Soap Soap contains ingredients that will help to: · Loosen dirt on the hands. · Soften water, making it easier to lather the soap over the hands. · Clean the hands thoroughly, leaving no residues to irritate and dry the skin. Why Liquid Soap is Best Generally, it is better to use liquid soap rather than bar soap, particularly in public places. The benefits of liquid soap include:	Powerpoint presentation

- It is hygienic - it is less likely to be contaminated.
- The right amount is dispensed per time - liquid soap dispensers do not dispense more than the required amount (more is not better).
- Less waste - it is easier to use and there is less wastage.
- Saves time - liquid soap dispensers are easy and efficient to use.

The Problems With Bar Soap - Particularly In Public Places

There are many reasons why bar soap can be a problem, particularly if it is used by a lot of people. These problems include:

- Bar soap can sit in pools of water and become contaminated with many harmful germs.
- People are less likely to use bar soap if it is 'messy' from sitting in water.
- Contaminated soap may spread germs and may be more harmful than not washing the hands.
- Bar soap can dry out - people are less likely to use it to wash their hands because it is difficult to lather.
- Dried out bar soap will develop cracks which can harbour dirt and germs.

How to Wash the Hands Properly

To wash the hands properly:

- Rings and watches should be removed before washing the hands as they can be a source of contamination if they remain moist.
- Wet your hands with water.
- Apply soap and lather well for at least 20 seconds.
- Rub hands together carefully across all surfaces of the hands (including between the fingers and under the nails) and wrists to help remove dirt and germs.
- The back of the hands should be scrubbed, wrists, between fingers and under fingernails should also be washed.
- Wash the hands for at least 20 seconds.
- Rinse well under running water (from a tap or water poured by someone else). It must be ensured that all traces of soap are removed, as residues may cause

		irritation. • Air dry your hands after washing or dry them using a clean towel (disposable paper towel or personal cloth towel). How to Take Care of the Hands You can care for the hands by doing the following: • Applying a water-based absorbent hand cream. • Using utility gloves to wash clothes especially for those who wash on a commercial level such as laundry workers. • Wearing utility gloves when farming to prevent a build-up of ingrained soil or scratches. • Consulting a doctor if a skin irritation develops or continues.	
Hand washing practice	30 mins	Hand Washing Practice • Demonstrate the proper technique for hand washing following the steps above. • Divide participants into groups. • Ask for a volunteer from each group to carry out hand washing return demonstration. • Ask for feedback from other participants on what the volunteer did well and what can be improved upon.	Soap, water, hand washing area
Summary	3 mins	Summarise as follows: Personal hygiene including hand washing is an important factor in the life of adolescents and young people. Attention should be paid to keeping all parts of the body neat and clean to enhance good health outcome.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and respond appropriately.	Discussion

Session 3: Common Conditions Controlled by Improving Personal Hygiene

Duration

40 minutes

Session Objectives

By the end of this session, participants will be able to

1. Explain some common conditions that can be controlled by improving personal hygiene.

Training/Learning Methods

- Brainstorming
- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Illustrated lecture
- Flipchart paper and markers

Equipment needed

- Computer and projector
- Flipchart stand

Instruction to Facilitator

- Facilitate the illustrated lecture and discussion

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Common conditions controlled by improving personal hygiene	30 mins	Present the illustrated lecture Introduction Every external part of the body demands a basic amount of attention on a regular basis. Neglect of personal hygiene can cause some problems. Here are some common conditions that can be controlled by improving personal hygiene . Common Conditions Controlled By Personal Hygiene Head Lice Lice (nits) are tiny insects that live on the human scalp and suck blood for nourishment. Lice make a pin-prick-like punctures on the scalp, emit an anti-clotting substance and feed on the blood. Lice thrive on unclean hair. Children are especially prone to lice infestation. Lice spread from one head to another when there is close contact as in school environments. The eggs produced by lice are wrapped in shiny white sheaths and these show up on the upper layers of hair as the infestation increases. They make the scalp itchy and are a cause of annoyance and embarrassment. If unchecked, they can cause scalp infection. Anti-lice shampoos are available in the market, but in persistent cases a doctor's advice can be sought. Nit picking is painstaking and requires patience. A fine toothed comb and regular monitoring can get rid of the problem. Usually when a child is using an anti-lice shampoo, all members of the family are advised to use it too. Dandruff These are pieces of dead skin on the scalp which come off in tiny peels and can be seen as whitish flakes in the hair or on the shoulders. Dandruff is associated with some disturbance in the tiny glands of the skin called the sebaceous glands. They ex-	Powerpoint presentation

crete oil, but when there is too little oil, the skin becomes dry and peels. When there is too much oil, dandruff can also occur. It may have a slight yellow colour.

Washing of the hair with an anti-dandruff shampoo once to three times a week is necessary to get rid of the problem. Combs and brushes must be washed with soap. Hair should be brushed/combed regularly. Adequate diet and overall cleanliness will help. Massage the scalp everyday to improve circulation.

Bad Breath

Poor oral hygiene and infection of gums often result in a bad odour emanating from the mouth. This is called halitosis. Smoking can make this worse. Proper brushing of the teeth and oral care can get rid of bad breath. There can be other reasons for bad breathe e.g. colds, sinuses, throat infections or tonsil infections. Diseases of the stomach, liver, intestines or uncontrolled diabetes are also possible causes. Therefore, if bad breath persists despite good dental care, a doctor needs to be seen.

Body Odour

The body has nearly two million sweat glands. These glands produce about half a litre of sweat in a day. In tropical countries, naturally, more sweat is produced. The perspiration level increases with an increase in physical exertion or nervous tension.

Fresh perspiration, when allowed to evaporate does not cause body odour. An offensive smell is caused when bacteria that are present on the skin get to work on the sweat and decompose it. This is especially so in the groin area, underarms, and feet or in clothing that has absorbed sweat.

Regular baths and change of clothes should take care of the problem. Talcum powders, of the non- medicated kind, can be used under the armpits. Deodorants can also be used. Most commercial deodorants contain an antiperspirant, such as aluminium chloride.

		Perfumed soaps do not interfere with sweat secretion, but contain hexachlorophene which destroys the bacteria that cause body odour. If daily cleanliness routines do not reduce body odour, a doctor should be consulted. Don'ts of Personal Hygiene · Do not share towel. · Do not share bath sponge. · Do not share sharp objects such as needle, comb, razor blades and pins. · Do not share tooth brush. · Do not share under wears such as - pants, boxers, socks, bras and night wears. · Do not wear tight under wears. · Do not wear nylon under wears (cotton under wears are preferable). · Do not put sharp object into your ears.	
Summary	3 mins	Summarise as follows: Personal hygiene is important for the control of certain health conditions such as head lice, body odour, bad breath and dandruff.	Powerpoint presentation
Questions	5 mins	Ask participants whether they have any questions or comments and respond appropriately.	Discusssion

Module 7: Implementing Peer Education

Goal

This module aims to equip peer educator with the knowledge and skills required to plan, implement and report peer education activities.

Sessions

Session 1: Planning and Organising Peer Education – 45 minutes

Session 2: Monitoring and Evaluation Including Record-Keeping – 45 minutes

Session 3: Peer Education Skills Practice – 120 minutes

Session 1: Planning and Organising Peer Education

Duration

45 minutes

Session Objectives

By the end of this session, participants will be able to

1. Explain the steps required for planning an effective peer education program.
2. Describe a sample plan for peer education activity.

Training/Learning Methods

- Illustrated lecture
- Discussion
- Individual exercise

Training/Learning Materials Required

- Illustrated lecture
- Individual Exercise

Equipment needed

- Computer and projector
- Notepads and pens
- Flipchart paper and markers

Instruction to Facilitator

- Facilitate the illustrated lecture
- Facilitate the individual exercise
- Emphasise on privacy and confidentiality

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.
- Provide notepads and pens for all participants

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Planning	20 mins	Present the illustrated lecture What is Planning? The act of developing a scheme or working out a method beforehand for the accomplishment of an objective. A plan is like a map that one uses to achieve certain aims, goals and objectives. Features of a Plan · Systematic · Logical · SMART S-specific M-measurable A-achievable R-realistic T-Time bound Peer educators will be responsible for carrying out activities in various environments including schools. These activities should be well planned to ensure a successful outcome. Planning starts by identifying what activity to be conducted, agreeing as a group on the date and venue of the activities. Share responsibilities among group members and ensure that everyone performs their allocated tasks. Peer educator activities are numerous, e.g. educational outreach to the community, school debate, quizzes, talk show, playlets, film show and training. Quality time should be invested into planning for the activities under the guidance of the peer educator facilitator. Importance of Planning for Peer Education Programme · Consensus towards pursuit of mission. · Provides a clear guide and focus. · Saves resources – time, money and energy. · Provides a framework to evaluate the impact of the programme (evaluation framework). · Develop expertise.	Powerpoint presentation

Steps in Planning Peer Education Programme

Step 1: Conduct a needs assessment.

Step 2: Create a work plan.

Step 3: Consider incentives for youth.

Step 4: Determine where to work.

Step 5: Identify a programme coordinator.

Step 6: Identify a team to develop the project.

Step 7: Develop capacity of the project team.

Step 8: Develop and strengthen a network of support for the programme.

Step 9: Organize a physical space for the project.

Step 10: Analyze and develop programme financing, sustainability and integration.

Implementation of Peer Education Programme

Step 1: Design and Plan Programme Activities.

Step 2: Develop and Review Educational and Promotional Materials.

Step 3: Plan Logistics and Transportation.

Step 4: Plan Support and Supervision for the Peer Educators. Step 5: Establish Ties with Other Youth Programmes.

Suggested Peer Education Activities

- Make presentations in schools or in the community.
- Perform theatre/drama presentations, followed by discussion.
- Show video/movie presentations, followed by discussion.
- Set up kiosks to offer information.
- Distribute information, education and communication (IEC) materials.

Sample Plan for Peer Educator Activity

Activities	Period	Location	Resources	Responsibility
School debate	Week 3 of school resumption	School hall	Public address system (PAS), Refreshment, IEC materials	Facilitator
Community outreach	During 1st term Holiday	Community		

		center PAS, IEC materials, refreshment Peer educators and Facilitator Film show Week 3 of 2nd term resumption Dining hall PAS Peer educators and Facilitators Health talk During school session Assembly PAS Peer educators	
Sample plan	20 mins	Facilitate the individual exercise Instruction: Give participants 10 minutes to develop a sample plan of activities they will carry out over the next 3 months Facilitators to review and correct the sample plans of participants – 10 minutes	Notepads and pens
Questions	3 mins	Ask participants whether they have any questions or comments and respond appropriately	Discussion

Session 2: Monitoring and Evaluation Including Record-Keeping

Duration

45 minutes

Session Objectives

By the end of this session, participants will be able to

1. Define monitoring and evaluation.
2. Mention the importance of monitoring and evaluation.
3. Explain why record-keeping is important.
4. Describe the type of records to be kept.
5. Demonstrate how to record the required information.

Training/Learning Methods

- Group Exercise
- Illustrated lecture
- Discussion

Training/Learning Materials Required

- Illustrated lecture
- Individual Exercise

Equipment needed

- Computer and projector
- Sample data record sheets, sample data, and pens

Instruction to Facilitator

- Facilitate the illustrated lecture
- Facilitate the individual exercise

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.
- Prepare 4 – 6 sample data record sheets and print sample data for each participant
- Provide pens for all participants

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Overview of monitoring and evaluation		Present the illustrated lecture Monitoring and Evaluation Monitoring and evaluation are not often included in project development, usually because people find it too technical an issue that is beyond their capacities or because they do not make it a priority. When people are passionate about what they are doing, they believe that their project is progressing well and having a big impact. This is not sufficient to inform us about the real progress and impact of the programme. It is not enough to 'feel and know' intuitively that a project is achieving its objectives. Although M&E might be found boring and painstaking, it is important to know whether, and to what extent, the activity is achieving its objectives and whether it is having the desired impact. Definition of terms What is monitoring? Monitoring is the routine and systematic process of data collection and measurement of progress towards programme/project objectives. Monitoring focuses on the activities. It helps to assess whether the activities are carried out as planned to ensure that the program is on track to meet its objectives. Some of the main questions that monitoring activities seek to answer include: · Are planned activities occurring? · Are the planned services being provided? · Are the objectives being met? This is usually conducted at regular intervals e.g on weekly, monthly, quarterly basis, etc. What is evaluation? Evaluation is the process of systematically investigating a project's merit, worth, or effectiveness. Evaluation focus-	Powerpoint presentation

es on the results of the peer education program. It seeks to measure whether the objectives have been achieved. The question that it answers is:

- Does the project/ programme make a difference?

The common types of evaluation include process evaluation, outcome evaluation, and impact evaluation. This can be done periodically, quarterly, biannually or annually.

Types of Evaluation

Process evaluation consists of quantitative and qualitative assessment to provide data on the strengths and weaknesses of a project's components. It answers questions such as:

- Are we implementing the programme as planned?
- What aspects of the programme are strong?
- Which ones are weak?
- Are the intended clients being served?
- What can we do to strengthen the programme?
- Are we running into unanticipated problems?
- Were remedial actions developed?
- Were these actions implemented?

Outcome evaluation consists of quantitative and qualitative assessment of the achievement of specific programme/project outcomes or objectives. Usually conducted at the project-level, it assesses the results of the project. Outcome evaluation addresses questions such as:

- Were outcomes achieved?
- How well were they achieved?
- If any outcomes were not achieved, why were they not?
- What factors contributed to the outcomes?
- How are the clients and their community affected by the project?
- Are there any unintended consequences?
- What recommendations can be offered to improve future implementation?

		• What are the lessons learnt? Impact evaluation is the systematic identification of a project's effects – positive or negative, intended or unintended – on individuals, households, institutions, and the environment. Impact evaluation is typically carried out at the population level, rather than at the project level. Furthermore, impact evaluation refers to longer-term effects than does the outcome-level evaluation Importance of Monitoring and Evaluation • To observe the efficiency of the techniques and skills employed – scope for modification and improvement. • To verify whether the benefits reached the people for whom the program was meant. • From a knowledge perspective, evaluation is to establish new knowledge about social problems and the effectiveness of programs designed to alleviate them. • To understand people's participation & reasons for the same. • Evaluation helps to make plans for future work. • To ensure that the project is going on as planned. • To effect changes early where necessary. • To learn new lessons from our experience. • To have evidence to show about our work.	
Record keeping	10 mins	Present the illustrated lecture Overview of Record Keeping Record-keeping is a process of documenting different events and activities and the outcome of these events and activities. Record keeping is an important tool for planning, monitoring and evaluating activities. Importance of Record Keeping It is important for peer educators to keep records in order to: 1. Know the number of young people being served and monitor their situation. 2. Document the peer education activities. 3. Use the information obtained from records to	Powerpoint presentation

		support planning for future activities. Type of Records to Be Kept The following records should be kept and updated monthly by peer educators. 1. Number of young people educated each day disaggregated by gender and topic (SGBV/VAWG, child marriage, FGM, SRHR, mental health, etc). 2. Number of young people referred each day disaggregated by age, gender and the type of service they were referred for. The monthly data should be collated and sent to the relevant authorities to support planning for future activities in the community. In collecting data, care should be taken not to include any information that will identify a young person in order to maintain confidentiality. A simple format can be used to collect the required information.	
Record keeping practice	30 mins	Facilitate the skills practice Record Keeping Practice Provide each participant with 2 data record sheets and the sample data sheet. Participants should practice recording the sample daily data in the sheets. The data should be collated for the month. Facilitators should supervise and ensure that participants know how to record and collate data accurately. Instructions to participants • You have been provided with 2 data collection sheets Task • Record the sample daily data in the sheets • Collate the data for the month	Sample data sheets and data record sheets
Questions	3 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Sample daily data collection format

Name of Peer Educator _____ State _____ LGA _____ Date _____

Section 1: Number of young people educated

	SGBV		CM		FGM		Mental health		Substance abuse		Nutrition		Personal hygiene		COVID-19/ epidemics		Total	
Age (years)	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
10 – 14																		
15 - 19																		
20 - 24																		
Total																		

Section 2: Number of referrals made

	Health		Social services		Justice and policing		Other services		Total	
Age (years)	M	F	M	F	M	F	M	F	M	F
10 – 14										
15 - 19										
20 - 24										
Total										

SGBV = SGBV/VAWG, CM = Child Marriage; M= Male, F = Female

Sample monthly data collection format

Name of Peer Educator _____ State _____ LGA _____ Date _____

Number of young people educated														Number of referrals made										
SGBV		CM		FGM		Mental health		Substance abuse		Nutrition		Personal hygiene		COVID-19/ epidemics		Health		Social services		Justice and policing		Other services		Total
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Total																								
Comments																								

SGBV = SGBV/VAWG, CM = Child Marriage; M= Male, F = Female

Sample data for record keeping practice

- Day 1 – Educated 5 young people (1 boy aged 15 years, and 4 girls – two 14 year olds & two 20 year olds) on SGBV/VAWG, referred 2 for health services, 1 for social services
- Day 2 – Educated 3 girls (aged 13, 17 & 18 years) on FGM, referred 1 for health services
- Day 3 – Educated 6 girls (three 12 year olds & three 16 year olds) on child marriage, referred 4 for health services
- Day 4 – Educated 3 young people on FGM (2 boys – 12 & 16 years, and 1 girl – 14 years), did not refer any
- Day 5 – Did not educate anybody
- Day 6 – Did not educate anybody
- Day 7 – Educated 1 girl (15 year old) on child marriage, referred her for social services
- Day 8 – Did not educate anybody
- Day 9 – Educated 5 girls (aged 12, 14, 15, 20, & 22 years) on SGBV/VAWG, referred 1 for justice and policing services
- Day 10 – Educated 6 young people on SRHR (4 girls – aged 11, 13, 14 & 15 years, and 2 boys – aged 12 & 13 years), referred 3 for health services
- Day 11 – Did not educate anybody
- Day 12 – Did not educate anybody
- Day 13 – Did not educate anybody
- Day 14 – Educated 4 young people on SRHR (3 girls – aged 17 years and 1 boy – aged 22 years), did not refer any
- Day 15 – Educated 3 girls (two 12 year olds & one 13 year old) on FGM, referred 2 for health services
- Day 16 – Educated 5 girls (two 13 year olds & 3 17 year olds) on SGBV/VAWG, referred 1 for justice and policing services
- Day 17 – Educated 6 girls (two 13 year olds, one 15 year old & two 17 year olds) on SRHR, referred 3 for health services
- Day 18 – Educated 2 boys (both 14 year olds) on SGBV/VAWG, did not refer any
- Day 19 – Educated 3 girls (all 15 year olds) on SGBV/VAWG, referred 1 for justice and policing services
- Day 20 – Did not educate anybody
- Day 21 – Educated 3 girls (one 10 year old & two 12 year olds) on child marriage, did not refer anybody
- Day 22 – Educated 4 young people (2 girls – aged 13 and 16 years and 2 boys – aged 11 and 17 years) on FGM, referred 1 for health services
- Day 23 – Educated 2 girls (both 14 years old) on child marriage, referred both for health services
- Day 24 – Educated 2 boys (one 15 year old & one 18 year old) on SRHR, did not refer any
- Day 25 – Educated 6 girls (two 15 year olds, three 21 year olds & one 22 year old) on FGM, referred 2 for health services
- Day 26 – Did not educate anybody
- Day 27 – Educated 3 girls (all 18 year olds) on SGBV/VAWG, referred 1 for social services
- Day 28 – Did not educate anybody
- Day 29 – Did not educate anybody
- Day 30 – Educated 4 girls (all 16 year olds) on FGM, did not refer anybody

Session 3: Peer Education Skills Practice

Duration

120 minutes

Session Objectives

By the end of this session, participants will be able to

1. Describe the necessary activities to prepare for a peer education session in their community.
2. Demonstrate the steps for conducting a peer education session.

Training/Learning Methods

- Role play
- Discussion

Training/Learning Materials Required

- Role play scenarios

Equipment needed

- Computer and projector
- Flipchart paper and markers

Instruction to Facilitator

- Introduce the topic
- Facilitate the role play

Work for Facilitator to Prepare in Advance

- Review powerpoint presentation and information in this manual.
- Set up computer and projector.

Topic	Time	Activities and Content	Materials
Introduction	2 mins	Share the objectives of the session	Powerpoint presentation
Skills practice	110 mins	Skills practice This will involve practical skills practice and demonstration of how they will conduct peer education given any scenario. • The participants should be divided into 4 – 6 groups, depending on the class size. • Each group should decide who will play which role in the role play. • Each group should present what steps they will take to prepare for conducting the peer education session, taking into consideration the peculiarities of their communities. • Each group should present the role play for carrying out peer education for the scenario assigned to them. Feedback should be invited from other participants and from facilitators on the following: - What the group did well - What gaps were observed - What can be done to improve on the process Duration: Practice – 20 minutes Presentation – 10 minutes per group Feedback – 5 minutes per group Role play Each group should be given a different scenario for the role play. Some examples of scenarios for peer education are: 1. A 16-year old who just had a baby and wants to go back to school and does not want to get pregnant in the next 3 years but does not know how to prevent pregnancy. 2. A group of 5 young girls who have fistula and are living in a shelter because they have been driven away from their homes. 3. A pregnant 17-year old who has been having severe headache and dizziness. 4. Three young mothers who want to take their	Powerpoint presentation

manual.

		daughters for FGM because it is part of their tradition. 5. An FGM survivor who was beaten by her husband because she refused to have sexual intercourse as she finds it very painful. 6. Young salesgirl whose boss always tells her how beautiful she is and touches her inappropriately. 7. A 17-year old whose boyfriend keeps checking her phone to make sure she doesn't speak to other boys. 8. A young pregnant woman whose husband insists that she must not attend ANC because it is only for 'weak' women. 9. A young woman who was driven away from home by her parents, and abandoned by her boyfriend because she got pregnant for him and refused to have an abortion. 10. A young unemployed married woman whose husband refuses to provide money to care for her and her 3 children because she insists on using family planning to prevent further pregnancies.	
Questions	8 mins	Ask participants whether they have any questions or comments and provide appropriate responses.	Discussion

Appendix A _ Pre/Post Test

Pre/Post – Test

Read the following statements and indicate whether it is true or false by ticking the appropriate box.

	Statement	True	False
1.	Child marriage is a violation of sexual and reproductive rights		
2.	A young girl cannot get pregnant before she starts menstruating for		
3.	the first time		
4.	Sexual and gender-based violence can lead to unsafe abortion		
5.	Fistula is not a complication of child marriage		
6.	Female genital mutilation can lead to fistula		
7.	Sexual and gender-based violence is decreasing in Nigeria		
8.	Child marriage can occur as a result of sexual and gender-based		
9.	violence		
10.	Female genital mutilation is decreasing in Nigeria		
11.	Education of girls can help to reduce child marriage		
12.	All sexually transmitted infections can be cured		
13.	Pain during sexual intercourse may be a sign of a sexually transmit-		
14.	ted infection		
15.	Breastfeeding is an effective method of preventing pregnancy in		
16.	women whose babies are over 6 months of age		
17.	Condoms provide protection against sexually transmitted infections		
18.	including HIV		
19.	Withdrawal method of preventing pregnancy is very effective		
20.	The IUD (loop) that is used for preventing pregnancy can move from		
	the womb to her heart or brain		
	The combined hormonal pills must be taken at the same time every day		
	Emergency contraception pills can prevent pregnancy if taken within 5 days after unprotected sexual intercourse		
	Severe headache in pregnancy is a danger sign that requires assessment by a health worker		
	A woman can get pregnant again within 2 – 4 weeks after a miscarriage or abortion		
	It is important for peer educators to know what services are available in their communities to support survivors of SGBV, child marriage and FGM		

Appendix B _ Pre/Post Test Answer Key

Pre/Post – Test Answer Key

Read the following statements and indicate whether it is true or false by ticking the appropriate box.

	Statement	True	False
1.	Child marriage is a violation of sexual and reproductive rights	X	
2.	A young girl cannot get pregnant before she starts menstruating for the first time		X
3.	Sexual and gender-based violence can lead to unsafe abortion	X	
4.	Fistula is not a complication of child marriage		X
5.	Female genital mutilation can lead to fistula	X	
6.	Sexual and gender-based violence is decreasing in Nigeria		X
7.	Child marriage can occur as a result of sexual and gender-based violence	X	
8.	Female genital mutilation is decreasing in Nigeria		X
9.	Education of girls can help to reduce child marriage	X	
10.	All sexually transmitted infections can be cured		X
11.	Pain during sexual intercourse may be a sign of a sexually transmitted infection	X	
12.	Breastfeeding is an effective method of preventing pregnancy in women whose babies are over 6 months of age		X
13.	Condoms provide protection against sexually transmitted infections including HIV	X	
14.	Withdrawal method of preventing pregnancy is very effective		X
15.	The IUD (loop) that is used for preventing pregnancy can move from the womb to her heart or brain		X
16.	The combined hormonal pills must be taken at the same time every day	X	
17.	Emergency contraception pills can prevent pregnancy if taken within 5 days after unprotected sexual intercourse	X	
18.	Severe headache in pregnancy is a danger sign that requires assessment by a health worker	X	
19.	A woman can get pregnant again within 2 – 4 weeks after a miscarriage or abortion	X	
20.	It is important for peer educators to know what services are available in their communities to support survivors of SGBV, child marriage and FGM	X	

Appendix C _ End of Training Evaluation for Participants

Pre/Post – Test

Read the following statements and indicate whether it is true or false by ticking the appropriate box.

End of Training Evaluation

Please indicate your opinion of the course components by scoring them using the following rating scale:

5-Strongly agree 4-Agree 3-Neutral 2-Disagree 1-Strongly Disagree

Area	Score
The participatory learning approach used in this course made it easier for me to learn how to support survivors of SGBV/VAWG, child marriage and FGM	
The skills practice made it easier for me to educate my peers on how to use male and female condoms	
The role play made it easier to practice peer education skills for improving the health and lives of my peers including survivors of SGBV/VAWG, child marriage and FGM	
I feel confident about providing peer education	
Three days was an adequate length of time for the course	

The most useful part(s) of the training for me was/were

_____

The least useful part(s) of the training for me was/were

_____

Suggestions/Comments

_____

_____

_____

_____