



Healthy YOUNG ONES

User Guide

FOR PRIMARY HEALTHCARE PROVIDERS





FOREWORD

Adolescence is a pivotal transition in the life stage of a pubescent. It is a critical point at which investments in young persons can bring forth social, economic and political benefits for the whole society. Doing so is strategically important as well for the achievement of the Sustainable Development Goals, which primarily address the issues related to ensuring healthy lives and promoting well-being for all ages, particularly ensuring universal access to sexual and reproductive healthcare services.

This universal access includes complete and appropriate information, and the integration of reproductive health into national strategies and programs. Since adolescents make up one-third of the total Philippine population, it is of great importance and benefit that they engage themselves in the fundamental aspects of their lives such as education, employment opportunities, and health.

Concern for the health of adolescents prompted the Department of Health to create the Adolescent Health and Development Program (AHDP) in 2013 to ensure that all adolescents will have access to quality comprehensive health care and services in an adolescent-friendly environment. The program envisions a “well-informed, empowered, responsible and healthy adolescents.”

A “Young Ones Manual” was one of the tools earlier developed by the AHDP in 2003 with the following objectives in mind: 1) to provide critical health information to adolescents;

2) to promote meaningful participation, elicit positive values and attitudes towards adolescent sexual reproductive health (ASRH); and, 3) to develop life skills.

The Manual was recently updated based on consultations with different youth-led organizations, Rural Health Unit (RHU) nurses and other stakeholders. The revised Manual was focused on ASRH and was reformatted as a Flip-Tarpaulin with a corresponding User's Guide.

The accompanying Healthy Young Ones Flip-Tarpaulin is designed for use by the primary health care providers in the RHUs in conducting health education sessions among adolescents on the following topics: puberty, reproductive system, menstruation, gender and health, reproduction and responsibility, sexually transmitted infections, and HIV and AIDS. These sessions can generate demand for ASRH services and the health care providers should be able to link these demands to corresponding services available in their health facilities.

This flip-tarpaulin and user guide offers a wealth of ASRH information to pave the way for desirable behavioral changes and development of critical life skills among adolescents towards the improvement of their health and well-being.



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Secretary of Health

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First, to the representatives of the following organizations that formed the Technical Working Group shared their invaluable insight and expertise during the writeshop and technical review of the contents of these health teaching tools.

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- Manggagawang Kababaihang Mithi ay Paglaya (MAKALAYA)
- Action For Health Initiatives (Achieve) Inc.
- Peer Educators Movement for Empowerment PMAC-Q (Pasay, Manila, Caloocan, and Quezon City.
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- Health Promotion and Communication Service
- Family Health Office
- National Aids STI Prevention and Control Program, (NASPCP), Infectious Disease Office
- HIV Surveillance, Epidemiology Bureau (EB)
- DOH NCR Regional Office
- DOH Regional Office VIII
- DOH Regional Office IX

Our congratulations also to the Family Health Office and Health Promotion and Communication Service for their untiring efforts in providing technical inputs, reference materials and other resources for the development and production of the tools.

And thank you to our international partner, UNICEF Philippines , for graciously lending the contents of their manuals, the Creating Connections Manual and Menstrual Health Material, for the use of this tool. Also to the Joint Program on Maternal and Neonatal Health (JPMNH) and Australian AID (AusAID) for their assistance in the reproduction of this manual and flip tarpaulin.

Succeeding to evoke the interest of our youth in their health is always encouraging. When the youth are interested in their health it means they are interested in our future. We enjoin all our stakeholders to make full use of this material and help make our youth informed, empowered and healthy individuals.

A handwritten signature in black ink, consisting of a series of loops and a vertical stroke, positioned above the name Gerardo V. Bayugo.

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Introduction

A substantial and important aspect of adolescent health is sexual and reproductive health education. Due to the religious background of the Philippines and societal norms which prevail in the country, Filipinos in general are reluctant to engage in discussions on sexuality and related topics. Naturally, many healthcare service providers who work with adolescents on a daily basis tend to feel uncomfortable dealing with that aspect of life. Often, health professionals also struggle to overcome personal biases, particularly when a young patient is diagnosed with a sexually transmitted disease or turns out to be pregnant. Altogether there is big gap in communication between the healthcare service providers and the adolescents. This has a range of alarming implications: lower effectiveness/quality of the provided health services, late diagnosis, no-shows and missed appointments, etc. Thus, poor health-seeking behavior and problematic status of health services put adolescents at risk, and worst, some may lead to death.

Clearly, there is a need to educate health professionals about the proper ways of dealing with adolescents. There is also lack of resource materials such as information, education and communication (IEC) regarding adolescent sexual and reproductive health that can be used by the health care providers to ensure high-quality care for adolescents.

Healthy Young Ones is an information, education, and communication material for 10 - 19 years old. This material includes a focus on adolescent sexual and reproductive health that promotes an opportunity for the adolescents to communicate with healthcare providers. It teaches about sexual health, sexual orientation and gender identity, puberty, reproductive system, sexually transmitted infections, human immunodeficiency virus, acquired immunodeficiency virus, and looking after their own safety and well-being. Healthy Young Ones aims to address the challenge that health care providers are facing in providing

adolescents information, skills about their self, sexuality, and sexual health.

Healthy Young Ones includes seven topics, developed to be cascaded to adolescents through a Flip- Tarpaulin. It is great to deliver in staggered basis over an extended period or can be conducted in one session. The session can be facilitated by single sex group or mixed sex groups, depending on what is appropriate to the session. Most of the contents of this material were lifted from the Creating Connections Manual of UNICEF Philippines.

Helpful tips for the Facilitator

Setting rules and Expectations

The facilitator sets the tone for the group. Aims to create a friendly and respectful atmosphere. Use the activity in the first session to set up group expectations. Revisit this later if needed.

If you find that participants are not observing the rules, make a direct instruction. This might sound like:

- ✓ *Can we have one person speak at a time during the feedback session please? It is important that we get to hear each other.*
- ✓ *Let's make sure we find a way to disagree while still respecting the other person.*
- ✓ *Let's not make negative race/gender-based comments. We should provide respect when referring to others.*

Building and maintaining positive group relationships

It is important to set the expectations that the group will work together, mix with each other, and encourage each other to participate. There are many things you can do to help build a friendly atmosphere. Some of them are actions you can make yourself. These actions include:

- Smile and greet participants as they arrive
- Thank people for coming in/or their attendance
- Use eye contact
- Observe the group and notice who participates
- Encourage participants to join in
- Encourage participants to speak out and share their thoughts during the activities
- Assist people to group as you set up the activities
- Show respect for participant's ideas and opinions
- Assist participants to put forward different opinions
- Make sure no one is left out
- Make sure no one is ridiculed

- Avoid making judgmental comments about participant's answers
- Acknowledge that it takes courage to participate in the discussion/activities
- Organize the seating arrangement so everyone can feel part of the group
- Encourage different participants to give the feedback from the small groups
- If possible, rearrange the participants in each group for new activity
- Observe confidentiality at all times
- At the end, thank participants for their contribution

Other methods for building a positive group environment include the use of games, mixing activities and participatory tasks which are designed as part of the curriculum. It is most important not to replace these with lecture-style presentation. These participatory activities will give all group members a chance to build their relationships with each other.

Things you can do to make sure the group members build relationships with each other include:

- Use the start up games to set a friendly mood.
- Use the interactive activities to organize small groups. Ideally the maximum number of participants is 15 per session.
- Play an extra game or sing a song at the end of the session to build the group spirit.
- Use paired conversations when you want to increase the interaction. This will help people develop confidence and will get everyone involved.

When tasked to choose their own groups, people tend to work with the same people and thus do not improve their connections with others. Many people also face significant fear of social rejection when asked to form their own groups. Playing group games to establish new groups adds an element of fun. You can number the players or hand out cards and then ask players to

group with those with the same number. Alternatively you can also guide people into groups.

Managing the venue and the resources

- It is important to make sure the venue is set up ready for the session. If possible, arrange the chairs in a circle or in a horseshoe shape to start. This will help set a friendly atmosphere.
- Participants will need to be able to move their chairs to form small groups for the activities.
- Read through the session plan carefully and use the resources checklist as a guide to ensure that you have all materials ready for the session. Some activities require you to make handouts or collect products. This can take some time, so it is best to prepare a few days ahead.

Making adjustments to the program

Use your judgment in making adjustments to the program based on participant's needs. Make sure that your modifications fit with the purpose of the program. Refer to the objectives of the session to help with this. Sometimes it will not be possible to cover all of the activities. Be aware that it can be tempting to avoid the role-play activities if our confidence in ourselves or in the group is not high. However, if we leave out these activities, participants will not get to develop their skills. It is much easier to talk about things than to actually do them. It may be better to leave out one of the earlier activities if you are short of time. Keep a record of what you did or did not do, as this will help with evaluation.

Managing time

Make sure you have a clock or a timer to help you keep track of the time. Let people know how long they will have for the activity. Give a one-minute warning before you call an end to the task. You may wish to consult the players about whether they need more time. Ask players to put their hand up if they need more time. Tell them how much time you will give them. Use your judgement in this. If an activity is working very well, you may wish to let it run longer. Alternatively, if it is not working, shorten it and move on to the next one.

Protecting privacy

It is important that we protect privacy when we discuss sensitive issues. Differentiate privacy and confidentiality. Privacy is the state or condition of being free from being observed or disturbed by other people, while confidentiality is limited to persons authorized to use information, documents, etc. One way we do this is through providing scenarios to use as the basis for our discussions. Another way to do this is to ask people to think about who else is in the story they will share. If the material is a bit sensitive, they should protect the privacy of the other persons by not using their names or by telling the story in the third person. Ask participants to be sensitive to things like people's private relationships and their sexual orientation or their health status.

Draw this to the group's attention:

The purpose of these sessions is to have people develop their skills and confidence to talk about sexuality and gender issues.

While we do need to talk freely and openly, we also need to respect privacy. We ask people not to tell stories about other people that those people may wish to keep private. One way to do this when sharing your stories is to say "Someone I know..." or "I have heard of a situation in which..." rather than to use people's name or titles.

There may be times when you need to remind participants about privacy. If you think that someone is about to speak inappropriately about someone else, you may need to interrupt with a reminder. This is called protective interrupting. See the following example:

I have a sense you are about to tell us a sensitive personal story. Can you find a way to tell us this without breaking privacy? You could put it in the third person and say something like – “I know of someone who...”

As the facilitator you have the same right to privacy as the participants. Choose carefully the details of your personal life that are appropriate to share. Your job is to get other people thinking and talking about the issues. You too can talk in the third person at times.

Working in mixed or single sex groups

In some settings it will be more appropriate to provide the program to single sex groups or age disaggregation (10-14 and 15-19 years old). In others it will be better to provide for mixed sex/age groups. If running mixed sex/age groups, there may be some times when it is preferable to split the sexes for certain activities such as for games involving significant physical contact or some of the SRH activities.

Reflective listening skills

Reflective listening is an important skill for the facilitator. When people share a story or idea, try to respond in a way that shows you understood their contribution. This is preferable to making an evaluative comment (such as ‘good point’). Your reflective comment should be a very brief summary. (e.g. You think that a girl will be too embarrassed to tell her mother.) Alternatively, if you are not sure what the point is that they are making, you can summarize what you think they are saying and check it back

with the speaker. (e.g. It sounds like you are suggesting that the mother will stop the girl from speaking because the mother will be too embarrassed. Is that right?)

Dealing with difference in views

It is important to set an atmosphere in which people can share different views. They should not feel they all have to agree with each other. The important thing for the facilitator is to open the questions for discussion, to summarize the different views expressed, and to ask participants to think about possible consequences for a range of actions. It is not the facilitator's job to recommend a particular opinion. Providing correct information is different.

Personal comfort and embarrassment

You may feel embarrassed when leading the conversation about some topics. If this is so, you can work on increasing your confidence to talk about these topics before the session. You can do this by preparing with another facilitator and talk about the topics together first, or by telling friends and family members what your session will be about, and getting some practice by talking with them.

Sometimes you may wish to tell the group that you are a little embarrassed but that you believe it is very important to take the courage to talk about these issues and so you will not let your embarrassment stop you. This provides a good model for them to apply their own courage. For example, you might say something like:

I am a little shy to talk about homosexuality as this was never something that I never heard talked about before I did this course. However, now I have learnt about it, and now that I understand how difficult it is for homosexual people when others pretend that this sexual preference does not exist, I have realized

I must learn to talk more openly. Today we will get to do that.

Working with low literacy participants

Across and within groups, participants will have different reading and writing skills. It is important that regardless of literacy level, all participants feel included and are able to participate fully in activities. Throughout the sessions, all the activities that require reading and writing include a literacy-free option.

Options include reading scenarios aloud to the group before allocating them to individual groups for discussion and using pictures, rather than written words on handout materials.

Incorporating a religious perspective

Throughout the topics, it is possible to strengthen the core values held by the religions represented amongst the participants. Discussion in response to the games invites participants to articulate the values taught by their parents and the religious or cultural beliefs within their society. If providing additional explicit reference to religious teachings, be sure to describe which are the religious teachings and which are the medical facts. Use the opportunity to find some consistency in program messaging, such as around the importance of respect and responsibility in every relationship. There may be times when you need to point to the differences between the religious teaching and the law or the religious teaching and the medical facts. It is helpful to young people when this is made clear. Aim to provide the scientific information in a comprehensive and unbiased way. Encourage young people to discuss these matters with their parents.

Dealing with concerns about participants

It is possible that in the process of leading one of the activities, you may be told something or come to suspect something which has you worrying about someone else's welfare or safety. If you are concerned about someone's safety, follow up afterwards. Some possible actions you could take include:

- Encourage the person to seek help (e.g. from family, friends, a doctor or the police).
- Tell the person that you are worried for them. Ask if they share that worry. Ask who they can seek help from.
- Ask for advice about what to do from a trusted colleague or a senior member from the organization running the program.
- Use your best judgement. If the person is a child, consider the need for their safety and which adults need to be involved to help and keep the child safe. Do this in a way that respects people's need for privacy whilst also seeking support

Introductory Session

The Name Call Game

Objectives:

- To get to know the names of each participants.
- To set friendship, respect and support, regardless of any differences.

Material:

- Chairs

Time • 15 minutes

GROUP ACTIVITY:

- Form participants in a circle. Go around the circle and ask everyone to say his or her name.
- In the second round, ask each person to say their name and add an adjective that starts with the same letter e.g. Brilliant Bayani, Super Sabina. As each person says their name (e.g. Brilliant Bayani) the rest of the group echoes in one voice (BRILLIANT BAYANI!).



Key messages: In this activity we are all expected to get to know each other and show friendship, respect, and support, regardless of differences. Learning everyone's name is important.

The Halo Halo Group Mixing Game

Time • 10 minutes

GROUP ACTIVITY:

- Explain that this game will help people to mix and sit with different people.
- Let the participants sit on chairs arranged in a circle. Name each person as a different ingredient of halo halo (ice, banana, beans, milk, sago).



- The facilitator stands in the centre of the circle. He/she does not have a chair. When he/she calls out the name of an ingredient, all players of that category must move to a different chair. (On the call of 'banana', all bananas must leave their chairs and find a different chair.) At this time the leader will rush to a chair and the last person left without a chair will make the next call in the game.
- The next person will then make a new call.
- If the category of 'halo halo' is called, all players must find a new chair.
- Play a few rounds. By this time participants will be seating in a mixed arrangement.

At the end of each game, ask the group what they think the key messages are. Give them a chance to contribute. Acknowledge their contributions and use the key messages provided only if needed.



Key messages: We all share the category 'People' just as the ice, banana, beans, milk, sago share the category 'halo halo'. In the Healthy Young Ones sessions, all people are included and respected regardless of any differences between them.

PUBERTY

Objectives:

- To discuss the key changes that happen at puberty
- To identify positive and negative aspects of growing up for males and females

Materials:

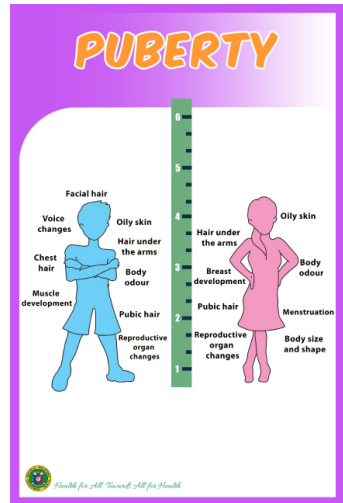
- Large sheet of paper for body mapping exercise
- Mark pen
- Masking Tape
- Flip-Tarp

Time • 30 minutes

GROUP ACTIVITY:

Point out that in the next activity they will focus on all the changes that happen to boys' and girls' bodies at puberty.

- Organize participants into groups.
- Give each group a large sheet of paper. Ask the groups to draw around the body of a volunteer who lies on a large sheet of paper. Alternatively, draw a body shape on a smaller page
- Ask participants to write or draw on to the body the changes that happen at puberty. Allocate some groups to complete the task for boys and some for girls
- Refer to the Changes at Puberty fact sheets to help groups identify any changes that they have missed.
- After groups have finished, ask two groups to present (one for boys and one for girls). Other groups can add any others that were not on the first group's diagram.



Key messages : Everyone goes through a range of physical and emotional changes at puberty. It is important to be aware of these changes ahead of time so that they don't come as a shock. Changes at puberty are nothing to be ashamed of – they are part of growing up and becoming an adult.

What is Puberty?

Puberty is the process of physical changes by which a child's body becomes an adult body capable of reproduction. At the beginning of puberty a boy's body produces a range of hormones (which are chemicals produced by the body). The hormones cause the physical changes in the body. A girl's body produces different hormones. The hormones cause the physical changes in the body, they also affect emotions. With all the changes, it is normal if girls do not quite understand the occurrence on her body, that is why it is important to educate them.

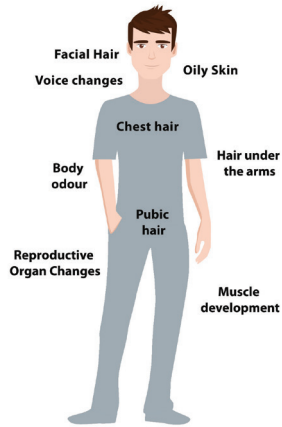
Changes at Puberty for Boys

Each body starts puberty in its own time. Boys generally start puberty a little later than girls. Some boys will show changes as early as 11 or 12, others do not experience changes until they are a little older, 15 or 16. Changes at puberty for boys include changes in body size and shape, reproductive organ development, erections and wet dreams, growth of pubic hair, voice changes, production of body odor and oily skin that can cause pimples. These different changes are explained briefly below.

- **Body size and shape:** At the age of puberty, a boy's body starts to grow rapidly and experiences many changes. For many boys, the growth peaks about two years after the beginning of puberty. Shoulders will broaden and muscles will get bigger. Many boys have some slight swelling under the nipples, which is temporary.
- **Voice changes:** During puberty a boy's voice changes. As the larynx (or voice box) enlarges and the muscles or vocal cords grow, the voice may 'break' or 'crack'. This is a normal part of the growth process. Eventually the voice will change to a more permanent deeper tone.

- **Reproductive organ changes:**

Puberty is the time when the reproductive organ experiences the most changes. The scrotum grows bigger, darker, and both testicles also follow this growth. The penis grows bigger in both breadth and length, and commonly becomes darker than before. Sometimes one testicle grows faster than the other, and it is natural for one to hang lower than the other. Internal ducts and glands of the reproductive system also increase in size during puberty.



- **Pubic hair:** In boys, the first pubic hair usually appears on the scrotum or at the upper base of the penis. These hairs will grow thicker and darker over a few years. Apart from hair starting to grow on a boy's body, it also grows on their face, like a beard, moustache or sideburns. Usually, this hair is fine at first but gets thicker and darker towards the end of puberty.
- **Erections:** An erection is when a boy's penis hardens and lengthens. This usually happens when a boy has romantic or sexual thoughts, or as a result of physical stimulation. However, during puberty a boy will start to get erections more often, sometimes without any stimulation at all. Unexpected erections can be quite embarrassing, but other people do not usually notice them as much as boys themselves do and if they do not think about it too much or concentrate on something else, the erection will eventually subside. Unexpected erections are normal and are a sign that the body is maturing. They happen to all boys during puberty, and with time they will become less frequent.

- **Nocturnal Emission/Wet dreams:** Boys may have 'wet dreams' while they are sleeping. These wet dreams are caused by an ejaculation that occurs during sleep, this does not mean that the boy was having a sexual dream. The 'wet' stuff is semen. Wet dreams are not something to be embarrassed about, they are natural and happen to lots of people. There is also no need to worry about not getting wet dreams as not everyone does.
- **Body odor:** At puberty, sweat glands develop under the stimulation of hormones and protein. Oil production by the skin in the armpits and genital areas also increases. Boys may notice that body odor develops. This is normal, it just means that it is important to wash regularly (at least once a day). After puberty, using an antiperspirant (deodorant) can help to reduce sweating, and some also inhibit bacterial growth.

Changes at Puberty for Girls

Each body starts puberty in its own time, some girls will show changes as early as 9, others do not experience changes until they are a little older, 15 or 16. If a girl starts puberty a little later or earlier than her friends, it is nothing to worry about. Changes at puberty for girls include changes in body shape, breast development, reproductive organ development, menstruation, vaginal discharge, growth of pubic hair, production of body odor and oily skin that can cause pimples. These different changes are explained briefly below.

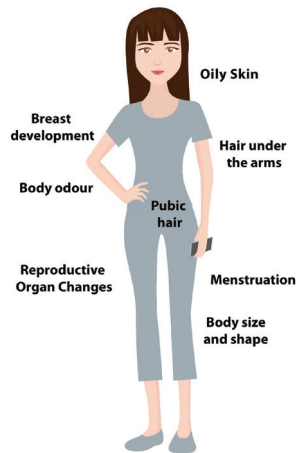
- **Body size and shape:** Leading up to and during puberty, a girl's shape begins to change and starts to look like that of a young woman. For example, breasts emerge, buttocks become more developed and the fatty layer under skin thickens, which makes the body pliant and feminine.

- **Breast Development:** At puberty, girls' breasts start to grow. As each body starts to grow in its own time, it is no surprise that at the same age group, some girls have flat breasts while those of others are already full.

The first organs to signal breast development are the areolae of the mammary gland - the dark areas surrounding the nipples. The areolae thickens and darkens. Then the breast mounds emerge, become pointed and gradually develop and look plump. During this period, some girls have a slight itch or a slight soreness on their breasts.

- **Reproductive organ development:**

During puberty, girls' reproductive organs develop and change. This means that they will not look like those of young girls any more. Reproductive organs like the inner and outer labia, the clitoris and the vagina grow; hairs start to grow around the vulva and the color of the vulva becomes darker. Inside the body, the vagina and the uterus also grow bigger. Two ovaries start to function by producing sexual hormones and releasing eggs (ovulation). The mucus membrane of the uterus starts to grow and self-discard periodically which causes menstruation



- **Vaginal Discharge:** When a girl reaches puberty, they may notice that their reproductive organs are sometimes wet and there is sticky fluid in their underwear. This is a normal phenomenon. The fluid is usually clear white, opalescent or slightly yellow.
- **Pubic hair:** Entering puberty, girls' bodies start to have more hair, first pubic hair on pubic bone and around the lower genital areas. Besides pubic hairs, girls will notice that more hairs emerge on the legs and under the armpits.
- **Body odor:** At puberty, sweat glands develop under the stimulation of hormones and protein. Oil production by the skin in the armpits and genital areas also increases. Girls may notice that body odor develops. This is normal, it just means that it is important to wash regularly (at least once a day). After puberty, using an antiperspirant can help to reduce sweating, and some also inhibit bacterial growth.

The positives and challenges of growing up

Objectives:

- To build supportive relationships between the participants
- To identify positive and challenges aspects of growing up for males and females

Materials:

- Large sheet of paper
- Mark pen
- Masking Tape
- Flip-Tarp

Time • 30 minutes

GROUP ACTIVITY:

- Explain that in this activity, we will talk about what is good and what is challenging about growing up.
Organize groups of 4-6.

- Give each group a large sheet of paper and ask them to write the Good things about growing up on one side of the page and Bad things about growing up on the other side of the page. Things that are mixed can go in the middle. Assign some groups to brainstorm on behalf of females, and others males. (If appropriate, assign at least one group to work on transgender.)

It is important to be inclusive and respectful of gender diversity. If you have young people from minority groups or who identify as same-sex attracted or as transgender, make sure they feel welcome and included.

- Ask each group to read their 'good things' list. Ask others to add additional items. Ask a different group to read their 'bad things' list. Ask others to add additional items.

Compare the male, and female lists. Note which items are common, and which are different. Point out that some of the items on the challenges list are to do with sex – they are biological differences. These are things that we are born with. Point out that other challenges are to do with gender. They are affected by our culture and history and the way that we organize what men and women do. We come to believe that these things are part of being male or female because this is how things normally happen. These things can be changed, and many of them do change over time.

Ask the groups to mark the items on their lists that they also think were true for their parents and grandparents. Were there any different positives or challenges when their parents and grandparents were young? Is there anything that is changing that is affecting young people?

Some examples might include...	
Good things about growing up	Bad things about growing up
<i>Independence Romantic relationships</i>	<i>Peer pressure Pressure to take risks</i>
<i>Meet new friends Increased responsibility Freedom to express yourself Discovering new talents</i>	<i>Pimples Stage of confusion Work/study stress Discrimination Pressure to earn income</i>
For males...	
For females...	
Good things about growing up	Bad things about growing up
<i>Independence Relationships Can have a baby Increased responsibility Freedom to express yourself Discovering new talents</i>	<i>Dysmenorrhea Stressful experiences Pimples Work/study stress Discrimination Pressure to help with domestic duties</i>



Key messages: Growing up is exciting and there are lots of positive changes. There are also some challenges. During adolescence stage, even food and material preferences changes. Experiences can be different for boy and girls. It is important to work together to change negative gender norms, and to strengthen positive social norms and values.

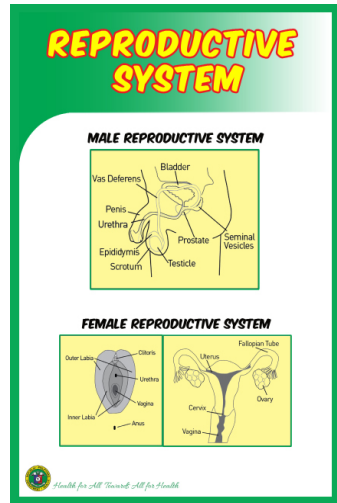
MALE AND FEMALE REPRODUCTIVE SYSTEM

Objectives:

- Learn and discuss the anatomy and physiology of the male and female reproductive system.
- learn and be able to correctly identify the proper names of reproductive organs and parts.

Materials: Flip-Tarpaulin

Time •30 minutes



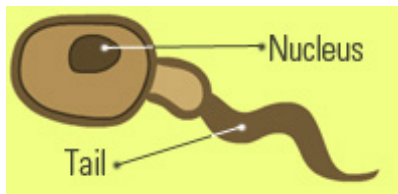
Male Reproductive System

Lecture:

- A. Discuss the parts of the male reproductive system.
- The male reproductive system includes the testes, prostate glands, sperm ducts, urethra and penis.

Sperm duct

During mating, sperm cells that have been released pass through the sperm ducts.



Testes

There are two testes (one of them is called a testis). These are held in place by the scrotum (scrotal sacks). The scrotum is a bag of tough skin. The job of the testes is to produce millions of male cells called sperms and also to make male reproductive hormones. This is a simple diagram of how a sperm cell looks under a microscope. Sperm cells look a lot like tadpoles (under a microscope). During puberty, a boy's hormones affect the way his body develops.

Prostate gland

The job of the prostate gland is to secrete prostate fluid, one of the components of semen. The mixture of sperm and fluids is called semen. The muscles of the prostate gland also help propel this seminal fluid through the urethra and into the female reproductive organ during ejaculation .

Urethra

This is the tube inside the male organ that carries urine or semen. It is the continuing part of the sperm duct.

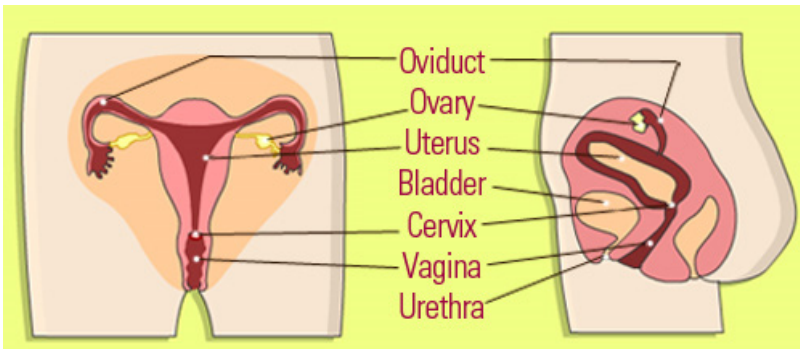
Penis

This is that 'thing' hanging in front of every male which he pees with. The size of the organ differs a lot for growing boys because they develop differently. An erect one for an adult man may be about 5.7inches in length (average). The job of the 'Penis' is to pass urine out of the man's body and to pass semen into the female organ during mating.

Female Reproductive System

B. Discuss the parts of the female reproductive system.

The human female reproductive system is made up of ovaries, egg tubes, uterus, cervix and All these are a vital part of the reproduction process. Below is a diagram of how the parts are set up in the female body.



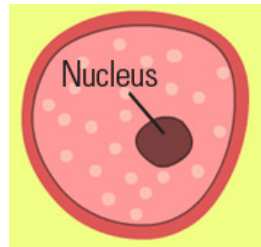
Egg tubes (Oviduct)

The egg tube, also called the fallopian tube or oviduct, is the vessel through which an egg cell travels to the uterus. Each ovary is connected to the uterus by an egg tube. Remember what we said earlier about a mature egg being released every month. Yes, there are very tiny hairs in the fallopian tube called cilia, which aids in the smooth passage of the mature egg to the uterus.

Ovaries

Women (females) are born with hundreds of undeveloped female egg cells or ova (one is called ovum). These eggs are stored in the ovaries and released every month, after puberty. Unused eggs dissolve and pass out during menstruation.

This is a simple diagram of an ovum under a microscope.



Uterus (latin word for womb)

This bag is like an inverted pear, held in place by ligaments and muscle. It has a very soft lining, which holds the fertilized egg and nurtures it until it is a fully developed baby.

Cervix

The cervix is a ring of muscle located at the lower third portion of the uterus. It forms a barrier between the uterus and the vagina. Until birth, the baby is held in place by the cervix. During birth, the cervix expands and the baby passes through it.

Vagina

This is an elastic, muscular canal that connects the cervix to the outside of the woman's body. It is the tube that receives the male organ during mating. During menstruation, it is the same tube through which the blood flows out.

MENSTRUAL CYCLE

Objectives:

- To provide information about menstruation
- To learn about menstrual cycle
- To provide information about the frequently ask questions during menstrual period
- To know the myths and facts about menstruation.

Material: Flip-Tarp

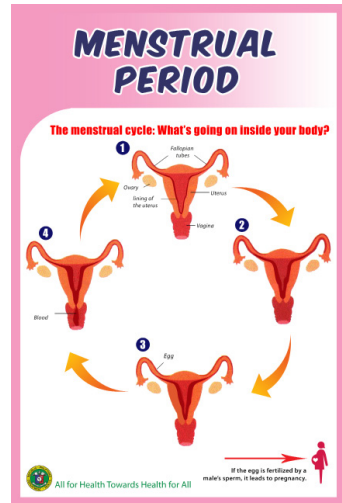
Time: • 30 minutes

LECTURE:

- Explain that one of the changes that girls face at puberty is the onset of menstruation. This is called 'menarche'.

It is important for both females and males to know about and understand menstruation. In the future, males will need to show respect and understanding for their partners who are experiencing menstruation.

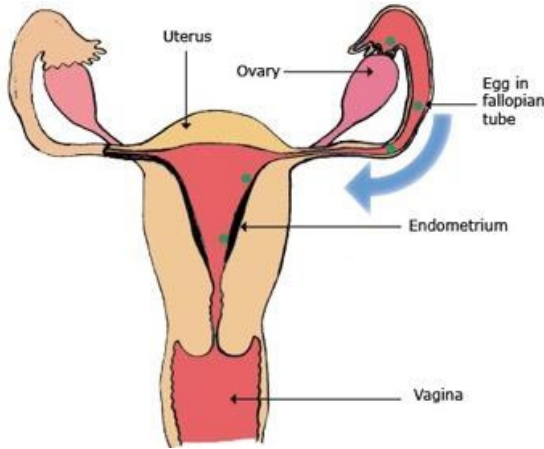
- Use the Menstruation and Menstrual Cycle illustration in the flip tarp to provide basic information about menstruation and menstrual cycle.



Key messages: One of the changes that women go through at puberty is menstruation. When a woman starts to menstruate, it means that her body is developing and is now able to conceive a child.

What is Menstruation?

Menstruation is a signal that as a girl, you are growing up normally. Your body begins to develop and change as you transition from being a child to an adult, preparing so that you can have a baby someday. Your “period” is the 2-7 days that a girl experiences menstrual flow—meaning blood and tissues leave your body through your vagina.



Menstruation will begin at different ages for different women. For some it may start at 10 and for others it may start at 17 or 18. If a woman is 18 and has not experienced menstruation yet, she should consider seeing a doctor, just in case there is a problem. Menstruation may not be very regular at first – it might happen more or less often than once a month. Some girls experience a light bleeding, while for others it is heavier. Girls might notice other changes in their body during the menstrual cycle, some women experience cramps in their abdomen and others experience sore breasts. Because of changes in hormone levels, menstruation may also affect a girl’s emotions slightly.

It’s important to remember that all girls go through this change. Menstruation is a sign of normal growth and development. In other words, you’re healthy and you’re growing up just the way you should!

Understanding the Phases of Menstrual Cycle

Menstrual Cycle is the pattern of events that occurs regularly (monthly) in most women from puberty to menopause.

The Menstrual Cycle has four phases. These are:

1. Menstrual Phase
2. Pre-ovulatory Phase
3. Ovulatory Phase
4. Post- ovulatory Phase

First Phase: Menstrual Phase	Second Phase: Pre-ovulatory Phase
<p>Starts on first day of menses</p> <p>Women observes bleeding</p> <p>Bleeding comes from shedding of lining of uterus.</p> <p>It indicates that there is no pregnancy</p> <p>Includes all days of menstrual bleeding, usually 4-6 days.</p> <p>Menstrual bleeding is normal and healthy. Bleeding does not mean the woman is sick.</p>	<p>Bleeding has stopped</p> <p>Egg cells begin to develop</p> <p>Lining of the uterus starts to thicken</p> <p>Mucus forms a plug. This mucus prevents entry of sperms</p> <p>Includes all dry days after menstrual bleeding stops</p> <p>A woman experiences dry feeling and no cervical mucus</p> <p>The pre ovulatory phase is a relatively infertile phase</p>

Third Phase: Ovulatory Phase	Fourth Phase: Post-Ovulatory Phase
<p>The third phase of the cycle, called ovulatory phase is the highlight of a woman's fertility</p> <p>One mature egg is released and stays in the tube for about 24 hours</p> <p>Endometrium becomes thick of heavy, downy velvet and has become soft and succulent in preparation for a possible implantation.</p> <p>The mucus plug is gone.</p> <p>The mucus becomes watery, stretchy, slippery and clear. It provides channels that help the sperm to be transported to the egg. It nourishes and provides channels that help the sperm to be transported to the egg.</p> <p>The mucus also filters abnormal sperms.</p> <p>If sperm are present at this time, the women can get pregnant.</p>	<p>No egg is present. If there is no fertilization, the egg cell disintegrates and is reabsorbed by the body</p> <p>Lining of the mucus forms a plug again to prevent entry of sperms</p> <p>Women experience dry feeling with no mucus at all, if there is any mucus, it appears to be sticky, cloudy, crumbly or pasty.</p> <p>The post- ovulatory phase is called the absolute infertile phase because there is no egg present.</p> <p>Blood vessels rupture, escape of blood into the endometrial lining.</p> <p>Because there is no pregnancy, the woman will experience menstruation again and another cycle will begin.</p>

Myths and facts about menstruation

MYTHS	FACTS
<i>If you shower or take a bath during your menstruation you will get sick</i>	<i>It is recommended that during menstruation you wash regularly to keep the body clean. A warm bath can also soothe or relax menstrual pains</i>
<i>When menstruating, women should stay in bed and avoid strenuous activity</i>	<i>Women are not weak during their menstruation and generally can get on with usual day-to-day activities</i>
<i>Menstrual blood is toxic or unclean</i>	<i>Menstrual blood is not toxic or unclean, there is no need to use vaginal cleansers during menstruation</i>
<i>Eating certain foods will shorten or delay the menstrual period</i>	<i>Menstrual periods last longer for some women than others. It is important to eat well but no food will alter the duration of the menstrual cycle</i>
<i>It is not possible to get pregnant during the menstrual period</i>	<i>It is possible to get pregnant if you have sexual intercourse during menstruation</i>

Hygiene & Personal Care Products

There are some products that can be used to catch the blood as it leaves the uterus. The most common products available are sanitary pads and cloths. If a girl has just started menstruation and is not regular yet, she may want to a pad or cloth with her in her hand-bag. If menstruation comes unexpectedly and she does not have one of these products, she can use a clean piece of cloth or tissue for the same purpose.

Sanitary pads



Sanitary pads are rectangular pieces of material worn in the underwear to absorb menstrual blood flow. Sometimes they have 'wings', pieces that fold around the underwear and/or a sticky backing to hold the pad in place. These pads should be changed regularly and thrown out after use. Sanitary pads come in many sizes and thicknesses – each girl will be able to find one that is comfortable for her. Girls should remember to change pads about every four hours and be careful about washing their hands afterwards.

Reusable rag or cloths 'Pasador'



Cloths or rags can be made using layers of old fabric. It is essential that these are changed regularly and kept clean. After each use, cloths need to be washed properly with water and soap. Once they are washed, it is important to dry them properly as if they are damp, they may cause infection. The best place to dry them is in the sun. Using cloths that are not washed and dried correctly can cause infection.



Key messages: It's important to remember that all girls go through this change. Menstruation is a sign of normal growth and development. In other words, you're healthy and you're growing up just the way you should!

Frequently Asked Questions during Menstrual Period

1. When do girls, like you, get their period?
 - You can begin menstruating any time from age 8 to 18, although most girls start having their period between the ages of 10 to 14.
2. How often will you get your period?
 - It normally happens every 28 days, but can be from 21-35 days. You may have irregular periods for the first year or two as your body is adjusting to many changes. You may also experience having irregular periods if you are under stress, exercising heavily, eating poorly, or in an emergency situation.
3. How long will you have your period?
 - Your bleeding can last for 2-7 days. But it can and may vary for many girls.
4. Is there a bad odor when you have your period?
 - The bad odor that you sometimes smell comes from the bacteria that begins to grow when it is warm and moist. Changing your pad or cloth often (every 3-5 hours or when the cloth/ pad becomes soaked) will help eliminate odor and reduce the chance of getting an infection.
5. Is it normal to feel pain during your period?
 - Yes. You may experience pain in your lower back or in your stomach when you have your menstrual period. To relieve your discomfort it is helpful to move and stretch, have some exercise, apply a hot compress to any painful area, or have a warm bath. If available, ibuprofen medicine may help relieve the pain.
6. Why do you have a clear or white discharge throughout the month?
 - When not menstruating, you may have vaginal discharge—this is normal. Discharge may be clear, cloudy white or yellowish. Changes in discharge may signal infection.

MENSTRUATION STORY

INTRODUCTION:

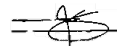
ANG KWENTONG ITO AY ISANG KATHA NA GINAWA PARA LAMANG MAS MAUNAWAAN NG MGA KABATAAN KUNG PAPAANO NAGKAKARON NG PAGDURUGO/PAGREREGLA O MENSTRASYON ANG ISANG BABAENG NAGDADALAGA. BAGO NATIN SIMULAN ANG KWENTO, ALAMIN MUNA NATIN AT IPATUKOY SA MGA BATA KUNG ANO-ANONG MULI ANG MGA PARTE SA LOOB NG PWERTA (INNER FEMALE REPRODUCTIVE SYSTEM) NG BABAE NA NASA FLIP TARP (OBARYO-FALLOPIAN TUBE-UTERUS/MATRES-CERVIX-VAGINA) AT IPATUKOY SA KANILA KUNG ANO ANG TAWAG SA SEMILYA NG LALAKI (SPERM) AT SEMILYA NG BABAE (EGG CELL).

THE MENSTRUAL CYCLE: ANG PAGKABIGO NI EGG CELLIA

Ikaw: Isang araw, may babeng nagngangalang Eggcellia napakalungkot nya dahil iniwan siya ng kanyang unang kasintahan, (ituro ang menstrual phase sa flip tarp) Kagaya ng unang phase ditto sa ating flip tarp: Ang menstrual phase, dito nagkakaranas ng pagrereglala or pagdurugo ang babae, gaya na lamang ng pagdurugo ng puso ni Eggcellia dahil nga sa iniwan siya ng kasintahan niya. Sa phase din na ito, nakakaranas ng mood swing o pagiging irritable ang isang babae, kagaya na lamang ni Eggcellia, syempre ganyan naman talaga kapag broken-hearted diba? Bitter at irritable ka sa paligid mo. (Ad Lib: aheem mukhang may nakakarelate dyan). Syempre sa phase din na ito minsan may mga babeng sa sobrang lakas ng regla ay natatagusan, kagaya ni Eggcellia, sa sobrang pagdurugo ng kanyang puso TAGOS ito hanggang buto. At madalas kapag natatagusan, ay pinagtatawanan tayo ng mga kalalakihan, kaya sa mga lalaki dyan. Huwag ninyo pong pagtawanan ang inyong mga kasamang babae, isipin niyo na lamang po na katulad ni Eggcelliang nasasaktan ngayon, mas kailangan niya ng pag-aalaga at maging komportable di po ba?. At lagi po nating tandaan na ang pagrereglala ay isang normal na pagkakataon/prosesong pinagdadaanan ng kababaihan lamang, kagaya po ng pagkabigo sa pag-ibig tulad ni Eggcellia, uulitin ko po ito ay normal po at hindi po dapat pagtawanan, at ang dugo/regla ay hindi marumi, ito po ay malinis, kaya kapag may natagusan sa inyong mga kasama, huwag po natin pandirian.malinaw po ba iyon?

Ikaw: At syempre dahil sa unang pagkabigo ito ni Eggcellia, marami siyang tanong, baka may mali sakín, o hndi ako maganda, at marami siya naisip na gusting gawin para lamang bumalik sakanya si Sperm. Gaya natin, nung unang pagrereglala natin mayroon tayong ginawa, yung iba ipinunas sa mukha, yung iba nagsitatalon at yung iba hindi na naliligo dahil baka daw magkasakit. Mali po iyon, dahil dapat maging malinis tayo sa lahat ng oras.

Ikaw: okay, Ngayon, pagkatapos nang ilang araw na pagdurusa ni Eggcellia, nasa proseso na siya na....Pag-momove-on at sa pag momove-on po ni Eggcellia, siya ay nalilito ngayon kung ano kaya? Pagbibigyan pa ba niya ng chance/tsansa ang sarili niya na umibig muli, o hindi na muna?. (Ituro ang Pre-ovulatory phase) Sa phase na ito, nagkakaroon ng pagkapal ng lining ang uterus (ihighlight/ituro sa fliptarp) at sa phase rin po na ito nagkakaroon ng mucus plug kung saan ito'y nagsisilbing harang upang hndi makapasok ang sperm cell, gaya na lamang po sa sitwasyon ni Egg cellia sa ngayon, naisipan niyang hndi na muna umibig kung kaya't hinaharangan niya ang sarili niya na pumasok muli sa buhay niya si Sperm. Nguni ilang araw na ang lumipang, biglang nagparamdam si Sperm kay Egg cellia sa text at chat, humingi ng tawad at ikalawang pagkakataon, syempre ito namang si Eggcellia ay nakaramdam na parang mahal pa niya si Sperm, at napagkasunduan nga nilang magkita bukas ng alas sais ng gabe/hapon(6 pm). Sa phase na ito (ituro ang Ovulatory phase), dito na naglalabas ang obaryo natin ng matured Egg cell at nawawala ang mucus plug. Ibig sabihin kahit pala pinayagang muli ni Eggcellia si Sperm na pumasok sa buhay niya eh nagmature na si Eggcellia, at alas sais na nga, nasa tagpuan na si Eggcellia (ituro ang fallopian tube),apat na oras na ang nakalipas, wala parin si Sperm. Sa phase na ito may lumalabas na fluid/tubig na clear/klaro,elastic at slippery/madulas. Katulad na lamang sa paghihintay ni Eggcellia kay Sperm sa tagpuan, inabot ng ulan, yung yung tubig na lumalabas at madulas, gaya ng ng pagkadulas ng daan sa paligid ni Eggcellia. Bente-kwatrong oras na ang nakalipas at hindi nagpakita si Sperm. Sa phase na naman na ito (ituro ang Post-Ovulatory phase) Nagkakaranas ng dryness ang isang babae, Kagaya ng patila ng ulan at pagkatuyo ng paligid sa tagal ng paghihintay ni Eggcellia, muling nagkaroon ng mucus plug gaya ng pagsasara ng pinto sa puso niya. At dahil doon bumalik na naman sa dati si Eggcellia, (kasabay sa pagturo ng Menstrual phase sa Flip tarp), umiiyak at nagdurugo na naman ang puso niya. At doon nagtatapos ang kwento ng Pagkabigo ni Eggcellia.



Story written by:

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Assitant Program Coordinator
DOH-ARMM

GENDER AND HEALTH

Sexual Orientation, Gender Identity and Expression (SOGIE)

Objective:

- To build friendship and support between participants
- To provide information about sexual orientation, gender identity and expression.

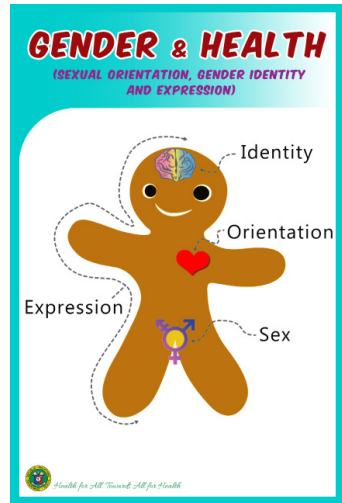
Material: Flip-Tarp

Time: 15 minutes

LECTURE:

It is important to be non-judgmental about a person's sexuality. Make sure to deliver correct information rather than share opinions.

- a. Show the outline of a gender bread person to the group.
- b. Explain that the genital area of the person determines the biological sex (male or female), the heart of the person symbolizes to whom one is attracted to, a person's sexual orientation.
- c. Emphasize that one's gender identity may not be consistent with his/her biological sex. A biological male may identify himself as female, transgender, gay, lesbian, queer and other forms of identification.
- d. Explain that most people get attracted to the opposite sex, so his/her sexual orientation is heterosexual. However some people are attracted to the same sex or what we call homosexual. Attraction to both male and female, is called bisexual. Being attracted to someone does not mean one has



sexual activity or relationship with that person.

e. Reiterate that a person may have dynamic ways of expressing him/herself. Expression may be the way a person's act to communicate gender. Sometimes, self-expression may not be consistent with one's prescribed role, gender identity and/or sexual orientation.

It is important to respect one's gender identity, sexual orientation and expression.

f. Some people have same-sex relationship at some point during their youth. Sometimes, this is a way of learning and discovering one's sexuality.

g. People do not choose who they get attracted to, but they choose who they have sexual relations with. Homosexuals do not choose to be attracted to the same sex because of some problem or sickness. They often face stigma and judgment, but they should have the right to fair treatment and acceptance.



Key messages: Choosing if, when, who with and how to engage in sexual activity is a personal choice. Feelings of attraction are just something that happens. People should not judge others for their choices. Stigma and discrimination against people for their gender identity, sexual orientation or expression can be very hurtful and damaging for their self-perception and mental health.

REPRODUCTION AND RESPONSIBILITY

Objectives:

- To build supportive relationships between the participants
- To provide information about reproduction and responsibility
- To build comfort and confidence in talking about sex

Material: Flip-Tarp

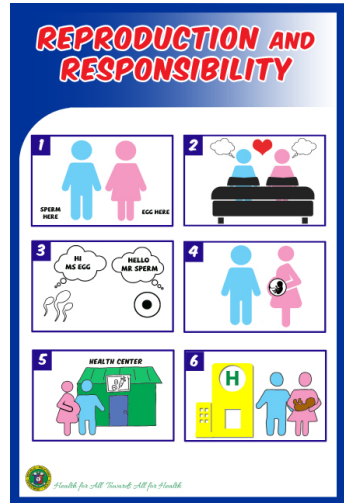
Time: 30 minutes

LECTURE:

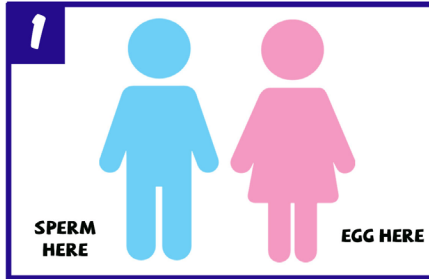
Reproduction in Sexual Relationships:

If you feel embarrassed talking about topics such as sex and reproduction, try to build your confidence by discussing the topics with another facilitator before the session.

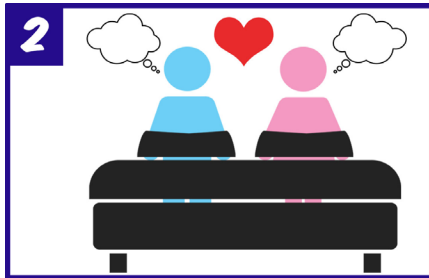
- A. Explain to the group that we will listen to some simple information about how important to know reproduction and responsibility through listening to a very simple explanation designed for very young children. This will remind us that many of us wanted to know the answer to this question when we were very young – but for many us were not given a very good explanation.
- B. Read out the story – holding up the pictures as you would for young children.



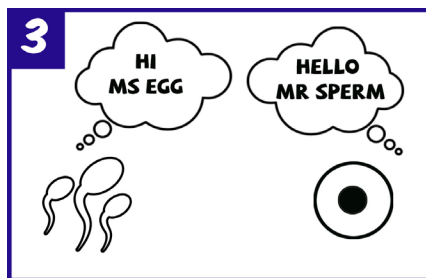
1. We must always remember that when a woman and a man decided to enter into romantic relationship there is a big responsibility on it.



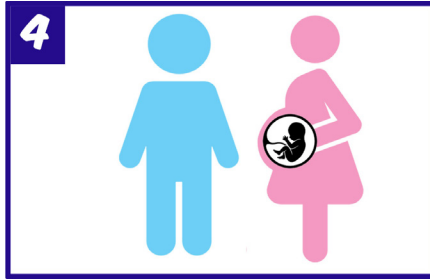
2. Both of them must communicate more often if they are ready to start a family. Communication is important in relationship.



3. When the man and the woman decided to make a baby, they have physical contact called sex. The woman has eggs in her ovaries. The man has sperm in his testes.



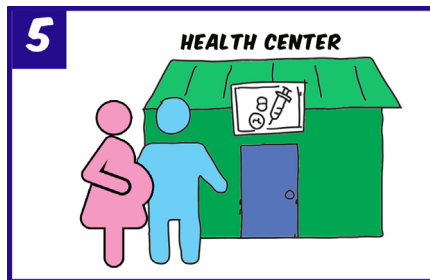
4. To create a baby, sperm which comes from a man needs to fertilize an egg which comes from a woman. When the sperm goes into the woman, they have race to get to the egg.



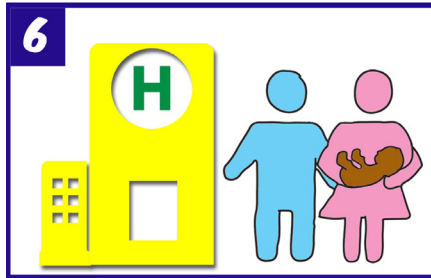
The sperm gets to the egg and they join together and start to grow into a baby.

Over nine months, the baby gets bigger. This means that the woman also changes physically.

5. It is important that the couple will ensure that the mother and the baby are healthy, that is why check –up for both of them together with the father is necessary at the rural health unit (RHU).



6. Once the baby reaches the ninth month it is the time for delivery! It is encouraged most especially when the mother is adolescent to deliver the baby in the hospital. Check –up and Hospital delivery is crucial to ensure safe delivery of the baby and the mother.



C. Explain that this is a simplified explanation designed to tell young children but it gives an idea of the basics.

D. Explain that while it is important that families can talk with each other about sex, many families feel too shy or embarrassed because this is not what happened in earlier times. The aim of this program is for them to be well informed about sex and to become more comfortable to talk about sex to friends and families.

E. Invite participants to ask questions using the questions box if they want to.



Key messages: It is important that young people know the facts about how babies are made so that they can make responsible decisions about sexual activity. It is also important to know that for health reasons, it is recommended that males and females to wait until they are emotionally, physically, and economically ready to have their first child.

Responsibility in Sexual Relationships:

- a. Remind the group that if a couple has had sex without using contraception, it is possible that the woman will become pregnant.
- b. The following symptoms might indicate that a pregnancy has taken place: A missed period (this is the most obvious sign, but does not always mean a woman is pregnant), nausea and vomiting, sore breasts, increased urination and tiredness.
- c. Pregnancy tests can be bought from the pharmacy and carried out at home. They test whether a woman is pregnant by measuring the chemicals in the urine. In some places, women can also go to the local health clinic for a pregnancy test. At the clinic, the nurse or doctor will do a blood or urine test to see whether the woman is pregnant. If a woman is pregnant, she and her partner should seek advice from a health professional about how to look after herself to keep herself and her baby healthy.
- d. Sometimes women become pregnant without planning to. This may be because she and her partner did not have information about how babies are made. Discuss with the group, what might be some implications of unplanned pregnancy? Ideas might include:
 - Having to tell family and friends
 - Having to leave school early to have the baby
 - Stigma from the community (particularly if the couple is not married)
 - Having to find out how to look after herself and her baby during pregnancy
 - Having health implications (particularly if she is younger than 20 which is the recommended minimum age for first pregnancy)



Key messages: To avoid unplanned pregnancy, people need to have access to good information about how babies are made and how to prevent pregnancy. To prevent unplanned pregnancy, partners need to remain abstinent or use a reliable method of contraception.

Sexually Transmitted Infection (STI)

Objectives:

- To build supportive relationships between the participants.
- To know about the transmission and prevention about STI.

Material: Flip-Tarp

Time: 15 minutes

LECTURE:

A. Use the Sexually Transmitted Infection (STI) illustration in the flip tarp to provide basic information about Sexually Transmitted Infection (STI).

What is STI?

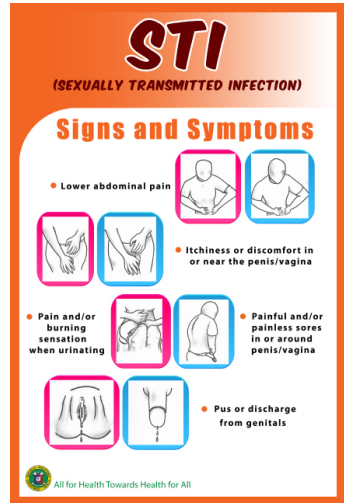
- Sexually Transmitted Infections (STI) are infections that are passed from person to person through sexual intercourse, other forms of sexual activity, or during pregnancy and delivery.

Common signs and symptoms

- Pus or unusual yellowish/greenish/greyish discharge from the penis, vagina, or anus
- Rash, sores, lumps or blisters around or near the penis/vagina/ anus
- Swelling in genital/anal area



Some STIs have no signs or symptoms, especially for girls/women; Some signs or symptoms may disappear even without



proper treatment, but can still be passed on to others and can continue to damage your health.

Mode of Transmission

Sexually Transmitted Infections (STI) are passed on through unprotected sex, skin to skin contact, or exchange of body fluids. Some STI are caused by viruses and cannot be cured.

Others are caused by bacteria, fungi, protozoa, and skin parasites. The most common STI are: gonorrhea, syphilis, chlamydia, herpes, genital warts, hepatitis B, Candidiasis, and HIV.

STI can be passed from mother to child and cause serious illness or birth defects.



Every sexual activity is an opportunity to get variety of STI. Condoms do not cover everything!



A person who has engaged in sexual activity is encouraged to see a doctor to be assessed for STI. A person who is sexually active should have regular sexual health check-up and self-risk assessment.

Diagnosis and treatment

A doctor or nurse can check whether a person has an STI. Most STI can be treated with appropriate medication.

A person with STI should also encourage his/her partner/s to submit for medical assessment and treatment.

Having STI increases the risk of having HIV.

A person with STI is highly encouraged to undergo HIV test.

Having both STI and HIV can complicate one's treatment.

Untreated or incompletely treated STI can lead to long-term or serious complications like infertility, cancer, adverse pregnancy, and complications to infants. STIs like HIV, syphilis, Hepatitis B have no cure.

DO NOT SELF-MEDICATE. See a doctor for proper diagnosis and treatment. Complete the treatment even if you feel better and the symptoms disappear.

Causative Agents:

- Bacterial/Bacteria
- Viral/Virus
- Protozoa

Prevention

There are ways for a person to make sure he does not get infected with, or transmit, any STI. These can be as simple as **ABCDE**:

STI and HIV prevention is as simple as **ABCDE**:

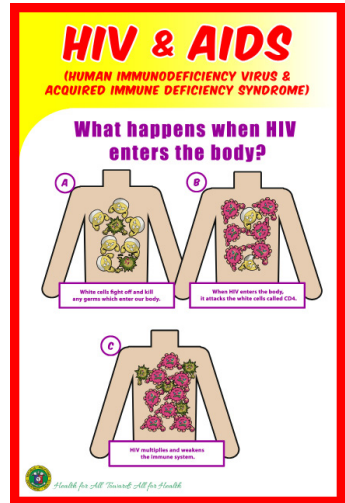
- A** = Abstain from sex/Abstinence/ Ayoko muna makipag sex
- B**= Be mutually faithful/ Basta't Ikaw at ako lamang
- C**= Correct and consistent use of condom
- D**= Don't use drugs and alcohol. Do not share needles and syringes.
- E**= Education on STI and HIV

B. Explain that many people do not get this information and therefore do not know about Sexually Transmitted Infections (STI) or how to prevent it. This means that they are vulnerable to becoming infected with Sexually Transmitted Infection (STI). Communities are sometimes judgmental towards people living with Sexually Transmitted Infection (STI) and their families. This leads to stigma and discrimination, which can hurt people and oftentimes prevent them from accessing life-saving help.



Key messages: Sexually Transmitted Infection (STI) is transmitted through various behaviors. It is very essential to know that some STI can be without symptoms and not all are curable. To prevent STI, people should know the correct information about STI and improve their health seeking behavior.

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)



Objectives:

- To build supportive relationships between the participants.
- To provide correct information about HIV and AIDS

Material: Flip-Tarp

Time: 30 minutes

LECTURE:

A. Use the HIV and AIDS illustration in the flip tarp to provide basic information on HIV, AIDS. Make sure you include information about means of transmission, prevention and treatment.

What is Human Immunodeficiency Virus (HIV)?

Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system. A person infected with HIV is said to be HIV-positive. **The window period of HIV is usually 2-6 weeks after the last potential HIV exposure.** HIV infection causes Acquired Immunodeficiency Syndrome (AIDS).

What is Acquired Immune Deficiency Syndrome (AIDS)?

Acquired Immune Deficiency Syndrome (AIDS) is a condition of a person with HIV when the immune system is already weak or destroyed and the body can no longer fight off common opportunistic infections like Tuberculosis (TB) or pneumonia.



A person with HIV do not necessarily have AIDS.



Mode of HIV Transmission


The high concentration of HIV is found in four (4) body fluids: blood, semen, vaginal fluid and breast milk. HIV is transmitted from an infected person to another person through:

- unprotected penetrative anal, vaginal and – to a lesser extent – oral sex

HIV

HUMAN IMMUNODEFICIENCY VIRUS

Transmission	Prevention
<p>1. Unprotected sex</p>	<ul style="list-style-type: none"> - Abstain from sex - Be mutually faithful - Correct and consistent use of condom
<p>2. Using/sharing contaminated needles and syringes or transfusion of contaminated blood/blood products</p> <div style="text-align: center; margin: 5px 0;">  </div>	<ul style="list-style-type: none"> - Do not use illegal drugs - Use new needles and syringes - Observe universal precaution
<p>3. During pregnancy and delivery</p> <div style="text-align: center; margin: 5px 0;">  </div>	<ul style="list-style-type: none"> - All pregnant mothers should voluntarily submit or test HIV testing and to know their HIV status during pregnancy, delivery and follow-up check up.


 Health for All Towards All for Health

- sharing of contaminated needles and injecting equipment, occupational exposure to HIV contaminated blood, or transfusion of infected blood or transplantation of infected tissue or organ
- an infected mother to her baby during pregnancy, labor and delivery, or breastfeeding

For HIV to be successfully transmitted to another person, it must meet the four (4) Principles:

- E – Exit** (the virus must **exit** the body of an **infected** person)
- S - Survive** (the virus must be in conditions in which it can survive)
- S - Sufficient** (sufficient quantities of the virus must be present to cause infection)
- E - Enter** (the virus must enter the bloodstream of another person)

Misconceptions on the Transmission of HIV

HIV is not transmitted through:

- Sneezing
- Contact with saliva, tears, or sweat
- Shaking hands
- Hugging and Kissing
- Sharing food utensils
- Sharing linens like towels and beddings
- Swimming in the same pool with an HIV infected person
- Using the same telephone

Ways of Prevention

Just like other STI, HIV prevention is as simple as **ABCDE**:

A = Abstain from sex/Abstinence/ Ayoko muna makipag sex

B= Be mutually faithful/ Basta ikaw at ako lang

C= Correct and consistent condom use

D= Don't use drugs and alcohol. Do not share needles and syringes.

E= Education on STI and HIV

HIV prevention relies on avoiding exposure to another person's body fluids. The likelihood of HIV transmission of HIV from exposure to the following body fluid can be reduced by:

1. Blood and Blood Products:

- Always select blood donor who does not have risky behaviors
- Observing universal precaution
- NOT using illegal drugs
- Using new/clean needles and syringes

2. Sexual Transmission:

- Abstaining from sex
- Being mutually faithful (having a mutually monogamous relationship)
- Correct and consistent use of condoms

3. During Pregnancy:

- Staying healthy and keep an HIV free status
- Continuously receiving proper prenatal care
- Getting counseled and tested for HIV
- If HIV (-), continuously protecting self, one's baby and family from HIV
- If HIV (+), immediately consulting a health worker for access to treatment, care and support services, especially taking the antiretroviral therapy (combination of drugs use to prevent multiplication of HIV in the body)

4. During Labor and Delivery

- Delivering their babies in health facilities attended by trained health care workers
- Infant receiving antiretroviral prophylaxis if mother is HIV (+)
- Continuously receiving proper postnatal care

5. During Breastfeeding

- Exclusively breastfeeding their babies for 6 months
- For HIV (+) mothers, taking antiretroviral therapy at the same time every day for life

HIV Testing

Anyone can get infected with HIV. However, it is impossible to tell if a person has HIV just by looking at the physical appearance. Once HIV infected, it takes a long time for a person to become sick. A person may already be infected with HIV and may already transmit the virus to another person without him knowing it.

The only way to know if one is infected is through an HIV antibody test. Unless a person gets tested for HIV, he/she will not know his/her HIV status.

A person may be tested negative for HIV antibody test, but he/she may already be infected with HIV. He/she is in the window period. This is the time from 2 to 6 weeks when a person is already infected with HIV but the body has not yet produced enough antibodies to be detected in the HIV test. At this period, the person is highly infectious and can already transmit the virus to another person.

HIV tests are available in many healthcare settings such as Social Hygiene Clinics, reproductive health and wellness centers, and hospitals.

***Get tested. Visit an HIV counseling and testing facility.
Early HIV diagnosis is the key to survival.***

Treatment

There is no known cure nor vaccine for HIV. People with HIV are given a combination of drugs called “antiretroviral” (ARV) drugs to keep them live long and healthy lives. Antiretroviral drugs must be taken at the same time every day for the rest of the person’s life. This treatment prevents HIV from replicating and allows the immune system to strengthen and fight other infections more effectively. Study Shows that treatment as prevention can also reduce the risk of HIV transmission.

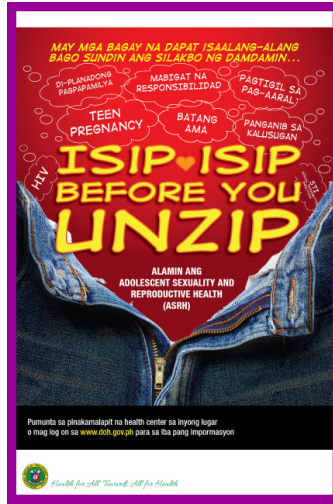
Antiretroviral drugs as a lifetime therapy, do not cure HIV, but when taken at the same time every day, can prolong the life of a person with HIV.

- a. Explain that many people do not get correct information on HIV. Those who do not know about HIV and AIDS and how to prevent it are vulnerable to becoming infected with HIV. Knowledge helps but does not guarantee HIV prevention. Sometimes, knowledge on HIV do not necessarily translate to safer sexual behaviors. Also, communities are sometimes judgmental towards people living with HIV and their affected families and significant others. Reducing HIV-related stigma and discrimination can help people to access life-saving interventions.
- b. Present the HIV self-risk assessment questions:
 - Do I engage in unprotected sex with more than one partner?
 - Does my partner have other sexual partners?
 - Do I or my partner have signs or symptoms of STI?
 - Do I or my partner use drugs and share injecting equipment?

c. Explain that during self-risk assessment, when there is a YES to any of the above questions, a person may have the risk for HIV, and that he/she should go and see a doctor for proper diagnosis and treatment, or referral.



Key messages: HIV and AIDS is transmitted through various risk behaviors. To prevent HIV transmission, people need to have good information about prevention, treatment, care and support. It is very important to seek on risky behaviors, early detection, and to know your HIV status.



The aim of this program is that every adolescent is welcome to go to the nearest health center, and provide them the needed assistance and give right information on Adolescent Sexual and Reproductive Health (ASRH).

Wise personal decision, awareness, and right information about Adolescent Sexual and Reproductive Health (ASRH) is very important among our adolescent because when their future matters. BEFORE YOU UNZIP, ***“WAG PADALOS-DALOS, DAPAT MAG ISIP!”***

Traffic lights game

Time : •10 minutes

GROUP ACTIVITY:

- a. Explain to participants that this game will call on them to remember five different formations. Ask three volunteers to come and demonstrate what each of these formations will look like.



Thinking

One person: Each person stands on one leg with their hands on their head.



Date

Groups of two: Two people stand opposite each other with one hand pointing towards their partner, and the other hand on their heart.



Hospital

Groups of three: One person lying on the floor (representing the patient), and one person kneeling at either side (representing doctor and nurse).



Traffic light


Groups of three: One behind each other with the front person kneeling, the second crouching just behind them, and the third standing upright. Each should open and close their hands on either side of their face to represent flashing traffic lights.



Motorbike

Groups of two: One person kneels with their hands in the air and the other stands behind them holding their hands.

- b. Explain that when the facilitator calls a command, the participants must make the right sized group and quickly make the relevant formation.
- c. The participants who are last to obey, miss out on a group, or fail to correctly complete the formation, must go out. The winners are those who are left last in the game.

 **Key messages:** In times of stress and challenge, it is important to find time to have fun, play and laugh with other people. Social and physical activity is good for our mental wellbeing. It is often said that 'laughter is the best medicine' and research has shown that experiencing positive emotions is good for our psychological well-being.

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