



YAUVAN **(Kishor Swasthya Pustika)**

Reference cum Training manual for Adolescent Peers



ABOUT THE MANUAL

Q Why has the training manual been developed?

The following manual addresses the important aspects of adolescent age group. It has been designed for peer leaders in a simple language with interactive activity based teaching and learning methods. It addresses nutrition, reproductive health, violence, mental health and life skill education. Prevention of diseases and promotion of health among adolescents is the basic aim of preparing this manual.

MAMTA has worked closely with the Govt. of India in developing peer educator modules in the past. With years of experience at the policy making and field level implementation, we came across various gaps in the thematic areas and methodological approaches. Through this manual, we aimed at strengthening the existing RKSK components with inclusion of additional thrust areas that need an immediate attention for a healthy and an active adolescence.

Q Why is it important to focus on adolescents?

It is important to address the needs of adolescents (10-19 years) since it is a vital stage of growth and development. It is a period of transition from childhood to adulthood that is marked by rapid physical, physiological and psychological changes. This results in sexual, psychological and behavioural maturation. Worldwide, approximately 1.2 billion people belong to the adolescent age group. India's adolescent population is growing as well (Fig 1). This huge section of the population represents a great 'demographic dividend' and offers a dependable potential to drive and sustain economic growth. They are known to suffer significant morbidity caused by risk taking behaviour and inadequate access to health care.

INDIA'S ADOLESCENT POPULATION

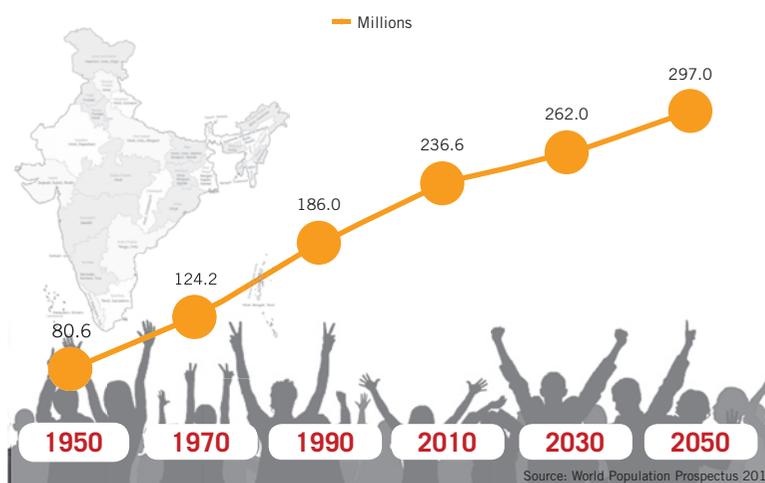


FIG 1. India's adolescent population now and its growth

Q What are the national and international strategies and policies for adolescents?

In India, about 21% of the total population is constituted by adolescents. India's constitution is committed to realising adolescents' and youth's right to health. A number of laws have been made for adolescents. Laws range from the Prohibition of Child Marriage Act, 2006 to the Protection of Children from Sexual Offences Act 2012 and the Criminal Law (Amendment Bill) 2013 provides legal provision for adolescents' safety and health. Policies and programmes such as the Population Policy 2000, the National Youth Policy 2014, the National Policy for the Empowerment of Women 2001, the NRHM and the *Rashtriya Kishor Swasthya Karyakram* 2014 have all recognised the need to address the adolescents and enable them to realise their full potential by making informed and responsible decisions related to their health and well-being.

Adolescents (aged 10-19) and youth (aged 15-24) comprise 365 million, about 30% of India's population which means they will shape the future of the nation. Despite India's commitments and the current cohorts of adolescents being healthier and better educated than ever before, vulnerabilities persist, and evidence suggests that many adolescents are not making a healthy transition to adulthood.

Key health vulnerabilities of adolescents are as follows (Fig 2)

- Sexual and reproductive health, including gender-based violence
- Malnutrition and anemia
- Mental health and substance misuse
- Unintentional injuries and other forms of violence



FIG 2. Priorities among different health issues of adolescents

The gaps in policies and way forward!

Currently we are lacking in evidence based policy making, involvement of community in policy making and implementation of effective interventions for adolescents. Effective strategy would involve inter-sectoral coordination, strengthening of primary health care services, community engagement in decision making and empowering adolescents (Fig 3). Benefit of involving community in the decision making will help to design cost efficient and effective interventions at community level for adolescents. Therefore we have adopted the approach of peer leaders as they are chosen from community itself. They know the attitude, beliefs, and prevalent socio-cultural practices of the community. This manual has been prepared in such a language that it will be helpful in any setting – rural, urban or slum. Although we have RKSK modules but we have modified it for peer leaders and training them. This manual will supplement the existing modules of RKSK. These are user friendly and mostly self explanatory.



FIG 3. Strategies adopted while addressing Adolescents

Q How was the training manual designed?

The manual was designed by taking inputs from experts in the field. Preventive, promotive and curative aspects were added to make it comprehensive for adolescents. Focus group discussion (FDGs) and in depth interviews were taken from peer leaders and adolescents before developing the modules in the manual. The modules were designed accordingly. The manual aims to empower adolescents by enhancing knowledge, improving attitude and help them to develop necessary skills. The trainers for peer leaders have to build their technical knowledge as well as facilitation skills. This is a training-cum-reference manual which means training manual for staff to train peer leaders and the reference manual for peer leaders to plan, design, monitor and conduct sessions. Two different session plans have been given in the manual (the first session plan is for trainers of peer leaders to use while conducting 4 day workshop and second plan in annexure is for peer leaders to refer for conducting BCC sessions). Eight modules in the manual will be covered in 12 sessions by peer leaders. Know more sections have been added keeping in mind if someone wants to read more about certain topics, he/she can refer the content which are bit technical.

Q How to use the manual?

The manual includes eight modules, divided over four-day training workshop, with exercises ranging in duration from 15 minutes to 30 minutes each. Each session is accompanied by life skill based activities to practice the knowledge and skills learnt, which is followed by evaluation to strengthen the confidence level.

Each session includes:

- Learning objectives
- Case studies
- A list of materials needed (including training aids, hand-outs and audiovisual content)
- Time allotted
- Practice session and key messages

Step by step instructions for conducting the training are presented along with the reference hand outs and annexures. The manual will majorly focus on facilitation skills in view of executing the workshop involving group activities like role plays, group discussions etc. Care has been taken to keep the content simple and focused; the manual will be supported with interactive discussions and practice sessions.

Training method

The training methodology is based on adult learning principles. The methods used in this manual are: brainstorming, lecture, group discussion, role plays, case studies, structured exercises, etc.

Training materials required

- Manual and related handouts
- Stationary
- Board (optional)
- Colored chits
- Flipcharts (50 pages) and flipchart stands
- Glossy paper and chart papers
- Chalk and sketch pens
- Participants' registration forms (1 per day)
- Game cards
- Flash cards
- Props like food items, bowls, etc. for live demonstration sessions.

Evaluation of training: the training follows a 3 step evaluation process

1. Facilitation **skills evaluation**, where in the practice sessions on facilitation skills the participants will be evaluated by the trainer at the end of each session. This will help in enhancing the facilitation skills of the participants for conducting future sessions.

2. Pre and post **knowledge evaluation** will evaluate the 4 days master training of peer leaders. This will be conducted using a small questionnaire before and at the end of 4 days training. This will measure the degree of improvement in knowledge on the issues. It is done to make the training sessions more effective and acceptable for sustained and enhanced retention.
3. Participants' **feedback** will be entertained at the end of the workshop by filling up a feedback form. This will help in assessing the quality and gaps in training workshop for future improvement.

Responsibilities of participants after receiving the training

After completing the training, the peer leaders should be able to conduct the training by using the activities/ steps of the session and be able to use the training materials (handouts, etc.) related to the issues. The facilitator (project staff) should play the role of a good trainer and motivator. The facilitator should be responsible for managing the training with support from other staff members of MAMTA.

Peer Leader & Adolescence

Peer leader- Role in adolescents

Peer leaders are selected from the community from where adolescents belong. Since they are of similar age group, they understand the problems of adolescents and can help adolescents to solve their problems in an effective and feasible way. Adolescents can also discuss their queries easily since they might know them already. It is important because adolescents may find it difficult to open up to any outsider to discuss their problems. Peer leader approach is a proven concept for reaching adolescents and creating awareness among adolescents about the numerous challenges, risks and vulnerabilities they face, steps to deal with them and promote utilization of services available to them. Peer leader is expected to be a volunteer with high motivation, non-biased, non-judgmental, trustworthy and showing leadership qualities with dedication to spend time to the project.

Qualities of a good peer leader

1. **A sense of purpose:** The aims and objectives must be clear, target members should be told about them and they should exemplify and uphold them in their own actions.
2. **Temperance:** A peer leader must strive to maintain a proper balance of emotions; this does not mean that leaders should be dispassionate. Quite the contrary- but there are times for passionate advocacy and times for quiet reflection and reconsideration. Balance is the key.
3. **Respect:** The dignity of each individual is the concern of any peer leader, and this is preserved by treating all with respect and ensuring they treat one-another similarly, regardless of differences.
4. **Empowerment:** The more skilled peer leaders are, the more they feel confident in their abilities and competent to make decisions, raise questions, see new possibilities, and disagree respectfully with others.
5. **Courage:** Peer leaders set direction, and don't wait for direction to emerge. They have to be willing to follow their convictions.
6. **Deep commitment:** Peer leaders should have deep commitment to their work and the wellbeing of everyone.

Coordination with other health care workers

Since peer leaders are from the community itself, they can coordinate with other workers like Accredited Social Health activist (ASHA) and Auxiliary Nurse Midwife (ANM) who are also responsible for health promotion and disease prevention among adolescents. Peer leaders should learn to work as a team and have a good communication skills to coordinate with functionaries like school teacher and health workers like ANM or medical officer.

Q Why are peer leaders trained?

The overall aim of training peer leaders is to influence and train adolescents with the help of peer leaders who are the individuals who identify themselves as a leader and have gained respect of the adolescents. Peer leaders are positive role models for other adolescents. They can influence attitudes and motivate others to bring a positive change. Skill development occurs best when it is made in the form of activity and is done with peers.

A number of research papers have already demonstrated effectiveness of peer leadership programs in promoting adolescent health.

Q As a peer leader what am I supposed to do?

1. Line listing of adolescents (10-19 years) and reaching them irrespective of religion, caste, with the focus on adolescents from most marginalized communities in your area with the help of project staff.
2. Make a group of 20-25 adolescents and build rapport with them. This will help you in conducting sessions in a friendly environment.
3. Schedule the dates for your session after discussing microplans with project staff. Inform the group members about the days well in advance. Kindly share contact details, in case any help is needed they might contact you.
4. Conduct sessions as per the module. Help dispelling any myths and misconceptions with regard to health and protection issues during sessions. Ensure privacy and confidentiality about every member.

Guidance and support for Peer leaders

Peer leaders will be supported by out reach workers and supervisors of the project who have been oriented on your role as a peer leader. They will be your mentors. Peer leaders can contact them any time and project staff can be invited also for introductory session with group. They will help leaders in reaching out to adolescents, in provision of safe space in community to conduct sessions, help resolve any problem in carrying out work and ensure correctness of messages. They can help adolescents clarify myths and misconceptions and answer queries. They can also help in providing referrals to adolescents brought by leaders. Moreover they can contact health workers like ASHA/ANMs or AWWs for technical support or referral.

Q How to conduct a session in the community with peers?

Peer leader should carry out the sessions as formal group sessions, informal small group interactions and one to one interactions. Peer leader should conduct group sessions as given in the manual spread over 12 sessions in a 3 months duration (one every week). The format of the session reporting and the checklist to keep track of topics covered with each peer group has been provided as annexure I and II respectively. The checklist forms have to be filled after conducting the session and verified by the staff. Peer leaders will conduct 2 hour interactive session using the flip books and use this manual as reference in case of any doubts or to strengthen their technical knowledge. The session can be conducted at a suitable place in village or at Youth Information Centres developed under the project.

4 Es for peer leaders to remember during sessions:

1. Encourage equal participation and dialogues within groups and resolve conflicts
2. Empathy and patience while conducting session
3. Exercises and energizers based interactive sessions for better learning and remembrance by members
4. Ensure recording of important notes, observations and suggestions from group.

Key **Facilitation skills** that will be ensured through training to prevent **FAIL**ure:

Face the audience while speaking

Focused and to the point

Approach participants to get their attention and solicit response

Ask open ended questions to encourage participation

Issue time to think and assimilate the information

Insight and non-judgemental attitude

Listen to what participants say

Look into their eyes