

YOUTH FRIENDLY SERVICES FOR SEXUAL AND REPRODUCTIVE HEALTH: FACILITATOR'S GUIDE FOR TRAINING OF ASHA WORKERS





PREFACE

There are 251 million young people in India between the ages of 15-24 years, contributing to nearly one fifth of its total population. Youth is the most valuable section of the population, with highest potential for development. Life events and circumstances during adolescence and youth shape individuals' entire lives, and nations in consequence. That period of life provides them with opportunities to achieve a satisfying life and ability to contribute to the society. The onset of adolescence brings not only opportunities, but also, along with changes to their bodies, new vulnerabilities in the areas of sexuality, marriage and childbearing.

Both unmarried and married young people in the age group 15-24 years face significant challenges in obtaining age-appropriate sexual and reproductive health (SRH) information and services in India and many parts of the World. Even when a young person is able to overcome their family and society level challenges, they may face barriers in a health facility, including negative provider attitudes.

The needs of young people are reflected in the fact that 27 percent of girls in India are married before the age of 18, and only 5.6 % of married women use a modern contraceptive before having their first child (NFHS-2015-16). These factors increase the likelihood of a pregnancy during adolescence or young age, which in turn can adversely affect the health of the girl, as well as her ability to pursue educational aspirations and employment opportunities.

In order to improve access of health services for young people, it is essential to go beyond the providers in Adolescent Friendly Health Clinics. It is important that all health care providers in facilities as well as community, follow the principles of youth friendliness. Such a mainstreamed approach will have a much larger impact; this has been demonstrated to be both scalable and sustainable in many countries.

UNFPA has developed this Youth Friendly Services (YFS) training package, which consists of a handbook and a facilitator's guide. Through a series of case scenarios, this training package enables the health providers to understand the common SRH needs of young people, and helps to build their skills to provide respectful, confidential and non-judgmental SRH services to young people.

We expect that by addressing the health system barriers faced by young people, the package will enable improved health outcomes and help to contribute to India's efforts towards achieving its commitments for FP 2030, and SDG indicators 3.7 and 5.6.

A handwritten signature in blue ink, appearing to read 'Argentina Matavel Piccin'.

Argentina Matavel Piccin
Representative India and Country Director Bhutan

ACKNOWLEDGEMENTS

This set of training resource package was conceptualized by the United Nations Population Fund, India. It is based on a review of various reports and related research findings on the status of youth friendly services, and interactions with service providers, health managers and community level workers, such as ASHAs.

We would like to appreciate the efforts of Centre for Health and Social Justice (CHSJ) in contributing to an earlier version. In addition, this training package was pilot tested in the states of Odisha and Madhya Pradesh and based on the feedback received, some important revisions were done in the training package. For this we acknowledge the facilitation support provided by both the state governments. The revised set of training resource package were developed jointly by The YP Foundation and UNFPA.

Recognising the rapidly changing situation of young people especially under the challenges posed by the Covid -19 Pandemic, the contents may have to be adapted for different situations. The content may be used freely for non-commercial purposes, with acknowledgement to UNFPA India.

Copyright © 2021 United Nations Population Fund
All rights reserved

Contact Information:

United Nations Population Fund
55, Lodhi Estate,
New Delhi 110003
India

TABLE OF CONTENTS

1. Notes for Facilitator	6
2. Training Agenda	7
3. Day 1	9
Welcome and Pre-training Assessment	9
Activity 1- Introduction	9
Activity 2- Mapping Expectations	10
Activity 3- Ground Rules	10
Activity 4- Journey Mapping	11
Activity 5- Identifying Needs and Challenges	12
Activity 6- Case Study Discussion	14
4. Day 2	16
Activity 1 - Values Clarification	16
Activity 2 - What does it mean to be Youth Friendly?	19
Activity 3- Role Plays	19
Activity 4- Summing it Up	20
Post-training Assessment	21
5. Annexure I	22

NOTES FOR THE FACILITATOR

As a facilitator, there are certain characteristics that are vital to lead any group task or event. Below is the list of characteristics that are necessary for any facilitator:

- Clear speech- No facilitator can ever be considered desirable without a clear speech. It involves practice with the language and the sounds.
- Active listening- Ability to be a good listener only makes it easier for a facilitator to conduct events successfully. A good facilitator should be capable of comprehending what the participants are trying to say without interrupting.
- Time Management- A task cannot be successful without a facilitator who can keep the track of time. It is crucial to give equal opportunity to each participant and time it accordingly.
- Unbiased perspective- The role of a facilitator required them to be unbiased in their opinions so that a healthy discussion can take place. The biases will only result in something predictable and not useful.
- Respect for individuals- A facilitator should respect every participant and never assume the role of a commander. They are not to be disrespectful or dismissive of any participants views, identity or requirements.
- Ensuring equal participation - A facilitator should be conscious of each participant's participation during the training. It is important to ensure that every participant gets a chance to participate and provide an environment that is enabling for all.

Things to keep in mind while preparing for the training

- It is strongly recommended that the facilitator reads through the ASHA Handbook in preparation for the training.
- Make sure that you understand each step of the activity fully in order to moderate them without any confusion.
- It is always useful to prepare the blueprint of the speech and the flow of the activity. It only helps in making the process more enjoyable and engaging by efficient planning.
- It is essential that the discussions are centered around principles of human rights and reiterate the autonomy of young people over their bodies and lives.
- Keep a track of time so that each participant and each task gets the equal opportunity. Time is an important element during any activity.
- Maintaining a friendly tone with the participants and audience is often important to motivate them. Using humor can also be helpful in such situations. However it should not be done at the expense of the gravity of the issues being discussed.

TRAINING AGENDA

Activity	Objectives	Material Required	Time Required
Day 1			
Welcome and Pre-training Assessment		Copies of Pre-test Questionnaires (Annexure I)	15 minutes
Introduction	Give an opportunity to the participants to get to know each other.	White board, marker and 15 pairs of chits (in total 30 chits) of pictures with complimenting objects like raining clouds and umbrella, mirror and face, spectacle and eyes, shoes and foot, table and chair etc. The number of pairs can be increased if there are more than 30 participants in the training.	45 minutes
Mapping Expectations	Understand expectations of the participants from the training program	Marker and flip chart	15 minutes
Ground Rules	Set the code of conduct/ ground rules for the participants	Marker and flip chart	15 minutes
Journey Mapping	Participants will be able to map key SRH changes and milestones that occur in the life of a young person.	Markers and Chart Papers	30 minutes

Activity	Objectives	Material Required	Time Required
Identifying Needs and Challenges	Participants will be able to list SRH needs of adolescents and young people and will be able to reflect on the challenges an adolescent or a young person might face in living a healthy and meaningful life	Markers and Chart Papers	1 Hour
Case Study Discussion	Participants will be able to understand their role in resolving issues and providing better sexual and reproductive health services to adolescents and young people with the help of case studies.	Printout of Case studies 1, 3, 5, 7, 8, 9, and 10 from the ASHA Handbook	2 Hours
Day 2			
Values Clarification	Participants will be able to reflect on their personal values and understand key perspectives around sexual and reproductive health and rights.	2 Sheets of paper with "Agree" written on one and "Disagree" written on another	1.5 Hours
What does it mean to be Youth Friendly?	Participants will understand the key principles of providing youth friendly SRH information and services.	Chart Paper, Markers, White Board	1 Hour
Role Plays	Participants will be able to practice the key principles of youth friendly counseling and develop skills to communicate with young people through different role plays.	Printout of Case Studies 2, 4, 6, and 11 from the ASHA Handbook	2.5 Hours
Summing it Up	Participants will be able to reflect on their learning from the training.	Chart Papers, Markers, Post Its	30 minutes
Post-training Assessment		Copies of Post-training Questionnaires (Annexure I)	15 minutes

Day 1: Welcome and Pre-Training assessment

Time Required: 15 minutes

Material required: Copies of pre-training questionnaires

Instructions:

Step 1: Begin the day by introducing yourself and welcoming all the participants to the two-day training on making SRH service youth-friendly.

Step 2: Provide the Pre-Training questionnaire to fill (see Annexure 1) to all the participants. Give everyone 10 minutes to fill the form. Close the activity after everyone has submitted their forms.



Activity 1- Introduction

Objective: Give an opportunity to the participants to get to know each other.

Time Required: 45 minutes

Material required: White board, marker and 15 pairs of chits (in total 30 chits) of pictures with complimenting objects like raining clouds and umbrella, mirror and face, spectacle and eyes, shoes and foot, table and chair etc. The number of pairs can be increased if there are more than 30 participants in the training.

Instructions:

Step 1: Give one chit to each participant. Announce that they have to find their partner who has a chit with the complimenting object. They cannot talk while searching for the partner. The chits should be folded well and nobody can show the picture on their chit either.

Step 2: Through the game, each participant will make pairs with another participant. Give them 10 minutes to find their pair. After that the participants will be given 10 minutes to introduce themselves to their partner and get to know them.

Step 3: Announce/ write down the points for introduction on a white board.

- Personal information (Name, family, liking/ disliking, years of service, place of posting etc.)
- What you wanted to be when you were 15 years old?
- Any memory that you would like to share when you were 19-20 years old!
- One childhood secret that you have not told anybody in your family.

Step 4: After the discussion in pairs, ask each pair to introduce their partner to the larger group. The facilitator will have 20 minutes for the exercise.

Step 5: After presentation from all the pairs ask participants how they found this activity different from simply giving their own introduction!

Some points may be:

- It was fun to communicate without talking and search for the person who has a complimentary chit.
- It helped to learn about a new person as we usually tend to talk more with people we work with or already know.

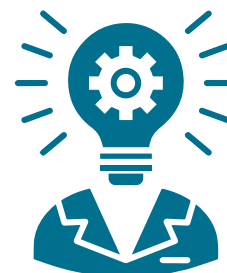
Step 6: The facilitator can conclude the discussion by highlighting that the training will be the most meaningful if everyone participates and has fun together in learning for the two days. They should be open to having discussions with new people during the training.

Activity 2 – Mapping Expectations

Objective: Understand expectations of the participants from the training program

Time Required: 15 minutes

Material required: Marker and flip chart



Instructions:

Step 1: Ask the participants to list their expectations from the training on providing youth friendly SRH services in the community.

Step 2: As the participants respond, the facilitator can create a list of the expectations on the flip chart. They can expect the following responses: how to reach out to more young clients in the community, how much information should be provided to young people on SRHR, how to provide counseling to them, etc.

Step 3: After everyone has shared their expectations, the facilitator can divide them in categories of information and knowledge, skills to work with youth, perspective building on SRHR etc.

Step 4: The expectations sheet can be displayed on the wall of the training hall for everyone to view.

Activity 3 - Ground Rules

Objective: Set the code of conduct/ ground rules for the participants

Time Required: 15 minutes

Material Required: Marker and flip chart

Instructions:

Ask participants to develop some code of conduct/norms for the training that all the participants should follow for this training program. Encourage them to set norms that would be helpful in meeting their expectations and achieving training objectives. Some norms may emerge as:

1. Maintaining time/ arriving on time
2. Keeping their phones on silent mode and not taking calls in training hall
3. Letting other participants speak and do not interrupt when others are speaking
4. Respecting others views
5. Maintaining confidentiality during and after the training

Activity 4 - Journey Mapping

Objective: Participants will be able to map key SRH changes and milestones that occur in the life of a young person.

Time Required: 30 Minutes

Material Required: Markers and Chart Papers

Instructions:

Step 1: Divide the total ASHA workers into smaller groups with equal numbers of participants in each group.

Step 2: Hand out chart papers and markers to each of the groups and ask them to draw a timeline between the age of 10 to 25 years.

Step 3: Ask the participants to map out key milestones and “firsts” in the life of a young person as they move from adolescence to adulthood. Half of the groups should focus on the journey of a young man while the other half should focus on the journey of a young woman.

These milestones or “firsts” can include experiences that are (a) physical, (b) emotional, (c) life events (d) social etc. Instruct them to prioritise mapping experiences that would fall under the ambit of sexual and reproductive health and rights.

Step 4: If the participants are unable to think of any experiences, you can ask them-
“Based on your understanding at what age do adolescents and young people usually experience menstruation, erection, body changes, attraction, consciousness about their appearance, getting into a relationship, first sexual encounter, going out of the village for the first time, marriage, pregnancy etc.”

Step 5: Upon completion, request each group to present their journey maps to the larger group.



Discussion Points:

As seen in the activity, adolescents and young people experience many changes as they transition from childhood to adulthood. These include not just physical but psycho-social changes as well. *Do you think adolescents and young people are prepared for them?*

Lack of awareness and incomplete information about changes makes it difficult for them to process, and can cause stress and anxiety in adolescents. What adds to this stresses and anxiety is the social stigma and misconceptions around common biological developments such as sex characteristics, menstruation, nightfall, attraction etc. This can have severe health implications beyond the more conspicuous social implications of being considered characterless or immoral. These include mental health issues such as anxiety and depression arising from feelings of isolation, shame, and self-deprecation. Further, not availing services related to sexual and reproductive health, can lead to poor health, unintended pregnancies, STIs and other consequences.

Additionally, adolescents and young people also have to make major decisions about their lives such as those related to relationships, sexual desires, marriage, and pregnancy as well as those related to education and career around this age.

Are they given an enabling environment that would allow them to take informed decisions about their own bodies and lives?

Using the above discussion points emphasize on the need to focus on sexual and reproductive health information and services for adolescents and young people.

Activity 5 - Identifying Needs and Challenges

Objective: Participants will be able to list SRH needs of adolescents and young people and reflect on the challenges adolescents/young people might face in living a healthy and meaningful life

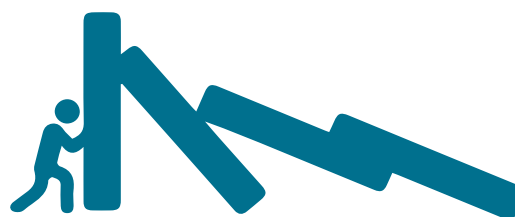
Time Required: 1 Hour

Material Required: Markers and Chart Papers

Instructions:

Step 1: Ask the participants to remain in the same groups from the previous activity. Hand out a fresh sheet of chart paper to each of the participants.

Step 2: Ask the participants to divide the chart paper into four quadrants as indicated below -



1. SRH Needs (Information, Services, and Products)	2. Where do the adolescents/ young people go to fulfil these needs?
3.Challenges (Socio-Cultural and Systemic)	4. Key Stakeholders (Enablers and Gatekeepers)

Step 3: Ask each of the groups to fill in the quadrants based on the following instructions:

- In the first quadrant - List the resources (information, services, or products) required for adolescents and young people to deal with the changes occurring during this age (as mapped out in the previous activity) and make informed decisions about their health and wellbeing especially pertaining to their sexual and reproductive health.
- In the second quadrant - List the people/ places where adolescents and young people typically go to fulfil their SRH information and service needs.
- In the third quadrant - Write down the challenges and barriers adolescents and young people might face in accessing complete and accurate SRH information and services.
- In the fourth quadrant - Name the key stakeholders apart from adolescents and young people who are responsible for ensuring the health and wellbeing of an adolescent or a young person. Divide them into two groups based on their experiences:
 - Enablers: People who provide an enabling environment and facilitate adolescents' and young people's access to the sources that would help empower them in making informed choices about their health and wellbeing.
 - Gatekeepers: People who control and act as barriers to the access of adolescents and young people to sources of SRH information and services.
- Upon completion of the activity, ask each of the groups to present their chart to the larger group. Discuss about each of the quadrants in detail and add any information that the participants might have missed out on.
- Ask the participants "What role do you see yourself in? Are you an enabler or a gatekeeper?"

Discussion Points:

1. Society refuses to see adolescents and young people as individuals who are capable of making sound decisions about their own lives. As a result, they lead heavily scrutinized lives that are regulated by various stakeholders at each step of the way and often feel disempowered to voice their demands and/or concerns even when absolutely necessary.
2. Adolescents and young people tend to rely on informal sources such as peers, internet, chemists, untrained professionals like babas and hakeems for SRH information and services. More often than not, these are sources of misinformation and further add to the myths and misconceptions around sexual and reproductive health. In worse cases, adolescents and young people are forced into situations that are detrimental for their health and wellbeing.
3. There are a number of challenges that adolescents and young people face in accessing complete and accurate SRH information and services. These include but are not limited to -

- Economic factors: Young people, especially those from poor economic backgrounds cannot afford overpriced SRH services from private providers.
 - Social factors/ social norms: Taboo and social stigma on 'SRH' issues instill fear in young people to access services especially in case of premarital or same-sex relationship.
 - Viewed as immature to take the decision: Older family members as well as providers view them as immature and minor to take decisions. This is especially true for younger women to make decisions if/ when/ how many children to have.
 - Attitude, information and behaviour of the providers: The moralistic attitude of the providers, not giving complete and accurate information to the clients and asking unnecessary questions discourages young people from visiting service providers.
 - Lack of privacy and confidentiality: Presence of support staff members or other patients is a big barrier in seeking quality and safe SRH services.
 - Restrictive laws and legal barriers: Laws, such as Protection of Children from Sexual Offences (POCSO) Act and Medical Termination of Pregnancy (MTP) Act that mandate service providers to report to administrative authorities and to ask for guardian permission in case of young people below the age of 18 seeking services.
4. As ASHA workers, your role must be that of an enabler. We should ensure that adolescents and young people are able to access complete and accurate information about SRH and that services are provided in a non-judgmental manner. Additionally, we must also work with the gatekeepers to ensure that adolescents and young people have an enabling environment for fulfilling their SRH Needs.

Activity 6 - Case Study Discussion

Objective: Participants will be able to understand their role in resolving issues and providing better sexual and reproductive health services to adolescents and young people with the help of case studies.

Time Required: 2 Hours

Material Required: Printout of Case studies 1, 3, 5, 7, 8, 9, and 10 from the ASHA Handbook



Instructions:

Step 1: Divide the participants into 5 groups.

Step 2: Hand out one case study to each of the groups and instruct them to read it thoroughly.

Step 3: Give each group 10 minutes to note down their responses to the questions given below the case studies.

Step 4: Ask each group to present their case studies and responses to the larger group one by one.

Step 5: At the end of each presentation, discuss the points given below the case studies in the ASHA Handbook to help them better understand their role in resolving issues and providing better sexual and reproductive health services to adolescents and young people.

Note for the facilitator: *Pick any 5 case studies from the 7 case studies recommended above, that you feel are most relevant to the group of participants based on their responses in the Pre-training Questionnaires.*

Day 2:

Activity 1 - Values Clarification

Objective: Participants will be able to reflect on their personal values and understand key perspectives around sexual and reproductive health and rights.

Time Required: 1.5 Hours

Material Required: 2 Sheets of paper with “Agree” written on one and “Disagree” written on another

Instructions:

Step 1: Put the sheet with “Agree” on one side of the training hall and the sheet with “Disagree” on the opposite side.

Step 2: Ask participants to stand in the centre of the hall in a circle. Read a statement (one by one) from the list given below loudly and ask the participants who agree to the statement to gather near the chart written “Agree” and those who disagree to go to the other corner where “Disagree” is displayed.

Step 3: Ask the participants to give reasons for choosing “Agree” or “Disagree”

Step 4: Facilitate the discussion differentiating between personal values and rights and how personal values/attitudes determine the service delivery regarding SRH.

Note for the facilitator: You can choose the statements most relevant to the group of participants based on their responses in the Pre-training Questionnaires.

S.No.	Statement	Key Message
1.	An unmarried woman who is above 18 years should not be given abortion service if she is coming alone.	<p>If the woman is 18 or above, she can give her own consent to have an abortion. She does not need anyone's permission or anyone to accompany her to seek abortion services.</p> <p>Service Providers should be able to provide non-judgmental and comprehensive information and services related to abortion even if a young unmarried woman comes alone to seek the service. In India, the law does not require consent of a family member or guardian if a woman is above 18 years of age.</p>

S.No.	Statement	Key Message
2.	Condoms are the best method of birth control for a young person because they protect against sexually transmitted infections (STIs) and prevent unwanted pregnancy.	<p>It depends! Condoms are the only contraceptives that provide protection against unwanted pregnancy and Sexually Transmitted Infections (STIs), however no contraceptive method is perfect. Every method has different characteristics that come with their own risks and benefits.</p> <p>People try many different methods to figure out which one works best for them. For example, concerns about side effects or other characteristics and constraints of a particular method may influence which contraceptive one chooses to adopt.</p>
3.	A man can forcefully have sex with his wife after marriage.	<p>Any kind of sexual activity without partner's consent is a form of violence even if it is in a marriage. It is important to seek for partner's consent which can be given either verbally or non-verbally every time one engages in sex. Always remember consent is not static and can be withdrawn at any point of time.</p>
4.	The responsibility to prevent pregnancy lies on a woman.	<p>Both partners share an equal responsibility of preventing unwanted pregnancy. However, it is additionally important for men to have open and respectful conversations around contraceptive use with their partners as often women might feel hesitant to have this conversation due to societal stigma and reduced agency.</p> <p>Men can contribute in sharing responsibility by:</p> <ol style="list-style-type: none"> 1. Accompanying his partner to a family planning clinic so as to gain knowledge on different available methods. 2. Talking to his partner about who should use the contraceptive method and which method is most comfortable for use. 3. Supporting and respecting the choice of the partner regarding contraceptive method. 4. Using condoms correctly and consistently. 5. Where appropriate, using other male methods such as vasectomy. 6. Abstaining from sex without the use of contraception.

S.No.	Statement	Key Message
5.	<p>Providing sexual and reproductive health education to adolescents will lead to early sex.</p>	<p>There is no direct correlation between giving SRH information and increase in early sexual activity amongst young people.</p> <p>On an average, adolescent development begins right from the age of 10, young people begin to enter into puberty and experience physical, mental and emotional transformation. Between the ages of 10 and 15, girls experience menarche and boys experience their first nightfall. As you must have observed in communities, some young people begin experiencing the pressure of getting married from parents and families after attaining puberty.</p> <p>At this critical juncture, their lack of knowledge renders them vulnerable to sexual exploitation and adverse SRH outcomes. To deny them relevant information on SRH is to deny need-based information. Thus, it is imperative for adolescents and youth to have access to evidence based and medically accurate information around their bodies and sexuality, so that they are equipped to take informed decisions that safeguard their health and wellbeing.</p>
6.	<p>Young people should have sex only after marriage</p>	<p>An adult can have sex whenever they are physically, mentally and emotionally ready for it.</p> <p>In many cultures and societies, sex is acceptable only after marriage, but it is important to understand that the decision to indulge in any form of sexual act rests with the individual, even if it is before marriage.</p> <p>Usually the decision to have or not to have sex is always personal, legitimate and depends on the individual's context and circumstance. It is their body, and therefore it is their right to make the decision.</p>
7.	<p>If we promote contraception adequately, there will be no need for abortion services.</p>	<p>This is not true. It is important to understand that no contraceptive is 100% effective and pregnancy can occur even if a contraceptive is used. Further several people are not able to use a contraceptive due to lac of proper choice and counseling provided.</p>

S.No.	Statement	Key Message
8.	Young people will not use reproductive health services even if they are offered.	This is not true. Reduced uptake of sexual and reproductive health services is a result of lack of information, societal stigma around sexual and reproductive health, lack of privacy and confidentiality, and fear of judgment from service providers.

Activity 2 - What does it mean to be Youth Friendly?

Objective: Participants will understand the key principles of providing youth friendly SRH information and services.

Time Required: 1 Hour

Material Required: Chart Paper, Markers, White Board

Instructions:

Step 1: Ask the participants to reflect on the discussions from the previous day of the training and think about some key principles that would ensure that young people are able to access complete and accurate information and services around their sexual and reproductive Health.

List their responses on a chart paper/White Board.

Step 2: Ask the participants to think about the person in their lives that they trust the most. What are some of the qualities of that person that makes them the most trustworthy person in their lives? Collect their responses and add them to the points written on the chart paper/ White Board.

Step 3: Tell the participants that all of the things listed on the chart paper/ White Board are essential in ensuring that young people do not feel any hesitation about approaching them to seek redressal of their SRH concerns. Additionally, there are a few other principles that are essential for the provision of youth friendly SRH information and services.

Step 4: Discuss the principles given in the **ASHA Handbook** along with relevant contextual examples.

Activity 3 - Role Plays

Objective: Participants will be able to practice the key principles of youth friendly counseling and develop skills to communicate with young people through different role plays.

Time Required: 2.5 Hours

Material Required: Printout of Case Studies 2, 4, 6, and 11 from the ASHA Handbook

Instructions:

Step 1: Divide the participants into 4 groups.

Step 2: Hand out one case study to each of the groups and instruct them to read it thoroughly.

Step 3: Ask each group to prepare a role play based on the case study and give them 15 minutes to prepare the same.

Step 4: Ask each group to present their role play to the larger group one by one. After each role play, ask the participants to reflect on the actions of the ASHA worker in the story and if they would like to suggest any different course of action.

Step 5: Instead of just speaking out the suggestion, ask the participants to act it out by replacing the actor playing the role of the ASHA worker and observe how the end outcome of the story might be changed by it. Try this with 2-3 different suggestions.

Encourage the participants to think whether their suggestions are in alignment with the principles discussed in the previous activity before acting it out.

Step 6: At the end of each role play, discuss the points given below the case studies in the ASHA Handbook to build the participants' understanding on youth-friendliness and their role in ensuring the same on ground.

Case Studies and Key Points for Discussion (To be used from the ASHA Handbook)

(Reiterate the key principles of providing youth friendly health services after each case study)

Activity 4 - Summing it Up

Objective: Participants will be able to reflect on their learning from the training.

Time Required: 30 Minutes

Material Required: Chart Papers, Markers, Post Its

Instructions:

Step 1: Write "Key Takeaways" on one chart paper and "After returning to my community, I will" on another chart paper. Paste these chart papers on one wall of the training venue.

Step 2: Hand out 2 (or more) post-its to each of the participants and ask them to write down one key takeaway from the training on one post it and one thing they will do differently while working with adolescents and young people in their community when they return to

their respective areas.

Step 3: Ask the participants to paste the post-its on each of the chart papers. Upon completion, read out the post-its one by one and discuss briefly.

Post-Training Assessment

Time Required: 15 minutes

Material required: Copies of Post-training questionnaires

Instructions:

Step 1: Provide the Post-Training Questionnaires to fill (see Annexure 1) to all the participants. Give everyone 10 minutes to fill the form. Close the activity after everyone has submitted their forms.

Annexure I

Pre and Post Training Questionnaires

Date: _____

Name of the Participant:

Select the correct option based on when you're filling the form -

Before the Training

After the Training

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

S.No.	Statement	Agree (A)/ Disagree (D)
1.	Healthcare workers should give contraceptives to an unmarried girl if she requests them.	
2.	Youth have many legitimate questions about sex and reproductive health issues that require honest and factual responses.	
3.	Masturbation is a healthy expression of a young person's sexuality.	
4.	If a recently married woman asks ASHA for oral pills, ASHA should first ask her husband or mother-in-law before providing pills.	
5.	Healthcare workers should not bother discussing condoms with young people because most of them do not have sex.	
6.	Youth with sexually transmitted infections (STIs) deserve to get infected because they have unsafe sex with multiple people.	
7.	ASHA workers should refrain from counseling boys and young men as they get information on sexual and reproductive health issues from internet.	

8.	It is important to inform parents of a young person if you find out that they are in a sexual relationship.	
9.	Besides abstinence, condom use is the only method that prevents both pregnancy and STIs.	
10.	Accompanying a young person to a health service facility is not the responsibility of a healthcare worker.	
11.	Young women should not be given ECPs as it will encourage them to have more sex.	
12.	Safe abortion has no effect on the fertility of a woman.	
13.	Nightfall is a disease.	
14.	Young unmarried women over 18 years of age do not require consent from their parent or guardian to seek abortion services.	
15.	Providing emergency contraceptives or abortion services to an adolescent girl would have a negative impact on her health.	
16.	If a young woman wears revealing clothes, she is inviting abuse/violence on herself.	
17.	It is okay to counsel youth on sexual health in Anganwadi Centers in the presence of older women.	



United Nations Population Fund

55, Lodhi Estate, Lodhi Road, New Delhi, Delhi 110003