Lift Off

Preventing Teenage Pregnancy

A Handbook for Community Care Workers

SOLIDARITY FOR AFRICAN WOMEN'S RIGHTS
A force for freedom

MOUVEMENT DE SOLIDARITÉ POUR LES DROITS DES FEMMES AFRICAINES
Une force pour la liberté

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To the community health workers and youth care workers who will utilise this handbook, I applaud you for your invaluable roles in our communities. Your tireless efforts and dedication to empowering young individuals are commendable.

Finally, I express my profound appreciation to the countless individuals, organisations, and stakeholders supporting and collaborating with us in this journey. Your guidance, insights, and collective efforts have shaped this handbook into a valuable resource that will have a lasting impact on the lives of young individuals.

Together, we are making strides towards a future where the rights of African women and girls are prioritised, teenage pregnancy is prevented, and young individuals can thrive and realise their full potential.

Above all, unreserved appreciation to God, who enables all things.

Mojisola Deborah Kupolati

CEO, Well Being Africa

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Well Being Africa

141 Cresswell Road, Weavind Park, Pretoria.

While every effort has been taken to ensure the accuracy of the information in this handbook, it cannot replace medical advice. Encourage young people to visit a health professional if they want to use any of the methods, or if they have any concerns or questions while using their method of choice.

INTRODUCTION

One of the biggest challenges in our communities is the increase in the number of teenage pregnancies. Each pregnancy increases the burden on families and communities. Community health workers and youth care workers, hereafter referred to as community care workers (CCWs) are best placed to collaborate with adolescent girls and young women to reduce teen pregnancy and, by doing so, give young girls different life opportunities, like finishing school and accessing tertiary education or other opportunities.

This handbook provides CCWs with information about working with adolescents, helping them with the skills and resources to prevent teenage pregnancy. CCWs are a valuable resource for young girls by providing support and helping them with the life skills to say no to sex, and to access the necessary resources and health services in the community. We provide an overview of some of the knowledge necessary to understand the skills and strategies that are successful when engaging with teenagers in the community.

Over the following five chapters, we highlight some of the challenges and provide a range of skills and strategies for CCWs working with teenagers.

The challenges facing adolescents in South Africa

The challenges facing adolescents in South Africa are many. According to Stats South Africa, the following are the most common:

- Teenage pregnancy.
- Termination of pregnancy (TOP)
- Mental health

According to the South African Medical Research Council, the country has one of the highest rates of teenage pregnancy in sub-Saharan Africa. Statistics South Africa shows that 90,037 girls aged 10 to 19 years gave birth from March 2021 to April 2022 across all provinces, with 13,814 coming from Gauteng alone. These elevated levels of teenage pregnancies are influenced by poverty and limited access to sexual reproductive health information and services. In addition, young women in communities are often exposed to sugar daddies, rewards for sex, and other sexual abuse practices.

The graph in Figure 1 below shows the teenage pregnancy rate in South Africa, with KZN having the highest rate, followed by Gauteng.

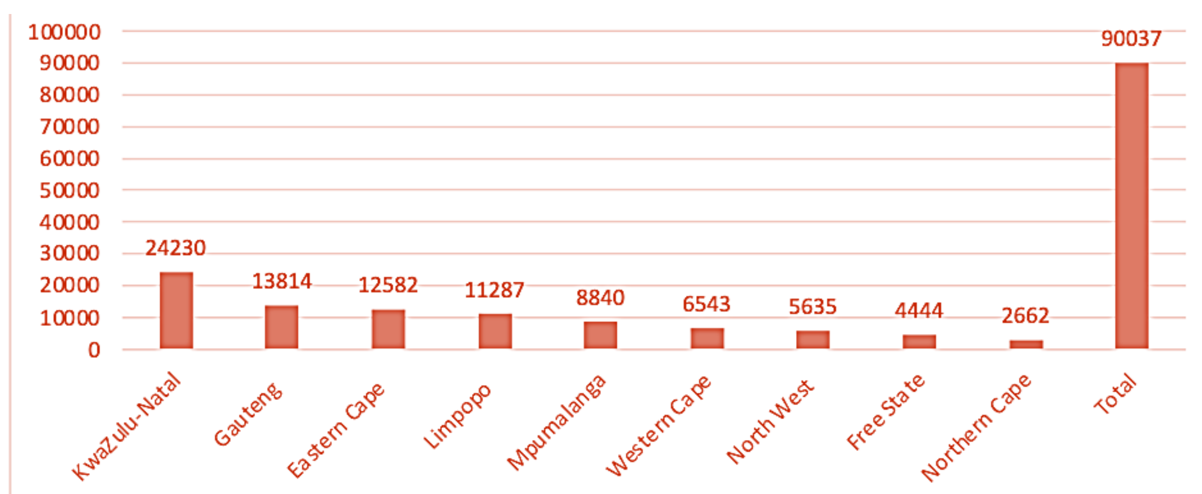


Figure 1 Teen pregnancy from March 2021 to April 2022 in South Africa

Teenage pregnancy prevention and the provisions of the Maputo Protocol

The Maputo Protocol, officially known as the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, is a regional human rights instrument specifically focused on promoting and protecting women's rights in Africa. It was adopted by the African Union in 2003 in Maputo, Mozambique, and was ratified in South Africa in December 2004. The instrument addresses various aspects of women's rights, including provisions related to preventing teenage pregnancy. CCWs can play a vital role in implementing the principles of the Protocol on teenage pregnancy prevention at the grassroots level through:

1. Comprehensive Sexuality Education: The Maputo Protocol recognises the right of women to control their fertility and reproductive health. It emphasises that women can decide their reproductive process without coercion or discrimination.

Implementation: CCWs can work with schools and communities to provide age-appropriate, culturally sensitive, comprehensive sexuality education to educate adolescents about reproductive health, contraception, and sexually transmitted infections.

2. Access to Reproductive Health Services: The Protocol recognises women's right to quality healthcare services, including reproductive health.
   Implementation: CCWs could work to ensure that adolescents have access to youth-friendly reproductive health services, such as counselling, contraceptives, and STI testing. Removing the barriers to accessing the resources would empower young women to take control of their reproductive health.

3. Empowerment and Education: The Protocol stresses the importance of women's empowerment through education and skills development.
   Implementation: CCWs can assist in empowering adolescent girls with knowledge, life skills, and confidence to enable girls to make informed decisions about their bodies, relationships, and futures, thereby reducing their vulnerability to unplanned pregnancies.

4. Protection from Violence and Exploitation: The Protocol highlights the need to protect women, including young girls, from violence and exploitation.
   Implementation: CCWs could assist in identifying cases of sexual violence and exploitation involving adolescents. By providing support, counselling, and reporting mechanisms, CCWs can help to create a safe environment for girls, thereby reducing the likelihood of teenage pregnancies resulting from abuse. They can recognise at-risk girls and refer them to community resources like Thuthuzela Care Centres (TCC).

5. Partnership and Advocacy: The Protocol emphasises collaboration and advocacy to advance women's rights.
   Implementation: CCWs can partner with civil society organisations, schools, religious leaders, and policymakers to advocate for policies that support teenage pregnancy prevention. By raising awareness about the Protocol's provisions and the importance of safeguarding adolescent girls' rights, CCWs can contribute to behavioural and systemic change.

Preventing teenage pregnancy in line with the provisions of the Maputo Protocol requires a comprehensive approach addressing education, access to reproductive health services, empowerment, protection from violence, and collaboration. CCWs are potential agents of change in the communities, and they can contribute to the Protocol's vision of promoting and protecting the rights of women, particularly young women, in Africa.

Policy on the prevention and management of learner pregnancy in schools

The Department of Basic Education (DBE) in South Africa has developed a policy on teen pregnancy (2021) that aims to address the challenges faced by pregnant learners while, at the same time, protecting their right to continued education. CCWs engaging with pregnant teenagers need to know about the DBE policy, to guide the teenagers' access to education pre- and post-delivery of their baby. Some of the important points in the DBE policy include the following:

- Access to Education. The policy emphasises that pregnant learners have the right to continue their education and should not be excluded or discriminated against. Schools are encouraged to provide a supportive and inclusive environment that enables pregnant learners to stay in school.

- School staff and fellow learners should respect pregnant learners' confidentiality and privacy. The policy creates a safe space where pregnant learners feel comfortable and supported.
- The policy highlights the need for prevention programmes that address the underlying causes of teenage pregnancy, such as poverty, gender inequality, and sexual violence. It also highlights the importance of providing psychosocial support to pregnant learners and addressing their emotional well-being.
- Schools are encouraged to provide flexible learning options for pregnant learners, such as home-based education, distance learning, or alternative education programmes. This ensures that pregnant learners can continue their education.
- The policy shows the importance of comprehensive sex education that provides accurate information about sexual and reproductive health, contraception, STIs, and healthy relationships. This education should be age-appropriate and empower learners to make informed decisions.
- Schools are encouraged to collaborate with health services to ensure that pregnant learners have access to prenatal and antenatal care, counselling, and other necessary health services. This includes promoting the establishment of youth-friendly health services close to schools.
- The policy highlights the need for a supportive and inclusive reintegration process for pregnant learners after giving birth. Schools should provide support systems, including childcare facilities, breastfeeding support, and counselling services, to ensure a smooth transition back to school.

It is desirable that teenagers delay their sexual debut (first sexual experience), prevent teenage pregnancy, and focus on completing school. However, it is important to support their access to education and the necessary services if they become pregnant. CCWs are ideally placed to recognise, guide, and support pregnant young girls.

The art of communicating with teenagers

During the workshops with health care workers, it became evident that there was some difficulty in communicating efficiently with teenagers, especially concerning issues like pregnancy prevention and life choices. They expressed that working with teenagers is challenging, especially discussing choices, sexuality, and pregnancy prevention.

Because we all communicate all the time, we sometimes forget that communication is more than giving information; it is about developing a helpful, caring relationship. We tend to overlook that it is not simply a way of conveying information but an art to achieve understanding between people.

Communicating with teenagers in the context of sexual reproductive health involves not only one approach but several different strategies and interventions that contribute to reducing teen pregnancies. Understanding the myths and misconceptions that youth have about pregnancy is critical so that the approaches to preventing teenage pregnancy are effective. Some of the actions include:

- Educational materials should be translated into local languages and be designed to engage a young audience. These educational materials should be presented in a way that will share some real-life situations and consequences of unsafe sex to teenagers.
- It's essential to speak frankly about sexual health and the consequences of unintended pregnancies. This includes discussing the practical aspects of contraception and addressing myths or misinformation.
- In many cultures, parents and community leaders play significant roles in shaping the behaviour of teenagers. It may be beneficial to involve them in discussions, workshops, or other activities to reduce teen pregnancies if they can communicate effectively without being authoritative. As a CCW, you are a community leader who can help shape teenagers' future by helping them understand the importance of saying no to sex at a young age and preventing teen pregnancy.

- Collaborating with local schools to support sexual reproductive health education can be a very effective strategy. This education should cover biological and emotional, relational, and social aspects of sexuality.
- Encourage teenagers to visit local health clinics, which should be adolescent-friendly and non-judgmental, providing contraception and sexual reproductive health.
- Support existing youth centers where teenagers can freely discuss their issues is an ideal strategy to help provide services to prevent teenage pregnancy. Similarly, hotlines (like the South African Sexual Health Association (SASHA - 082 783 6633) for questions about sexual health can be extremely useful.
- Talk about consent, respect, and mutual decision-making in relationships. CCWs need to discuss the importance of consent for sex, respect, and mutual decision-making in relationships with teenagers and help teenagers make healthy choices that are right for them. Discuss the pressure that young girls are exposed to to have sex and strategies to say no to the pressure if they are not ready.

CCWs need to know that open and non-judgmental communication is important to encourage teenagers to make healthy, thoughtful decisions about their sexual health. The goal is to equip them with the knowledge and resources they need to make safe and informed choices.

Purpose of the handbook

This handbook provides the CCWs with information about several appropriate ideas and strategies for reducing teenage pregnancy in community settings. It has been designed to empower both teenagers and the CCWs to work with them. The aim is to educate and create awareness about the various aspects of teenage pregnancy prevention, including safe sexual practices.

It is hoped that the handbook is a collective reference tool that, together with the workshops, can create a supportive learning environment that encourages open dialogue, addresses misconceptions, and fosters responsible decision-making among teenagers. We hope to see a collaborative effort in promoting the health and well-being of young adolescents across the country. This handbook shares up-to-date research findings to ensure that participants receive relevant and reliable information.

The intention is to make a lasting impact in reducing teenage pregnancy rates and improving the sexual and reproductive well-being of adolescents. Together, we can empower young individuals to make informed choices, access appropriate support systems, and build a healthier future for themselves.

To all CCWs, your commitment to the well-being of young women is invaluable. By embracing a holistic approach to their sexual and reproductive health you are helping to build a brighter, healthier future for them. This handbook will offer you some guidance and direction when things feel overwhelming.

ADOLESCENCE

Adolescence is a complex stage of human development that involves various physical, psychological, and social changes. It begins with the onset of puberty when the body undergoes significant transformations, such as the development of secondary sexual characteristics like breast growth, facial hair, and voice deepening. Girls start to develop as early as 9 or 10 years old but can be as late as 15 or 16 years. Boys start their development at 12 or 13 years old but can also be as late as 17 or 18 years.

Alongside these physical changes, adolescents often experience a surge of hormones that can lead to mood swings, increased self-awareness, and a heightened interest in relationships and sexuality. Cognitive skills (the way we learn or think) also develop during this time, including abstract thinking, problem-solving, and decision-making skills.

Adolescence is an important period for identity formation and self-discovery. Young individuals may explore different roles, beliefs, and values as they try to establish who they are. They often look for independence from their families, wanting to spend more time with peers, and may engage in behaviours to show their independence while experimenting with risky choices.

Socially, adolescents navigate the challenges of fitting into peer groups, forming friendships, and establishing romantic relationships. They also face increased academic responsibilities as education becomes more demanding and future career choices come into focus.

It's important to note that the length and experiences of adolescence can differ for each teenager. It includes some of the cultural traditions that are respected within each family or community. While the teenage years are commonly associated with this phase, moving into adulthood can extend beyond 18 years.

Adolescence is a period of growth and change, laying the foundation for adulthood and shaping personal, social, and emotional development.

Physical changes

Not everyone will experience these changes at the same time or to the same extent, as everyone's development is unique. Hormonal changes during adolescence trigger the onset of puberty. Hormones such as estrogen and testosterone play a significant role in the development of primary (estrogen, progesterone in girls, and testosterone in boys) and secondary sexual characteristics, as well as influencing emotions and behaviour in both boys and girls. The table below shows the different development of boys and girls during adolescence.

Boys	Girls
Growth spurt: Boys experience a rapid increase in height and weight during this period.	Growth spurt: Girls also experience a significant increase in height and weight during this time.
Deepening voice: The vocal cords lengthen and thicken, resulting in a deeper voice.	Breast development: The breasts develop as glandular tissue and fat accumulate.
Facial and body hair: Hair growth increases, typically starting with the upper lip and chin and later spreading to other areas like the chest, underarms, and pubic region.	Body shape: Hips become wider, and the waist becomes narrower, leading to a more curvaceous figure.
Muscle development: Boys often experience an increase in muscle mass and strength.	Body hair: Hair may grow in the pubic area and underarms.
Enlargement of the Adam's apple: The larynx grows, causing the Adam's apple to become easy to see.	Menstruation: The onset of menstruation occurs during adolescence, indicating that girls can get pregnant.
Genital development: The penis and testicles enlarge, and the production of sperm begins.	Genital development: The labia and clitoris grow, and the vagina elongates.

Cognitive and physiological changes

During adolescence, several important cognitive and emotional changes take place as the brain continues to develop. Adolescents go through a process of self-identity formation, exploring their values, beliefs, and personal identity. They may question the way that other people view things. They also develop a stronger sense of who they are. This process does not happen in one moment but rather a process that will continue into old age. This takes place because they can start understanding ideas and opinions more maturely, engage in different ideas with different points of view, and understand difficult ideas and concepts.

Adolescence also involves a contradiction, which is why it is such a confusing time for young people. On the one hand, as the brain's prefrontal cortex continues to develop, adolescents gain better control over their emotions and control their impulses. They become more capable of considering consequences before acting. On the other hand, this brain development can lead to increased sensation-seeking and risk-taking behaviours. A teenager's willingness to take risks can be linked to the increased activity in the brain's reward center.

Adolescents often seek new and exciting experiences, encouraged, and pushed by a desire to experience something new. This can result in them engaging in risky behaviours such as experimenting with drugs or alcohol, reckless driving, drunkenness, unprotected sexual activities, and more.

In this uncertainty, adolescents' social relationships, particularly with peers, become more influential. They seek acceptance, approval, and social connections, which can impact their decision-making and behaviours. These cognitive changes can have an impact on their decision-making choices and behaviour. This development continues beyond adolescence and lays the foundation for further growth into adulthood.

Given this time of confusion, what becomes possible to see is that it is very difficult for young people to make decisions that could have lifelong consequences. Hormones, abstract thinking, pre-frontal cortex growth, and the desire for new and stimulating experiences result in an extremely difficult phase of growth and development where things can quickly go wrong.

Delayed sexual debut and its benefits.

Delaying sexual debut refers to the decision to postpone or wait before engaging in sexual activity for the first time. The best solution to prevent teenage pregnancy is to delay sexual debut for as long as possible. In a review study conducted in 2020 on the benefits of delayed sexual activity, 57 studies were surveyed. The following were highlighted:

- Delaying sexual activity from the early teen years to the later teen years reduces the chances of pregnancy early in adolescence.
- Delayed sexual activity reduces the chances of STI transmission.
- Delayed sexual activity until age 20 reduces the chances of being married at ages 24 to 32, living with an unmarried partner at ages 24 to 32, and improves reported relationship satisfaction among couples who get married or live together at those ages.
- Among girls, delayed sexual activity until age 18 reduces the future chances of a first marriage ending in divorce, separation, or annulment.
- Delayed sexual activity does not appear to be associated with changes in other relationships.
- By reducing the chances of early childbearing, delayed sexual activity increases girls' chances of high school graduation.
- For girls who either had sex early relative, to their peers or broke up with a romantic partner in the same year they first had sex, delaying sexual activity would have reduced reported symptoms of depression in the short term.

These results are accepted worldwide, but in South Africa, other issues influence young girls to have sex. Engaging in sexual activities without adequate contraception or knowledge about reproductive health puts our adolescents at a higher risk of unintended pregnancies, which can have profound implications for their education, future economic opportunities, and overall well-being. South Africa has a high prevalence of STIs, including HIV/AIDs. Adolescents who engage in unprotected sex are more vulnerable to contracting STIs, which can lead to long-term health consequences and even death if left untreated.

REPRODUCTIVE HEALTH

Sexuality is a fundamental aspect of human identity and is, at once, biological, psychological, social, and emotional. Sexuality education is the correct knowledge and understanding of one's sexuality and self. Sexuality education includes learning about who we are as a person and how we understand the biological differences between girls and boys, women, and men. Sexuality education is a vital component of comprehensive education systems, aiming to equip individuals with accurate information, skills, and values related to sexuality.

Sexuality is about our bodies, feelings, thoughts, behaviours, and desires. It is about us and our relationships with our friends, family, and the community. Our sexuality is about the way we dress, walk, and talk. Everything we do, like the way we express ourselves, is part of our sexuality. Sexual intercourse is part of sexuality, but sexuality is more than sex.

The Department of Basic Education's policy recognises the understanding of comprehensive sexuality education (CSE) in promoting the sexual and reproductive health and well-being of learners. The policy understands comprehensive sexuality education as an essential part of the curriculum that provides learners with accurate and age-appropriate information about various aspects of sexuality. It is designed to link to the developmental stages and needs of learners. Starting early with age-appropriate information helps promote healthy attitudes, understanding, and decision-making about sexuality as they grow.

In South Africa, sexuality education is filtered through the culture in which the learners live. Common misconceptions, traditional myths, and taboos that still exist around sexuality can come into play. Learners must get accurate information so that misunderstandings and myths are corrected, and youth are helped to learn accurate information. Adults including educators or CCWs can set these misconceptions straight. Nowhere is this more important than respect for oneself and others. Sexuality education should promote inclusivity, respect for diversity, and acceptance of different sexual orientations, gender identities, and cultural backgrounds. It should address discrimination, stigma, and bias issues and build an inclusive environment that supports the well-being of all individuals, regardless of their sexual orientation or gender identity.

Sexual education is most effective when there is a collaboration between schools, parents, and communities. Involving parents and guardians in the educational process allows for a comprehensive approach that aligns values, addresses concerns, and provides consistent messaging. In South Africa, we face several challenges in ensuring that all adolescents receive accurate information. Challenges include the high rate of orphaned children resulting in high rates of child-headed households, HIV/Aids, and, more recently, the loss of parents and caregivers due to COVID-19. The loss of family structures makes CCWs' work critical for communities and teenagers.

The female reproductive system

An essential part of sexuality is understanding how the body works. In working with adolescents CCWs need to have accurate knowledge of the development of boys and girls. Accurate knowledge will help to dispel myths and make sure that the teenagers in our community are knowledgeable and understand how their bodies work.

Boys have a penis and testicles and produce sperm. Women have breasts, a vagina, a uterus, and periods, produce eggs to make babies, and can get pregnant.

The sexual reproductive parts of our body determine whether we are a girl or a boy; we usually call this the sex of a boy or a girl. Our gender usually refers to the social understanding of being a girl or a boy. Both boys and girls can cook or do the laundry, this is gender. But only mothers can breastfeed.

Gender norms are the norms, roles, and responsibilities that are given to men and women. Your gender norms can change because people and society can influence gender norms. Some gender norms are helpful and encourage responsibility for sexual and reproductive health behaviours. For example, when you are in a serious relationship, you should only have sex with that one person. This helps reduce the transmission of HIV or STIs. Knowing these aspects of sexuality helps protect young girls from pregnancy and abuse.

Many young girls in our communities may not know about menstruation or periods. This section of the handbook provides accurate information to share with young girls. We present some information about boys' development so that we have some knowledge about sex and how pregnancy happens.

The internal genitalia

This section explains the names and parts of the uterus or womb and what they do.

1. **Ovaries:** The two glands that are found on each side of the fallopian tubes and are the size of a pea. The ovaries contain thousands of immature eggs. Girl babies are born with all the eggs in their ovaries that will mature when they are teenagers. These eggs are released every month and will stop being released when the woman enters menopause.
2. **Fallopian tubes:** The fallopian tubes are tiny tubes thinner than the inside of a pencil, carrying the egg from the ovaries to the uterus.

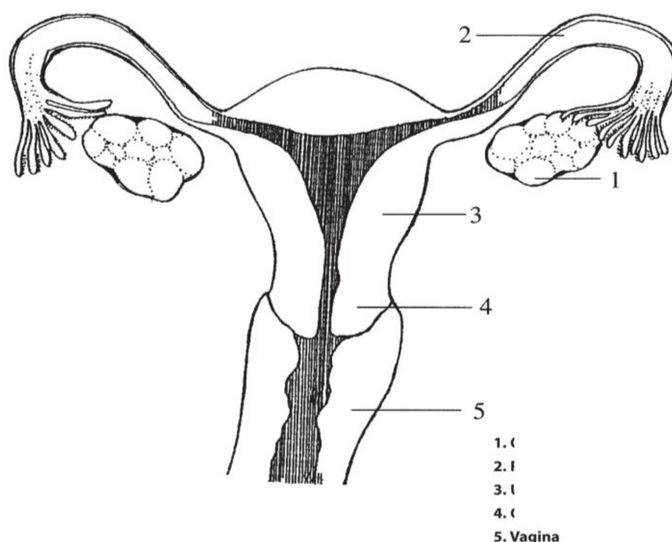


Figure 2 The female reproductive system

3. **Uterus:** The small, hollow, muscular female organ where the foetus or new baby is held and nourished from the time of implantation until birth. The uterus is a special muscle that will allow the baby to grow throughout the pregnancy. The uterus will expand as the baby grows and, after birth, will go back to its normal size. During labour,

the uterus contracts to help push the baby out. This is called labour pains. Pregnancy usually lasts for 40 weeks. A full-term baby usually weighs about 3 kg at birth unless there are problems during the pregnancy.

4. **Cervix:** Lower portion of the uterus, which extends into the vagina, sometimes called the neck of the uterus. It is this section of the uterus that will widen and open during labour for a baby to pass through during the birth process.
5. **Vagina:** The vagina is the canal or the passageway from the uterus to the outside of the body. The vaginal is a special muscle made up of many folds that can widen to allow the baby's head to pass through during birth. Like the uterus, the vagina returns to its normal size after birth.

Ovulation: The release of a mature egg from an ovary that happens every month. Eggs are usually released from the ovary on one side for one month and from the other side the next month. A woman does not feel the release of the egg or ovulation.

Menstruation: The monthly discharge of blood and tissue from the lining of the uterus.

Fertilisation: The joining of the egg with the sperm.

Secretion: The process by which glands release certain materials into the bloodstream or outside the body.

Helpful frequently asked questions on menstruation and the Menstrual Cycle can be found at https://www.dropbox.com/s/qjyxgk4lo2tiorp/menstruation.pdf?dl=0

What is ovulation?

- Ovulation is the release of a mature egg from the ovary. This usually happens around the middle of a woman's menstrual cycle.
- Can a woman get pregnant during her period?
- Practically, a woman does not get pregnant during her period. This is because a woman's fertile days are around the middle of her menstrual cycle. However, if a woman has a very short menstrual cycle or has many days of menstrual bleeding, it is possible that she could become pregnant during her period.

What is the menstrual cycle?

The menstrual cycle begins on the first day of a woman's period until the day before she begins her next period. Because this happens regularly, it is called a "cycle." The length of the menstrual cycle (the time between one period and the next) is different for each woman. For some, the cycle is as short as 21 days. For others, it is as long as 35 days or more. Periods are often not regular in girls who are just beginning to menstruate. It takes the body a while to adjust to all the body changes taking place. For example, a young girl may have the same length cycle for two months, then miss a month, or have two periods with fewer days between them. Her menstrual cycle will probably become more regular, although she could continue to have irregular periods into adulthood. Sometimes, she might have some spotting of blood for a day or two in the middle of her cycle. This is usually nothing to worry about.

- When a girl starts having a menstrual cycle, or her periods, it means that her reproductive organs have begun working and that she can become pregnant if she has sexual intercourse. It does not mean she is ready to have a baby, only that she is physically capable of getting pregnant.
- Just as some girls begin developing and start puberty earlier or later than others, the same happens to periods. Some girls start to menstruate or have their period as early as nine or 10 years old, but other girls might only get their first period a few years later.
- A woman knows that she has started her period when a little blood comes out of her vagina. The blood does not pour like water from a tap. It comes out slowly. Usually, by the time she has noticed a feeling of unusual wetness, her panties have absorbed any blood that has come out.

- This is why it is essential to try and work out when her period will start each month so that she is prepared. She can wear a sanitary pad or other protection to prevent the blood from staining her clothes or take supplies to school. Keeping track of the days of her cycle on a calendar helps to know when to expect her period to start.
- The menstrual flow—meaning how much blood comes out of the vagina— is different from person to person. Usually, an entire period consists of a few spoonsful of blood; the most is up to a ¼ cup.
- The blood often starts as a brownish colour and then gets redder. It returns to a brownish colour at the end of the period until it stops. The amount of blood from day to day also changes.

How does the body feel during menstruation?

Sometimes, a woman feels some physical or emotional changes around her period. Not everyone has these feelings, some women do not feel anything. A woman can experience:

- Physical changes like cramps, pain, bloating, weight gain, food cravings, swollen or painful breasts, swollen hands or feet, skin problems, headaches, dizziness, or irritability.
- Emotional issues like short temper, aggression, anger, anxiety, lack of concentration, tiredness, or depression.
- These changes are sometimes referred to as premenstrual syndrome (PMS). PMS is related to changes in the body's hormones. As hormone levels rise and fall during a woman's menstrual cycle, they can affect how she feels physically and emotionally.
- She may find that taking pain medication, a hot water bottle or hot pad, herbal teas, or other remedies can help lessen the menstrual symptoms.
- The illustration below shows the female reproductive organs. Without pregnancy, the female reproductive organs are about the size of a pear. The uterus is the organ in the female body where a baby will grow and develop when pregnancy occurs. The uterus is a unique organ that can grow and expand as the baby grows for the 40 weeks of pregnancy.

Hygiene and periods

- Girls and women keep themselves clean during menstruation or period using something to catch the blood. It is also important to wash the vaginal area during her period so that the area is clean.
- Cloths: any clean materials or cloth that can easily soak up liquid can be used, like pieces of an old T-shirt. These clothes need to be changed regularly during the day, washed with soap and cool water, and dried well before they are used again.
- Toilet paper is not the best method as small pieces of toilet paper can get left in the vagina and could cause an infection.
- Sanitary Towels: sanitary towels are specially made from cotton wool and a thin cloth cover. They are disposable and need to be carefully thrown away, like clothes that need to be changed regularly throughout the day.
- Tampons: tampons are special tubes of cotton wool which can be inserted into the vagina to catch the blood. These also need to be changed regularly, and only one tampon is used at a time. Girls must ensure they remove the last tampon at the end of their period.

Pregnancy: understanding ovulation, fertilisation, and implantation

- Every female is born with thousands of eggs in her ovaries. The eggs are so small that they cannot be seen by the naked eye. Once a girl has reached puberty, a tiny egg matures in one of her ovaries and then travels down a Fallopian tube on its way to the uterus.
- This release of the egg from the ovary is called ovulation. The uterus prepares for the egg's arrival by developing a thick lining like a pillow. If the girl has had sex in the last few days before she ovulates, by the time the egg arrives in the fallopian tube, some sperm are waiting to join the egg. If the egg joins the sperm (called fertilisation), the fertilised egg travels to the uterus and attaches

to the thick lining of the uterus. This is called implantation. The fertilised egg remains and continues to grow there for the next nine months, into a baby.

- If the egg is not fertilised, then the uterus does not need the thick lining it has made to protect the fertilised egg. It throws away the lining, along with some blood, body fluids, and the unfertilised egg. All this flows through the cervix and then out of the vagina. This flow of blood is called the "period" or menstruation.

The male reproductive system

When a boy reaches the age of about 12, the male sex hormone is produced, and the testes start producing sperm. Sperm passes through a long tube to the prostate, where they are mixed with a liquid and become semen. Sperm are stored in the testes of the male until they come out of the penis during ejaculation. Sometimes, a boy's first ejaculation happens at night when he is asleep and is called a wet dream, as explained below.

The external genitalia

1. Testicles
2. Scrotum
3. Urethra
4. Penis
5. Prostate

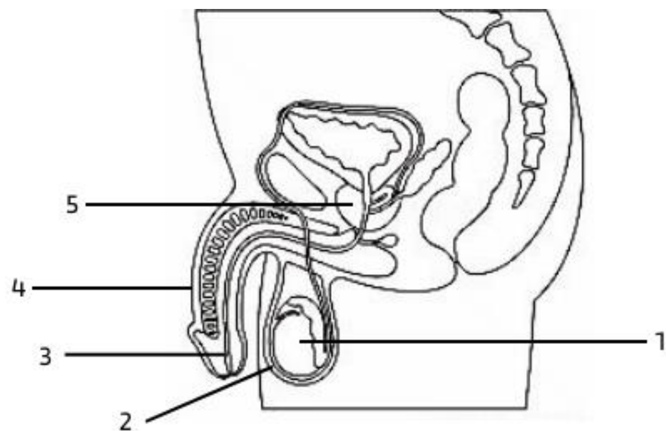


Figure 3 The male reproductive system

What is an erection?

An erection occurs when the penis fills with blood and becomes hard and straight. Erections happen sometimes as boys fantasize and think about sexual things, or sometimes for no reason at all. Boys do not have any control over when this will happen. It is common for boys to wake up with an erection in the morning. While asleep at night, a boy's penis will probably become erect and then go down about five to seven times. This is completely normal and healthy. Having erections is not a sign that a boy needs to have sex. When the penis is erect, a boy will find that he cannot urinate easily because a muscle closes off the bladder. He will have to wait until the erection goes down before urinating.

What is ejaculation?

Ejaculation is when semen comes out of a boy's or man's erect penis due to sexual excitement. A man does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing any harm.

When a boy begins puberty, the ejaculated semen tends to be slightly clear or slightly yellow. As the boy grows into a man, he begins making a larger amount of mature sperm, and his ejaculation will probably become more whitish.

Boys are not born with sperm; they begin to produce them during puberty. A boy begins to produce sperm and continues to produce them throughout his life.

If the sperm is ejaculated into the woman's vagina, she may become pregnant. The ejaculate can also carry diseases that could infect a woman.

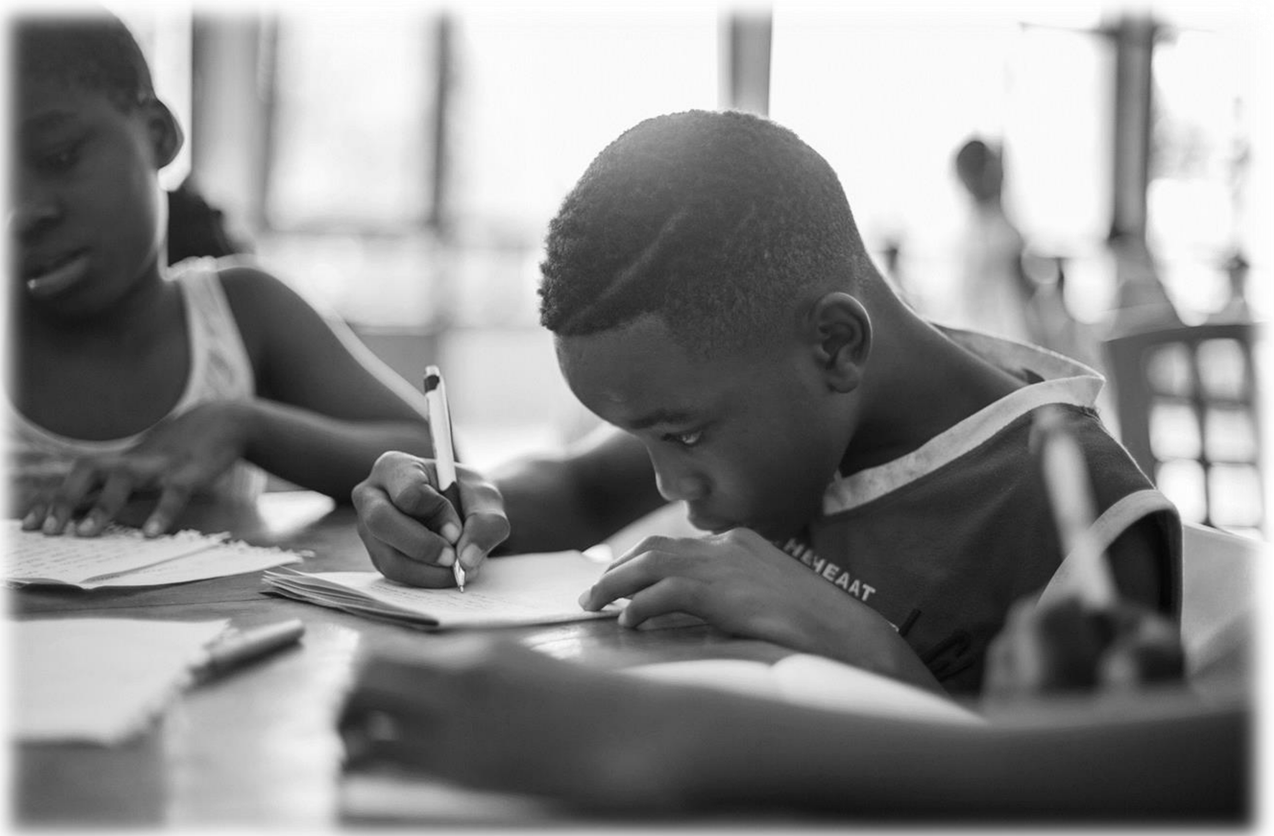
What is a wet dream?

A wet dream (or nocturnal emission) is when a boy's penis becomes erect and ejaculates while sleeping. This causes the boy's underwear or the bed to be a little wet when he wakes up. A boy who does not know about wet dreams could be worried or confused. Wet dreams are completely natural and normal. Some boys have

regular wet dreams, and others do not have many. Both are normal. A boy cannot stop himself from having wet dreams, and wet dreams can often continue until boys are in their late teens. This is completely normal. However, wet dreams usually happen less as boys get older.

It's important to remember that wet dreams are a normal part of sexual development. They are simply a physical response to changes in a boy's body as he explores his growing sexuality. Wet dreams can vary in frequency among individuals and may decrease as one becomes more sexually active or learns to manage their sexual desires. If a boy experiences a wet dream, it can be helpful for him to understand that it's a natural occurrence and not something to feel embarrassed or ashamed about. Open communication with trusted adults or healthcare professionals can provide guidance and support during this stage of sexual development.

Young girls who may need some additional help should be referred to their closest clinic. As a CCW, you could help her access help or accompany her to the clinic or social worker to ensure she gets the right help.



RREVENTION EDUCATION

Differences between preventing and treating teen pregnancy.

Prevention means stopping something before it happens. Prevention education means a plan or strategy that teaches people ways to prevent or stop something from happening. In a healthcare setting, preventing poor health or preventing any chronic illness is the goal. An example is that the family planning clinic helps young women and girls prevent pregnancy; the antenatal clinic provides care to a pregnant woman and helps prevent problems in her pregnancy. Prevention happens at different levels.

As CCWs, you are key players in helping young girls and boys learn the skills they need to prevent teen pregnancy.

A prevention strategy to reduce the number of girls getting pregnant before they are at least 20 years old involves several skills. Some of the skills start with helping girls have the dream to finish school. CCWs need to help teenagers understand the benefit of saying no to sex, help young girls understand the decision-making process, or make sure that if girls are sexually active, they access suitable methods from the clinic and know how to use the methods.

Once a girl is pregnant, we must change our approach to help the girl access antenatal care. For CCWs, prevention education is a critical part of their daily work, recognising that preventing a teenage girl from getting pregnant will benefit her future. She has the understanding that finishing school provides her with many more opportunities for study, work, or building enviable careers. Having a baby means the additional responsibility of looking after a child and is often accompanied by financial burdens and more.

CCWs need to be armed with the knowledge and understanding of a comprehensive prevention strategy so that teenagers in our communities get the skills, help, and support to prevent pregnancy.

Prevention of pregnancy focuses on preventing unintended pregnancies from occurring in the first place. This involves educating teenagers about reproductive health, contraception methods, and practising safe and responsible sexual behaviour. Preventive measures include using condoms, injectables, intrauterine devices (IUDs), or other forms of contraception to prevent fertilisation of an egg by sperm. Prevention also includes promoting sex education, encouraging open communication, and providing access to reproductive health services.

Treatment on the other hand, refers to the care and support provided to women who are already pregnant. It involves regularly checking the health of the pregnant woman and the developing foetus, ensuring proper prenatal care, managing any medical conditions or complications, and promoting a healthy pregnancy outcome. During the pregnancy, regular antenatal visits, prenatal vitamins, monitoring of health conditions, including blood pressure, and scans to monitor the baby's growth are necessary. Ensuring the woman's diet and lifestyle are healthy during pregnancy is another important aspect of pregnancy care. Healthcare providers and CCWs play a crucial role in supporting the health and well-being of the pregnant woman and the unborn child throughout the pregnancy.

Skills that young people need.

With the proper prevention skills, teenagers can delay pregnancy until they have completed school and can manage the responsibility of a baby. Education, communication, access to services, decision-making, and assertiveness is critical to comprehensive teenage pregnancy prevention. Empowering young people, especially young girls, with these skills helps them to make more informed and thoughtful choices and the knowledge to protect themselves from the risk of unintended pregnancy. These are discussed in more detail below:

- A solid foundation of accurate and age-appropriate sexual reproductive health education is crucial in preventing teen pregnancy. Comprehensive sexual reproductive health education instructs teenagers about reproductive anatomy, contraception methods, sexually transmitted infections (STIs), consent, and healthy relationships. This information enables them to understand the consequences of their actions and make informed decisions about their sexual choices.
- Open and honest communication skills are vital in preventing teen pregnancy. Teenagers should learn how to communicate their boundaries and concerns with their partners. Effective communication also involves active listening, empathy, and respecting the boundaries and choices of others. Having open and honest conversations about sexual activity, contraception, and consent helps teenagers make responsible decisions and establish healthy relationships.
- Knowledge about and access to contraception are important prevention skills for teenagers. Understanding different contraceptive methods, their effectiveness, and how to access them allows young people to protect themselves from unintended pregnancies. Teenagers need to know where to find reproductive health services, such as clinics, and feel comfortable seeking information and support when needed.
- Building strong decision-making skills is critical to preventing teen pregnancy. Adolescents should learn to evaluate the potential risks and consequences of their actions. This includes considering the impact on their education, personal goals, and overall well-being. Developing the ability to compare options, think critically, and make choices aligned with their values helps teenagers make responsible decisions regarding sexual activity and contraception.
- Teenagers should be equipped with assertiveness skills to resist peer pressure and make choices aligned with their values and goals. Peer pressure can influence decisions related to sexual activity, and it's important for young people to feel confident in saying no or delaying sexual involvement if it

doesn't align with their readiness or personal boundaries. Building these assertiveness skills helps teenagers maintain control over their bodies and make choices that reflect their desires and values.

Making choices

Personal values play a significant role in the decision-making process. Teenagers have not yet figured out their values fully. Our values come primarily from our parents or our caregivers. Sometimes, during adolescence, our values are influenced by our friends and other places like the media, and that begins to shift our values away from the values we learnt at home. We often end up with slightly different values than what we believed in our childhood.

Several basic values, including honesty and respect, are essential for life. When learning how to make decisions, our existing values influence how we make choices. Values are deeply held beliefs and principles that guide our behaviour, choices, and priorities. When making decisions, we consider our values to ensure that our choices are in line with what we consider important and meaningful. Values are implicit in all the steps of decision-making. The process of decision-making is as follows:

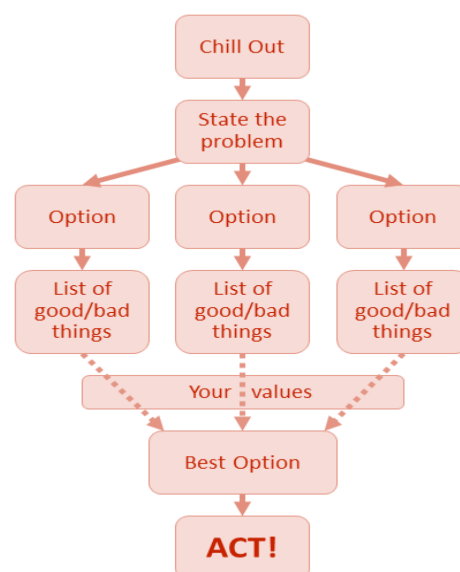


Figure 4 Decision making

Steps for Decision-making

1. First, be calm, and identify your life goals.
2. Name the problem or thing that needs a decision.
3. List all your choices.
4. List the good and bad things for each choice.
5. Decide which choice best matches your goals.
6. Act on your decision.

We cannot always make the right decision. Sometimes, our choice does not turn out how we thought it would. We can't make the best choices all the time. Adults are not perfect. Sometimes we make mistakes too, and it is ok. Our past experiences help us make a better choice the next time.

Thoughts about Making Decisions

- People make decisions in diverse ways: by impulse (without thinking), by making the same decision friends made, by putting off deciding, by letting someone else decide, and by testing the choices.
- Identifying the problem/issue (thing requiring a decision) is key. The choices available depend on getting that first step correct.
- Decisions often have more choices than seem obvious at first.
- Parents and other adults can help young people with important decisions.
- Friends often try to influence each other’s decisions. Sometimes, friends might influence a person to make a choice that is not right for that person.
- Individuals should not make decisions based only on what their peers are doing.
- Sometimes, decisions we make affect other people.
- Each person is responsible for the consequences of the decisions and choices they make.

Adapted from: SIECUS Guidelines for Comprehensive Sexuality Education, 2004.

Assertiveness skills

Assertive "I" messages are tools that allow individuals to express their thoughts, feelings, needs, and concerns clearly and respectfully. The "I" in assertive "I" messages refers to 'owning' one's emotions and experiences rather than blaming or attacking others. This technique can be helpful in various situations, such as setting boundaries with others, addressing conflicts, or sharing feedback.

Start by identifying your feelings about the situation. Use "I feel" or "I am" statements to express your emotions, making it clear that you take responsibility for your feelings. For example, instead of saying, "You always make me angry," you would say, "I feel frustrated when this happens."

Describe the specific behaviour or situation that is making you feel this way. Be objective and avoid generalisations. For instance, rather than saying, "You never listen to me," you could say, "When I share my ideas, I feel that you interrupt me." Then, explain how the behaviour or situation is affecting you personally. Be honest about its consequences on your emotions, well-being, or relationships. This step helps others understand the impact of their actions. For example, you might say, "When you cancel plans at the last moment, it makes me feel unimportant and ignored."

Clearly express your needs, expectations, or desires related to the situation. Be clear about what you want to see happen or how you want the behaviour to change. This step allows others to understand your perspective and consider practical solutions. For instance, you could say, "I would appreciate it if we could find a way to communicate our feelings without interrupting each other."

It's important to maintain a respectful and non-confrontational tone during communication. Maintain eye contact and speak calmly and confidently. Avoid blaming, criticising, or attacking the other person. The focus should be on expressing your thoughts and feelings in a constructive way.

A complete assertive "I" message can be easily created by completing the following statements:

I think ____________ (your thoughts about the situation). I feel ____________ (be sure to state an emotion rather than a thought. For example, excited, frustrated, concerned, etc.) because ____________ (provide the specific reason you are feeling this way, preferably with an example).

I want ____________ (provide a suggestion on what you think could resolve the situation).

Sometimes, instead of saying no to situations, we end up saying yes when we want to say no. In order to say no, you need to be firm about saying no and use these steps.

- Show that you are clear about your choice.
- Say – NO - I am not ready to have sex. OR NO - I am too young to have sex. OR NO - I have other things to achieve before I have sex – NO, I do not want to fall pregnant or get HIV.
- Stand firmly and have eye contact with the person you say no to.
- Be firm and clear without shouting or getting angry.
- Say NO with your body language and stand tall.
- Say NO with your eyes.

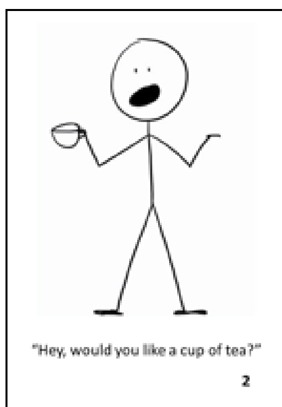
Say no with a full voice.

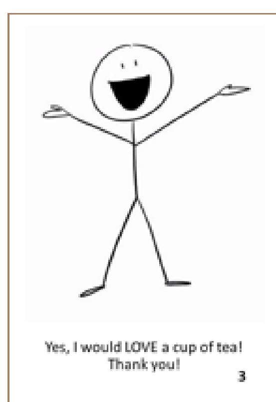
Consent

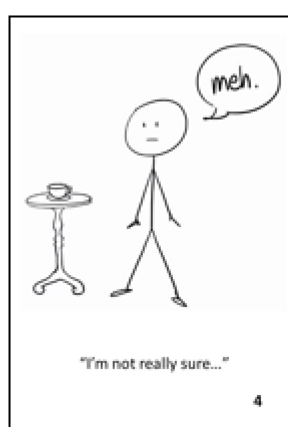
Consent can be explained by using the example of having a cup of tea. Let's consider this more with a story about how to decide whether your friend wants tea. You can watch a short video: https://www.youtube.com/watch?v=oQbei5JGiT8.

Imagine you are with your friend; someone you have romantic feelings for. You want to have some tea and decide to offer them some tea, too. You say, "Hey, would you like a cup of tea?" and if they say, "Oh my

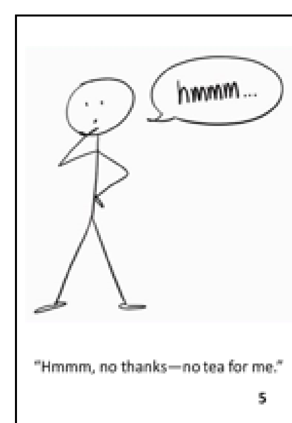
goodness, yes, I would love a cup of tea! Thank you!" Then what do you think? Do they want tea? What are you going to do?


"Hey, would you like a cup of tea?" 2


Yes, I would LOVE a cup of tea! Thank you! 3



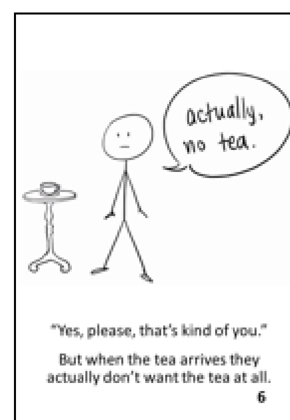
"I'm not really sure..." 4



"Hmmm, no thanks—no tea for me." 5

Yes, they want tea, and you make it for them.

If you say, "Hey, would you like a cup of tea?" and they um and ahh and say, "I'm not sure..." –what will you do?



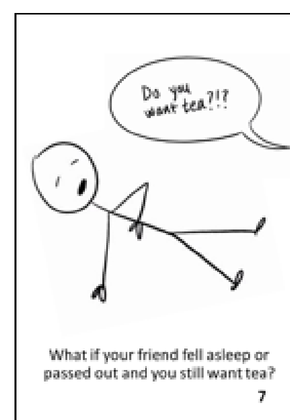
"Yes, please, that's kind of you."
But when the tea arrives they actually don't want the tea at all. 6

You can make them a cup of tea or not, but be aware that they might not drink it, and if they don't drink it, then don't make them drink it.

You can't blame them for going to the effort of making the tea on the off chance they wanted it; you just have to deal with them not drinking it. Just because you made it doesn't mean you are entitled to make them drink it. If they say, "No, thank you," then what are you going to do? You don't make them tea, don't make them drink tea, don't get angry at them for not wanting tea. They don't want tea.

What if your friend says, "Yes, please, that's kind of you," and then they don't want the tea at all when the tea arrives? Then what do you do?

You again do not force them to drink the tea.



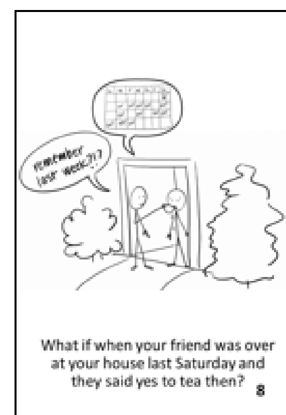
What if your friend fell asleep or passed out and you still want tea? 7

Sure, it's annoying as you have gone through the effort of making the tea, but they remain under no obligation to drink the tea. They did want tea, but now they don't. Sometimes, people change their minds in the time it takes to boil the kettle, brew the tea, and add the milk. It's okay for people to change their minds, and you are still not entitled to force them to drink it even though you went to the trouble of making it.

What if your friend fell asleep, and you want tea? Do you make them tea?

If they are sleeping or unconscious, don't make them tea. Unconscious people don't want tea and can't answer the question, "Do you want tea?" because they are unconscious. Even if they might have wanted tea before falling asleep, you

will not make them drink tea when they are unconscious. What if, when your friend was at your house last Saturday, they said yes to tea then, does that mean they want the tea now? Should you just assume they always want tea? No. You still need to ask them. They don't expect you to make them tea and force them to drink it saying, "BUT YOU WANTED TEA LAST WEEK.



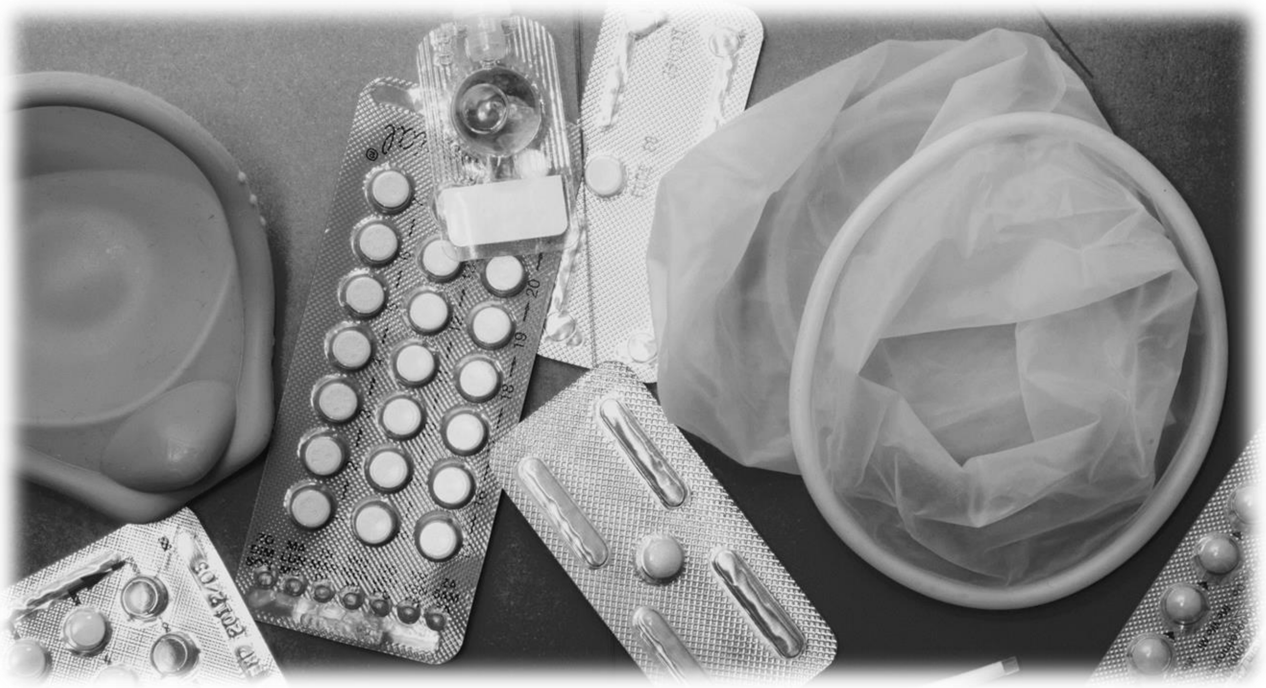
What if when your friend was over at your house last Saturday and they said yes to tea then? 8

What if you paid for the tea with your own money because you thought they would want tea, does that mean they have to have tea with you?

No. They still have a choice to decide if they want to have tea. You should not assume because you did something nice for them, even something that costs money, that they should drink the tea.

- Now, **replace the tea with sex**. What is different or stays the same if you had these responses from a partner with whom you wanted to have sex?
- The answers we discussed for offering someone tea are the same answers that apply if you were to offer someone sex.
- You have to ask someone always, every time, if they want sex.
- If they say yes, then they have consented to sex.
- But they can say yes and then change their mind, you must respect their decision.
- If they say yes and then fall asleep or pass out from drinking or some other reason, it doesn't matter that they said yes before – they can't consent. This is also true if they were asleep or passed out before you spoke to them.
- If they said yes in the past, don't assume a yes, the next time—you have to ask them.
- If you bought them something or did something for them, this does not mean they said yes. You still have to ask, and they still have the right to say no.
- If they say no, no matter the circumstances, this must be respected.

Unfortunately, some adolescents face situations involving coercion, manipulation, or non-consensual sexual activity. This means that girls are being forced into having sex even if they do not want to have sex. Examples of this are seen when young girls are involved with exchange sex – sex with an older man in exchange for money or presents, or sex so that the family has food on the table. Addressing issues of consent and healthy relationships means helping young girls learn about the right to consent, recognising the characteristics of healthy relationships, and promoting gender equality. These must be in place if we want to protect young people from harm.



Prevention methods

In teenage pregnancy prevention, a diverse range of strategies exists, each playing a vital role in mitigating the risks and supporting adolescents in making informed choices about their sexual health. This section illuminates the two fundamental pillars of teenage pregnancy prevention: abstinence and contraception. While abstinence promotes refraining from sexual activity as the primary means of preventing pregnancy, contraception offers an array of methods designed to provide protection and control over reproductive choices.

Contraceptives encompass a wide range of methods to prevent pregnancy by either inhibiting ovulation, blocking sperm from reaching the egg or altering the conditions necessary for fertilisation. Contraceptive methods include hormonal contraceptives like birth control pills, patches, and injections. Barrier methods such as condoms, diaphragms, and cervical caps which prevent sperm from reaching the egg. Intrauterine devices (IUDs), implants, and sterilization procedures offer long-term contraception.

Things to consider.

People choose to abstain from many things – sweets, meat, candy, tobacco, drugs, alcohol, and sex – for health, personal and religious reasons or out of fear or disinterest. Teens may decide to avoid sex because they are not emotionally ready for sex, want to wait until married or have graduated high school, are concerned about an unplanned pregnancy or the risk of acquiring STIs/HIV, don't want to jeopardise future goals, or opportunities for advanced education, don't want to disappoint or get in trouble with their parents, or are scared, not in love, concerned about peer pressure, or simply not interested.

Individuals define sexual abstinence in many ways. For one person, it may mean no physical contact with partners – no kissing, no holding hands. For another, it may mean abstaining from one behaviour, such as avoiding vaginal intercourse.

Failure to make good decisions about sex is one of the reasons teens become infected with HIV and other STIs and experience high rates of unplanned pregnancy. Many teens lack the self-discipline required to practice abstinence. However, with adequate support, they can be helped.

Ensure ready access to condoms and emergency contraception (as well as regular contraceptive methods) for situations when abstinence either failed or is not a feasible option.

Abstinence as a method of teenage pregnancy prevention

Abstinence is a deliberate decision to avoid something. Abstinence advocates refraining from sexual activity until individuals are physically and emotionally ready for the responsibilities and potential consequences that come with sexual intercourse. It encourages delaying sexual debut, thereby eliminating the risk of unintended pregnancies and sexually transmitted infections (STIs).

While it is often argued that abstinence-only education might be unrealistic or ineffective, it remains a fundamental approach in comprehensive sex education programs. By engaging in healthy relationships based on mutual respect and understanding, abstaining from sexual intercourse by teenagers is realistic. With proper support, teens can effectively practice abstinence and delay sex until they are physically and emotionally prepared to deal with it.

Benefits of abstinence in preventing teenage pregnancy

Abstinence is the only method that is 100% effective at preventing pregnancy.

By abstaining from sexual intercourse, teenagers avoid the potential consequences associated with early parenthood, such as disrupted education, financial challenges, and emotional stress.

Abstinence eliminates the risk of contracting sexually transmitted infections (STIs) including HIV, which can have long-term health implications.

Abstinence allows teens to focus on age-appropriate interests such as academics or sports., and to build healthy relationships based on trust and emotional connection rather than solely on physical intimacy.

Abstaining from sexual activity as a teenager encourages responsible decision-making regarding one's sexual health and helps teenagers develop a strong sense of self-control and autonomy in their choices.

Contraception in teenage pregnancy prevention

If a teenager chooses to be sexually active but does not want to get pregnant, she must visit a family planning clinic, to obtain a contraceptive method. The family planning sister at the clinic is trained to prescribe methods and is skilled to help choose the best method for each teenager. While all contraceptive methods prevent pregnancy (with some methods being more effective than others), only condoms also protect from HIV and other STIs.

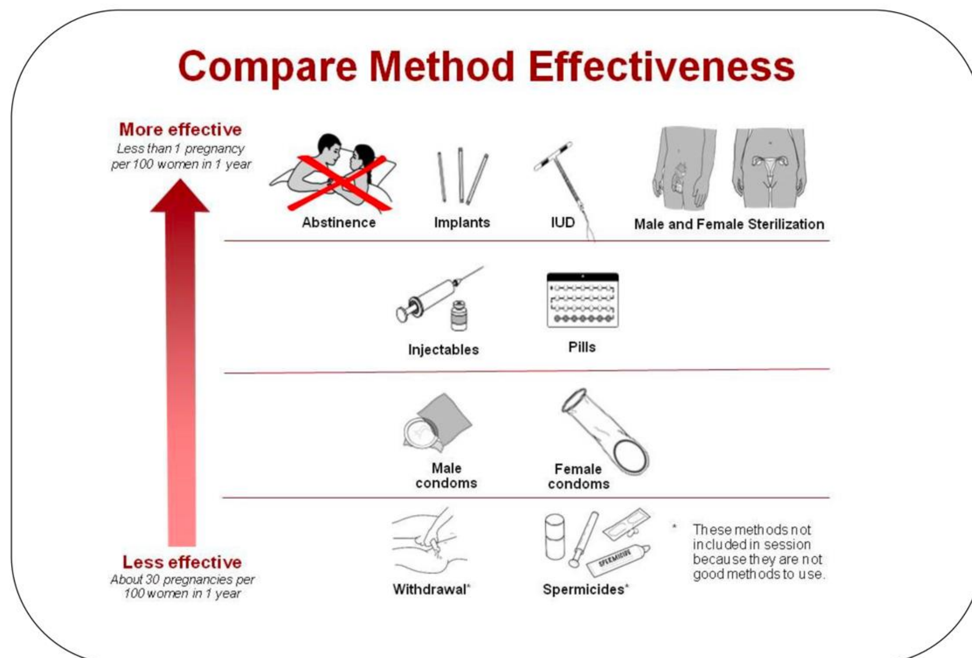


Figure 5 Effectiveness of Prevention Methods

Condoms

If correctly used every time a couple has sex, condoms are the only way to prevent pregnancy and STIs, including HIV. There are two types of condoms: male and female. The family planning clinic will provide all women with contraceptive methods together with condoms. This is called dual protection and helps prevent pregnancy as well as STIs or HIV.

Male and female condoms should never be used at the same time. Using them together does not provide better protection and makes them less effective because the friction between two condoms can lead to them slipping off or tearing.

Male **condoms**

The condom is the only contraceptive available for young men (the other method available to men, in general, is male sterilisation, but it is rarely appropriate for young men because it permanently prevents them from having children). A male condom is usually made of thin rubber (latex) and is fitted over an erect penis. The condom must be rolled onto the man’s penis before he puts it into the woman’s vagina. It collects the man’s sperm, stopping the sperm from entering the vagina. The condom should

be removed when the penis is completely withdrawn and away from the vagina because sperm spilled on the outside of the vagina can sometimes cause pregnancy. A new condom must be used for each sex act.

How to use them correctly:

Figure 6 Male Condom

- Before you start having sex, open the packet carefully so that you do not tear the condom. Do not use sharp objects like teeth or scissors to open the package. Inspect the box to make sure there are no staples through the packet. If there are staples or staple marks, throw the packet away and use another condom.
- Place the rolled condom on the top of the penis and unroll it carefully down the shaft of the erect penis.
- Most condoms come pre-lubricated, but if not (or if you want/need more lubricant), use a personal water-based lubricant such as KY Jelly on the outside of the condom. Never use oil-based lubricants like Vaseline or baby oil, which weakens the latex and causes condoms to break.
- Immediately after ejaculating, hold the condom firmly at its base, and withdraw the penis while it is still erect. If the penis loses erection inside the vagina, the condom can slip.
- Take the condom off the penis carefully – make sure not to spill semen and keep it away from the vagina. Wrap the used condom in toilet paper (or any other tissue) and put it in the rubbish bin, not the toilet.
- Never reuse condoms or attempt to use two condoms at once.
- If the condom breaks, visit your doctor or a sexual health service provider within the first 3 days if at risk of HIV exposure and within the first 5 days if at risk of pregnancy – the sooner, the better.

Advantages of condoms

- Condoms don't cost much, are small, easy to carry so that you can always have one with you if you have sex.
- You don't have to see a doctor. Condoms are sold at pharmacies, supermarkets, and garages. You can also get condoms for free at the clinic.
- Condoms are safe and work well if correctly used every time you have sex.

Things to consider.

- Always check the expiration date on the condom package (this could be done when you buy condoms, are planning to have sex, and right before having sex). Condoms that are expired are more likely to break during sex.

- Never store condoms in direct sunlight or in a very warm place (e.g., even body heat can damage a condom if you carry it in your pocket or wallet for more than a few days; if this is the way you carry a condom, remember to replace it with the new one every week or so).
- You need to use a new condom each time you have sex (even if two sexual acts happen within a short time) and for each kind of sex you have.
- The condom must be worn before any intimate contact occurs but after the penis is erect.
- In rare cases, people are allergic to latex (rubber). You can get condoms made from soft plastic, but they're more challenging to find and more expensive than latex ones.
- Condoms are a barrier to infections such as HIV, chlamydia, and gonorrhoea, which are transmitted through bodily fluids during sex. They may not protect against herpes and genital warts, which could be transmitted through genital skin contact.
- If you have a new sex partner, or if you or your partner has sex with other people, use condoms to help prevent HIV and other STIs. Use them in addition to any other contraceptive you may be using.

Female condoms

The female condom is a lubricated pouch made of thin, soft plastic that fits loosely inside a woman's vagina. It prevents pregnancy by collecting the man's sperm and stopping them from entering the vagina. In addition to preventing pregnancy, female condoms also prevent transmission of HIV and some other STIs.

Use a new female condom each time you have sex. It must be inserted before any close physical contact takes place because even if sperm is spilled on the genitals outside of the vagina, it can sometimes cause a pregnancy. The female condom can be inserted ahead of time — up to 8 hours before sex. A female condom is very effective in preventing pregnancy and HIV/STIs if correctly used every time a couple has sex.

How to use them correctly:

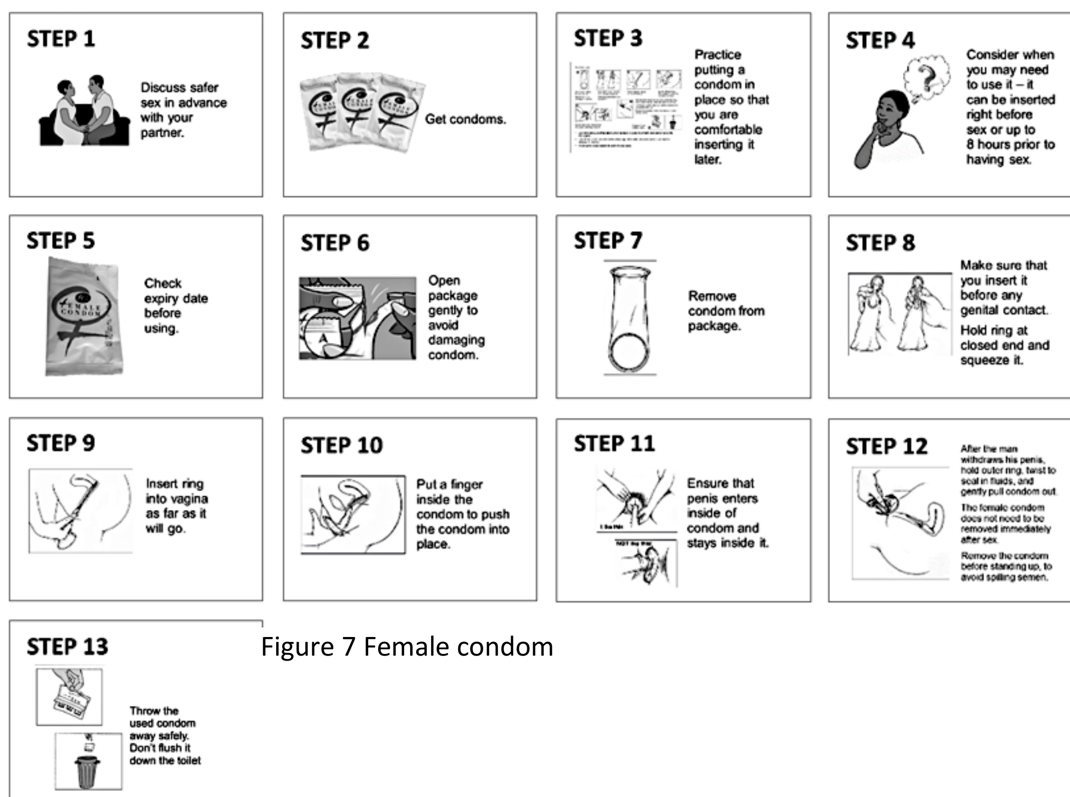


Figure 7 Female condom

- The female condom has a flexible ring at each end. The outer ring at the open end covers the area around the opening of the vagina and holds the condom in place. The inner ring at the closed end

helps to insert the condom and fits inside the vagina, right above the cervix (entrance into the womb). Before insertion, rub the sides of the condom together to spread the lubricant.

- Choose the position that is comfortable for insertion (you can stand with one foot on a chair, sit on the edge of a chair, lie down, or squat).
- Squeeze the inner ring between your thumb and middle finger so it becomes long and narrow.
- Using the other hand, separate the outer lips and locate the opening of the vagina.
- Slide the inner ring into your vagina as far as it goes. Insert a finger into the condom and push it until it slips into place. It is in the right place when you can't feel it.
- It can't go in too far and won't hurt!
- Make sure it is not twisted. About 2-3 cm of the condom, the outer ring should be outside the vagina.
- The man or woman should carefully guide the tip of the penis inside the condom. Make sure the penis is not inserted between the condom and the wall of the vagina.
- If the female condom bunches up when the penis is inserted, stop, put on more lubricant, and guide the penis back into the condom.
- After sex, there is no need to remove the female condom immediately (like with the male condom), but it should be removed before you stand up. To remove, squeeze the outer ring, twist the condom to seal in the semen, and pull it out gently. Wrap it in its package, toilet paper, or other tissue, and throw it in the rubbish bin, not down the toilet.
- Don't reuse the female condom.

Advantages:

- The woman has control over the condom (while women have control over other contraceptive methods, the female condom is the only method that gives women control over preventing HIV/STIs).
- Female condoms are small, easy to carry, and can be inserted ahead of time.
- Female condoms fit all women and can be used during your period.
- Because they are made of plastic, there are no problems with latex allergy or using oil-based lubricants. [If using a condom other than the FC2, check the package for information about which type of lubricants are safe].
- You don't have to see a doctor to use female condoms. Female condoms are available at local health services.
- Some people prefer the female condom to the male condom because you can insert it several hours ahead, and the male partner doesn't need to withdraw his penis immediately after ejaculation (orgasm or coming).

Things to note.

- Learning to insert the female condom may require some practice. It becomes easier with experience.
- It is possible for the penis to slip into the vagina between the female condom and the vaginal wall. In this case, the condom won't prevent pregnancy or infection. Always make sure the penis is inside the condom.
- The female condom can make a slight rustling noise during use (this is normal, but you can try using more lubricant if you want to avoid that).
- They are more expensive than male condoms and are not so readily available.
- The penis should be withdrawn from the vagina carefully so that the condom is not pulled out with it.
- Female condoms are a barrier to infections such as HIV, gonorrhoea, and chlamydia, which are transmitted through bodily fluids during sex. They may not protect against conditions such as herpes and genital warts, which are transmitted through genital skin contact.
- If you have a new sex partner, or if you or your partner have sex with other people, use condoms to help prevent HIV and other STIs. Use them in addition to any other contraceptive you may be using to increase protection.

The contraceptive pill (The Pill)

There are two types of contraceptive pills. The combined type – combined oral contraceptive pills, (COCs) contains two female hormones. The others contain just one hormone and are called progestin-only pills (POPs) or the mini-pill. POPs are more suitable for women who are breastfeeding. Both types of pills should be taken once a day to be effective.

Both pills are effective if taken correctly, but POPs require a stricter schedule and become less effective than COCs when a pill or pills are missed. Contraceptive pills will not protect you against STIs or HIV.

COCs work primarily by stopping the female body from releasing an egg each month. With no egg, pregnancy cannot occur,

POPs work by making the mucous in the cervix thicker so sperm cannot get into a woman's womb. They also prevent an egg from being released, but not every month (unlike COCs).

The contraceptive pill is not often prescribed for teenagers as they find it difficult to remember to take the pill every day as required. Missing any pills results in a high risk of pregnancy. Other methods are more suitable for teenage girls.

Advantages:

- Pills are easy to use, and they are relatively cheap.
- Pills are very safe, especially for young women, because they rarely have serious health conditions (such as high blood pressure, severe diabetes, or heart disease) that may cause problems while on the pill.
- With the combined pill, periods will be regular, light, and usually painless, benefiting many young women with painful or heavy menses.
- To start using the pill, a woman does not need any medical tests or a pelvic examination.

Injectable hormonal contraceptives (DMPA and NET-EN)

Depot-medroxyprogesterone acetate simply called DMPA and norethisterone enanthate known as NET-EN are often referred to as injectable contraceptives or injectables. Each contains a different type of female sex hormone. They are administered by an injection into the muscle: once every three months for DMPA and once every two months for NET-EN. Both DMPA and NET-EN are safe, highly effective, and equally suitable for young women.

Injectable contraceptives work primarily by stopping the female body from releasing an egg each month.

Advantages:

- Injectables are convenient and easy to use, the woman only needs one injection every two or three months.
- They are very effective and extremely safe.
- They do not require any tests or a pelvic examination to start using it.
- They can be used privately (require no supplies to keep at home).

Things to Note:

- Injectables are offered for free by government health facilities in South Africa.
- The woman needs to go to her doctor or health service every two or three months to have the injection.
- The woman must remember to come for the next injection on time (the health provider will let her know her time window for the next injection).
- After starting injectables, many women have heavier and irregular bleeding for the first six to nine months, but after that, they may stop getting periods altogether. None of these effects are harmful or mean something is wrong.

- Most women start having periods and can get pregnant four to six months after their last injection, but it can take longer for some women.
- Once given, the effect of the injection cannot be reversed or cancelled – the woman just has to wait for the hormone to naturally leave her body over time.
- Injectables provide excellent protection from pregnancy but will not protect against STIs or HIV. For STI/HIV protection, the combination of condoms and injectables is advised.

Implants

Implants are suitable for young women, but they should not be used by young women already on ART. Progestin-only implants consist of hormone-filled capsules or rods that are inserted under the skin in a woman's upper arm. The implants available in South Africa consist of one or two rods.

Implants work by thickening cervical mucus, making it difficult for sperm to enter the womb and stopping a woman's body from producing an egg during some (but not all) months. Implants are safe, highly effective, and equally suitable for young women.

Advantages:

- Safe and highly effective.
- Very easy to use (after implants are inserted, there is nothing to do or remember), making it especially convenient for young women.
- Protect from pregnancy for several years (3 or 5 years, depending on type).
- Can be removed anytime if desired.
- Women who want to get pregnant can do so when implants are removed.
- Can be used privately (there are no supplies to keep at home).
- A woman can start using implants without any tests or pelvic exams.

Things to Note:

- One cannot start or stop using implants without a health provider's help because insertion and removal involve a minor surgical procedure.
- Some discomfort at the insertion/removal site should be expected after the insertion/removal procedure.
- Some users may experience minor side effects such as irregular menstrual bleeding or complete absence of menstrual bleeding, weight change, nausea, and headaches. These effects are not harmful.
- Implants only recently became available through government-sponsored health facilities. Like other contraceptives, they are available free of charge; however, access may be somewhat limited until more providers are trained to insert and remove them.
- Implants do not protect from sexually transmitted infections, including HIV. For more information, contact a health provider at your local clinic.

Copper intrauterine device (IUD)

An intrauterine device (IUD) is a small, flexible T-shaped frame made of plastic and copper. It is placed inside a woman's uterus (womb) by a doctor and can be left in place for as long as ten years. It works mainly by stopping the sperm from reaching the egg.

Advantages:

- It provides highly effective contraception for as long as ten years.
- If a woman wants to, the IUD can be removed anytime – a woman's ability to get pregnant returns quickly after removal.
- It is very easy to use; after the IUD is inserted, there is nothing to buy, do, or remember.
- It can be used privately (nothing to store at home or carry with you).

Things to Note:

- Not all health providers are trained to insert an IUD. Your doctor or clinic nurse can refer you to a provider who offers IUD insertions.
- The IUD is very safe but may not be suitable for some women. A provider doing the insertion will ask you some questions and perform a pelvic exam to ensure you can safely use an IUD.
- During insertion, a woman can feel some discomfort or cramps. After insertion, some women experience more bleeding and cramps during their periods. These side effects usually go away after a few months.
- IUDs are provided free of charge in government health facilities.
- IUDs are highly effective contraceptives but will not protect you against STIs or HIV. For STI/HIV protection, you can use a condom in addition to an IUD. Your doctor or clinic nurse can give you more information.

Emergency contraception (EC)

Emergency contraception offers a way to prevent pregnancy after unprotected sex has occurred (e.g., you are not using a contraceptive method at all, forgot to take contraceptive pills for three or more days in a row, a condom slipped off during sex, or you were forced to have sex or raped). There are two methods of emergency contraception: emergency contraceptive pills (ECPs) (sometimes also called 'morning after pills') and the IUD.

Advantage:

- Emergency contraception offers a 'second chance' at preventing pregnancy.

Things to Note:

- A woman can get ECPs free of charge from healthcare facilities or buy them over the counter at chemists.
- ECPs are meant for emergencies and should not be relied upon as regular contraception.
- They work by preventing or delaying the release of an egg. They do not work if a woman is already pregnant.
- ECPs can be effective if taken within the first 5 days (120 hours) after having unprotected sex. The sooner they are used, the more effective they are.
- There are several kinds of ECPs in South Africa; the most effective contain only one pill (currently sold as Escapelle) or two pills (currently sold as Norlevo).
- Some ECPs may cause nausea or vomiting and slight irregular bleeding for the first couple of days after it is taken.
- After taking ECPs, the woman's next period may come a week early or late.
- If the woman's next period is delayed by more than one week despite taking ECPs, she should visit a health provider to confirm or exclude pregnancy and decide on an appropriate course of action.

Things to know about the IUD as emergency contraception:

- A woman can get an IUD from a provider who is trained in IUD insertion – your clinic nurse or doctor can refer you to such a provider.
- To be effective as emergency contraception, an IUD should be inserted within the first 5 days (120 hours) after unprotected sex.
- It works mainly by preventing sperm from reaching an egg. If sperm and egg are already united, it can also prevent the egg from attaching to the wall of the womb.
- The IUD is more effective than ECPs, and its effectiveness doesn't reduce depending on the day of insertion. For example, if the woman could come for insertion on day four or five, the IUD would be as effective as if it were inserted on day one. In contrast, the effectiveness of ECPs is reduced with every passing day.
- After an IUD is inserted as emergency contraception, the woman can keep it as her regular contraceptive method.

- The woman should return to the clinic for pregnancy evaluation if menstruation has not occurred when expected. While IUD rarely fails, pregnancy still can occur.
- While emergency contraceptive methods can protect one from pregnancy, they offer no protection from STIs or HIV. The woman should get tested unless she is completely certain the sexual partner does not have an STI or HIV.

Sterilisation

There are surgical procedures for both men and women to permanently stop them from having children. The procedure for women is called female sterilisation or tubal ligation (TL), and the procedure for men is called male sterilisation or vasectomy. After the sterilisation procedure, women continue to produce eggs, and men continue to produce sperm, but sterilisation (either male or female) prevents the egg and sperm from uniting.

Things to know about sterilisation:

- sterilisation should always be voluntary – it should be a decision taken by a man or a woman after careful counselling and without pressure from anyone else.
- Sterilisation is seldom appropriate for adolescents or young adults because it is irreversible. Since most young people would like to have children sometime in the future, or when they are ready, sterilisation is not a good choice for them.
- Research has shown that men and women who choose sterilisation when young often regret this choice later in life. If a woman, for some reason, consider sterilisation, she should get more information from the healthcare provider about the sterilisation procedure.
- It is advisable that a woman consider other effective, long acting, but not permanent, contraceptive methods available until they are ready to decide if they want to have children.
- Sterilisation does not protect against STIs and HIV. People who have been sterilised should still use condoms if there is any risk of HIV/STIs.

Practices that won't work as contraception:

- Withdrawal (when penis is taken out of vagina right before ejaculation). This is hard to do and requires a lot of self-control. But even when done on time, sperm still can get into the vagina because a small number of sperm can be present in male sex fluids even before ejaculation.
- Using spermicides, a special substance inserted into the vagina before sex., a spermicide is not effective in preventing pregnancy.
- Standing up while you have sex.
- Putting things into the vagina after having sex, for example, rinsing with water, coke, or aspirin.
- Taking a hot bath after sex.
- Using plastic film (Gladwrap) instead of a condom.

Things to note:

- You can get pregnant the first time you have sex.
- You don't have to have an orgasm to get pregnant.
- Every female who has sex should have a pap smear every two years to make sure her cervix is healthy.
- If there is any risk of HIV or other STIs, use a condom to prevent infection as well as other contraception for more effective pregnancy prevention.

STIs and HIV

- Sexually transmitted infections (STIs), (also called sexually transmitted diseases, STDs), are spread from one person to another during vaginal, anal, or oral sex. Some STIs are spread through blood, such as hepatitis, and skin-to-skin contact, such as herpes and HPV/genital warts.

- HIV is an STI that is talked about a lot because it has caused many infected people to deal with a range of infections and illnesses. Many people have died from being infected, and some children were born with HIV because of mother-to-child transmission of the virus. Today, there is effective treatment for people who are infected. HIV is still transmitted from an infected person to an uninfected person. The prevention of HIV transmission is also an important strategy for healthcare workers.
- Teenage pregnancy can be associated with any of these STIs. Pregnancy usually means unprotected sex and a high risk of STIs and HIV.
- There are at least 25 different STIs. STIs can be bacterial (Gonorrhoea, Syphilis), viral (HIV, Herpes), or parasites (pubic lice).
- Generally, if a person has one STI, there is a greater chance of getting another STI or HIV. This is because the person is probably not practising safe sex, and some symptoms of STIs make a person more likely to get infected with HIV. Also, when an HIV-positive person has another STI, the person is more likely to transmit HIV to their partner through sexual contact.
- STIs can be caused by viruses and other types of infectious microorganisms. Like HIV, viral STIs cannot be cured, but some medications can help to keep them under control, so a person with other viral STIs can live a healthier life. Non-viral STIs can be cured if treated on time by a doctor.
- STI symptoms vary depending on the infection. Still, the most common are unusual lumps or sores in the genital area (anus, penis, or vagina) or in the mouth (in case of oral sex), an itching sensation in the vagina or anus, pain when urinating, pain during or after sex, unusual vaginal bleeding, low abdominal pain, and an unusual discharge from the genitals.
- Not all people with an STI have symptoms, but an infection can still cause serious damage to the body if left untreated. It can also be transmitted to another person.
- If a person even thinks he/she has been exposed to an STI or noticed some STI symptoms the person should talk to the doctor. Many STIs can be cured easily. But if it is left untreated, it may cause more serious and long-lasting problems.
- If a person gets treated for an STI, he/she may continue getting infected unless the partner is also tested and treated.
- Aside from having NO sexual contact (abstinence), a condom is the only way to protect against most STIs. But even condoms cannot fully protect against all STIs. It is best to be in a faithful relationship with one person (also called monogamous) who you know is STI/HIV free.

CONCLUSION

While this handbook doesn't pretend to be a fully comprehensive guide to assist adolescents in navigating this complex stage of their lives, it offers helpful information and resources. It covers a wide range of topics, from understanding the physical and psychological changes that occur during adolescence to developing a healthy self-image, effective communication skills, understanding consent, and sexual health education.

It is a valuable resource for adolescents, parents, educators, youth workers, and anyone interested in understanding and supporting the adolescent journey. It promotes open dialogue, self-awareness, and responsible behaviour, all of which are crucial for the healthy development of adolescents.

As CCWs, it must be understood that there may be differences among young individuals. However, the general trends and behaviours will remain constant. The authors wish to prevent readers from using the handbook as a prescriptive document but rather as a guide to better understand the various parts of a teenager's journey through adolescence.

It is essential to emphasise the crucial role you, as CCWs, play in the lives of young women. Your guidance, knowledge, and support directly impact their understanding of their bodies, their autonomy, and their future. This handbook has been designed to inform you about the technical aspects of preventing pregnancy and highlight the importance of communication, empathy, and respect in your interactions with these young individuals.

In the rapidly changing world of health care, the demand for efficient yet compassionate care is on the rise. Technological advancements have brought an overwhelming amount of information to everyone (see Bibliography). Yet, through your expertise, interpretation, and advice, the information becomes real — a guiding light for young women navigating their way through adolescence into adulthood. This handbook is to assist you in offering sound, evidence-based advice on abstinence and protection methods and fostering a safe and welcoming environment for young women to seek advice.

Our shared vision for the future is one where every young woman feels confident and empowered to make informed decisions about her body and health. This will be possible if healthcare workers, including CCWs, continue to provide comprehensive, judgment-free sexual health education and support. As you apply the knowledge from this handbook in your work, remember the influence you have in shaping these young lives.

The tools and information you have gained from this handbook are vital components of a larger strategy to prevent teenage pregnancy and promote sexual health. But equally important are the compassion, respect, and understanding that you bring to your workplace each day. We envision a future where these values are at the forefront of community care and service, where every young woman feels understood, respected, and empowered to make informed decisions about her health.

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Notes