Technical Report 14:
An Assessment
Of The Sociocultural Factors
That Influence Reproductive
And Sexual Health
Among Rural Adolescents
In Huancavelica, Peru

Patricia J. Hammer, Ph.D., Project Coordinator
Marita Escobar Alegría, Lic., Project Assistant

Alfredo L. Fort
Editor

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INTRAH
School of Medicine
The University of North Carolina at Chapel Hill
1700 Airport Road
Chapel Hill, NC 27514, USA
Phone: 919-966-5636
Fax: 919-966-6816
E-mail: intrah@intrah.org
http://www.intrah.org

PATH
1990 M Street, NW
Suite 700
Washington, DC 20036
Phone: 202-822-0033
Fax: 202-457-1466
E-mail: eclancy@path-dc.org

ACNM
818 Connecticut Avenue, NW
Suite 900
Washington, DC 20006
Phone: 202-728-9860
Fax: 202-728-9897
E-mail: sps@acnm.org

TRG, Inc.
909 N. Washington Street
Suite 305
Alexandria, VA 22314
Phone: 703-548-3535
Fax: 703-836-2415

IPAS
300 Market Street, Suite 200
Chapel Hill, NC 27516
Phone: 919-967-7052
Fax: 919-929-0258
E-mail: ipas@ipas.org

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Director of Integrated Preventive Programs

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LIST OF ABBREVIATIONS

CA	Cooperating Agency
CEDER	Centro de Estudios para el Desarrollo Regional
FLE	Family Life Education
FOCUS	FOCUS on Young Adults Program (A PRIME Collaborator)
FP	Family Planning
INTRAH	Program for International Training in Health
IPC/C	Interpersonal Communication and Counseling
KAP	Knowledge, Attitutdes and Practices
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Government Organization
PATH	Program for Appropriate Technology in Health (A PRIME Partner)
PRIME	Primary Providers' Training and Education in Reproductive Health Project
RH	Reproductive Health
SCS	Stratified Convenience Sample
STD	Sexually Transmitted Disease
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The PRIME Adolescent Project is designed in response to evidence throughout Latin America that adolescent childbearing rates, sexual activity and induced abortions are on the rise, while the use of contraception is low (Burt 1998). This reality demonstrates the need for reproductive and sexual health interventions developed specifically for the diverse population of young adults in the region. One initial step required for the development of effective interventions is the investigation of existing knowledge and behaviors that influence reproductive and sexual health. To this end, the PRIME Adolescent Project in Peru implemented the **Project to Assess Socio-Cultural Factors that Impact on Rural Adolescents' Sexual and Reproductive Health**. The project responds to a request by the Ministry of Education (MOE) to adapt the current Family Life Education (FLE) curriculum in use nationwide to the social and cultural contexts of rural adolescents.

Methodology

To effectively elicit verifiable cualitative data on rural sexuality, the project designed a cohesive ensemble of research instruments rooted in Community Participatory Investigation approaches. This research strategy emerges from theories in participatory research, community centered praxis, and action and advocacy anthropology. These approaches aim to restructure power relations of community organizations with dominant social institutions. Skill transfer occurs as community members acquire the capacity to use research tools for achieving self-determination. Through this process knowledge about the community is transferred to the researchers. In this way, participatory research integrates scientific research, education and sociopolitical action.

The key participatory research instrument developed by the project is a youth workshop composed of a series of sessions, based on the "autodiagnosis" methodology (Howard-Grabman, Seone and Davenport 1994). The investigative process of the autodiagnosis provides a variety of contexts and means for participants to express, reflect upon, identify and prioritize their own problems and corresponding needs with regard to sexuality and reproductive health. An essential outcome of the project's investigative workshop is the participants' raised awareness about the sensitive issues addressed. This experience motivated youth to participate in the formation of community health committees focused on adolescent well-being.

Supplemental research instruments designed and implemented by the project include surveys to collect descriptive data of the youth sample, and questionnaires to provide subjective information on notions of self-esteem and self-efficacy. Information was gathered from adults (parents, civic authorities, teachers, health workers, clergy) on perceptions of adolescent sexual and reproductive development by means of individual interviews and group discussions. Community adults, together with youth, initiated the formation of community-based adolescent health committees. At the culmination of the research interventions in rural Acobamba Province, the newly formed committees from each of the three project communities participated in a three day workshop organized by

PRIME and sponsored by the Program for Appropriate Technology in Health (PATH) in the Department capital of Huancavelica. At the workshop committees reviewed and verified project findings, identified and prioritized adolescent sexual and reproductive health needs, and proposed recommendations to the MOE, the Ministry of Health (MOH), and their own communities for how to take action in response to recognized priorities.

Research Results

Principal findings include the following:

- More than 70% of the adolescent sample prefer to have their first child at age 25 or older.
- Adolescent women in rural Peru have very little social, family and emotional support to guide them throughout processes of sexual and reproductive development.
- Rural adolescents feel they have little choice and control over the partner they end up with.
- When faced with sexual and reproductive crises, rural youth identify grave courses of action to which they are restricted, that include: to marry against one's will, to flee family and community, abortion, and suicide.
- Gender discrepancies are evident with respect to levels of concern, interest, knowledge, behavior and perceptions of sexuality and reproductive development.
- Males identify health workers and services as potential sources of information and care in a greater percentage than do females.
- The priority concerns of rural youth with regard to adolescent well-being are:

a) Undesired Pregnancy
b) Romantic Relationships
c) Family Violence
d) Sexually Transmitted Diseases

Recommendations

The results of this research endeavor reveal a great need for sexual and reproductive health counseling at family, community and institutional levels of interaction. Rural youth identify an unmet need to communicate feelings and experiences with family members (especially parents), as well as with partners, about physical, emotional and social formation. Ministries of Health and Education should train personnel in simple techniques of teen counseling that can be transferred to parents and other community members concerned with adolescent well-being. Peer counseling should also be introduced, as a result that adolescents most often identify their friends as confidants and sources of information about sexuality.

Evidence in previous studies in Latin America and the Caribbean prove that while sexual education alone may increase knowledge, it does not necessarily influence sexual behavior. However, combined strategies of education, counseling and teen clinics do influence sexual activity and the use of contraceptives by adolescents (Gribble 1991). Changes in both knowledge and behavior should be considered as dependent variables that affect reproductive and sexual well-being. Synchronization of efforts between the

MOE and MOH is required to guarantee improved adolescent health. The MOH should create services tailored to youth that take into account the need for confidentiality and sensitivity to family and social circumstances of rural adolescents.

The MOE should develop curriculum, materials and methodologies appropriate to rural adolescents' needs and understandings. Sexual education must be prioritized as important to youth intellectual, social and personal development. Teachers with interests and abilities to teach the subject should be purposefully selected and trained. Target groups of students should be assembled in groups according to age rather than academic level. Cognitive capacity, as well as social and emotional experience, of younger adolescents is at a significantly different stage of development than that of more mature youth. Rural schools have students that range in age from 12 to 20 years old in the same high school class, in addition to students up to 17 years of age studying at primary levels. Gender differences must also be taken into account for the design of appropriate IEC interventions.

Community Organization

Community consensus about the importance of concentrating efforts focused on adolescent needs motivated the formation of Committees to Promote Adolescent Well-being in each of the highland communities where the project was implemented. Representatives of youth, parents, authorities, church, health and education workers were selected by the community to participate in a three day conference in the department capital of Huancavelica. The committees returned to their communities to share the results of the meeting and continue articulating actions with the MOE and MOH to benefit local adolescents.

INTRODUCTION

Background

Since 1996 the Peruvian MOE has implemented a national FLE program in grades 5 and 6 of primary levels, and all 5 levels of high school. The MOE system is perceived as a potentially effective route to ensure adolescents' link with Reproductive Health (RH) information and services.

In July 1997 FOCUS held on operations research workshop with the MOE where they identified three priority areas in need of intervention.

1. Evaluation of teacher training
2. Assessment of the impact of the program on students
3. Assessment of the socio-cultural factors related to sexual and reproductive health
   needs of adolescents in rural areas of Peru

On behalf of the MOE, FOCUS requested the technical collaboration of PRIME to address the third priority. Because of the dearth of information about sociocultural factors that influence sexual and reproductive health among rural adolescents, the MOE recognized a need to gather such data to development culturally appropriate curriculum for training teachers.

The PRIME Adolescent Project adapted the autodiagnosis methodology (first developed by MotherCare in Bolivia) for use among rural youth in the Central Andean region of Huancavelica, Peru. The overall objective of the project is to provide information to design appropriate, acceptable and effective RH related training interventions for both the MOE and MOH. Data gathered can be applied to developing sexual education curriculum that meets the needs and understandings of rural adolescents. The community participatory nature of the autodiagnosis investigation works to raise awareness, identify and prioritize RH concerns in a manner that stimulates community organization and concrete actions to create alternatives and plan solutions to existing problems. Through these means the project results contribute to USAID Population, Health, and Nutrition Center's Strategic Objectives of sustainable reduction of unintended pregnancy (SO1) and STD/HIV transmission (SO3).

Objectives

The principal objective of the PRIME Adolescent Project in Peru is to assess social and cultural factors that influence sexual and reproductive health among rural adolescents. Specific objectives include the provision of information for application in the development of appropriate health interventions; the inclusion of youth and significant adults (parents, teachers, health workers, etc.) in the process of identification of knowledge, attitudes, practices and perceptions of risk with regard to adolescent development; and create community-based committees to coordinate with the Ministries of Health and Education in efforts to improve adolescent sexual and reproductive health in rural areas of Peru.

METHODOLOGY

Study Area

The Department of Huancavelica was selected as the research site based on indicators that characterize the region as supporting a primarily rural population that live in conditions of extreme poverty. Located in the Central Andes of Peru, the people of Huancavelica share predominant social and cultural characteristics common among the poorest sectors of rural and urban migrant populations throughout the country. These include factors that mark and marginalize the population such as, Quechua as a first language, provincial origins, limited education, limited access and orientation to services of any kind (government and non-government), and scarce opportunities for sustainable employment.

Within the Province of Acobamba three communities were identified for both testing and implementation of the community participatory investigation. The provincial capital was used as a test site, while the communities of Marcas and Chocloccocha were targets of research intervention. The communities were selected based on information and recommendations from the MOE, MOH and NGOs working in the region (ReproSalud/USAID and Doctors without Borders-Holland), as well as PRIME, who have three years of experience performing health training activities throughout Huancavelica.

Criteria for selecting the two target communities were based on specific factors that characterize the communities as typically representative of contemporary rural settings where adolescents live. The two communities share social and cultural factors of Quechua language, agropastoral livelihood, seasonal migration patterns, identity associated with daily and calendrical traditions, rituals and customs. Differences in the communities are found in the degree to which the population was affected by political violence of both the subversive group, Shining Path Guerillas, and the Peruvian Military, who dominated the central Andes from 1980 through 1993.
Differences between the two project communities are specified below.

District of Marcas

- Its capital, Marcas has a mayor; there are a number of hamlets that pertain to the district
- Occupied by the Shining Path Guerillas
- Military Base (military forces moved in to inhibit subversive activities)

Effects of political violence within the population

- Witnessed and experienced killings, torture, rape, human rights abuses
- Loss of family members, heads of family, neighbors, community leaders, health and education workers
- Children remain as orphans
- Single mothers caused by death or flight of male partners; pregnancy resulting from rape
- Return of out migrants who fled the region to escape violence

- Youth and adults serve on armed vigilante squads to secure peace (men and women)
- Post Traumatic Stress symptoms are common throughout the population

Level of Logistical Integration of the Community
- Located three hours from the Provincial capital, Acobamba
- Located eight hours from the Department capital, Huancavelica
- Situated on an isolated plane
- During the rainy season (November – April) the community is virtually inaccessible
- Seasonal migration of youth for work during school vacations

Communications, Services
- Community telephone (1)
- Public transport once a week to the Provincial capital, Acobamba
- Health Post
- Radio reception for three hours in the morning (in Quechua) from neighboring Churcampa Province
- Primary school (grades 1-6), high school (only first and second levels)

Community of Chocloccocha
- Legally of lower political status than Marcas (though holding a larger population)
- Highest authority is the President of the Community
- Not directly affected by political violence

Level of Logistical Integration of the Community
- Located twenty minutes from the Provincial capital, Acobamba
- Located five hours from the Department capital, Huancavelica
- Seasonal migration of youth for work during school vacations

Communications, Services
- Daily transport to the Provincial capital, Acobamba
- Community telephone (1)
- Health Post
- Radio reception all day from Acobamba
- Primary school (grades 1-6), high school (1-5 levels)

Study Populations

Population	District of Marcas	Community of Chocloccocha
Total Population	2,323	4,492
Primary school students	182	289
High school students	52	222

Study Sample
The project selected a Stratified Convenience Sample (SCS) based on a number of criteria. For schoolchidren age and gender were mainly used to stratify samples, while gender, education, sexual development, reproductive history, and participation in civic organizations were used to ensure a wide representation of adults participating in the workshops. It has to be said that though the PRIME team facilitators made great efforts to motivate students to participate in the exercises, they faced constraints such as the willingless of parents to allow their children's participation, and this was related to their obligations to do house or agricultural chores as well as to distances to the meetings' sites.

In Acobamba, selection of the 24 adolescent participants for the pilot test was done through varied criteria. For girls, teachers of the last year of secondary education (5th year) drew a lottery from paper slips in a box. The boys were selected from across classes (3rd - 5th year) by their teachers, based on interest and availability. Boys and girls were from different schools.

In Marcas, students were invited to participate by their teachers according to gender and age. Thus, separate groups were assembled for 12-14 and for 15-19 year-old boys and girls (see table below). Youths "not in school" were contacted through community authorities such as the *Club de Madres* (Mothers' Clubs), the mayor and council assistants, etc. In Chocloccocha, because it was the summer vacation period, all youth participants were contacted through community leaders, parents, resident teachers and the church. The team facilitators, again, made home visits to initiate and ensure continued participation of the study population.

Total number of adolescent study participants: 159 (including 24 pilot test participants)
Total number of adult study participants: 57

Pilot Test:

Provincial Capital of Acobamba

Sample groups	N°. of participants	Age	Academic Status
Women Group N° 1	12	15-19 years	High school (5th yr)
Men Group N° 2	12	15-19 years	High school (3rd -5th yr)
Total	**24**		

Project Implementation:

District of Marcas

Adolescents

Sample groups	N°. of participants	Age	Academic Status
Women			
Group N° 1	12	12-14 years	High school
Group N° 2	12	15-19 years	High school
Group N° 3	8	12-19 years *	Not in school
Men			
Group N° 1	12	12-14 years	High school
Group N° 2	12	15-19 years	High school
Group N° 3	9	12-19 years **	Not in school
Total	**65**		

* Attendance of 6 women with children
** Attendance of 2 men with children

Adults

Groups	Men	Women	Total
Teachers	5	3	
Parents	5	5	
Authorities	5	-	
Officials of Club de Madres	-	2	
Officials of Vaso de Leche	-	2	
Health workers	-	2	
Total	**15**	**14**	**29**

Community of Chocloccocha

Adolescents

Sample groups	N°. of participants	Age	Academic Status
Women			
Group N° 1	12	12-14 years	High school
Group N° 2	11	15-19 years	High school
Group N° 3	11*	12-19 years	Not in school
Men			
Group N° 1	12	12-14 years	High school
Group N° 2	12	15-19 years	High school
Group N° 3	12	12-19 years	Not in school
Total	**70**		

* Attendance of 3 women with children

Adults

Groups	Men	Women	Total
Teachers	3	2	
Parents	6	6	
Authorities	5	1	
Officials of Club de Madres	-	2	
Officials of Vaso de Leche	-	1	
Health workers	1	-	
Church Pastor	1	-	
Total	**16**	**12**	**28**

Methods

Community Participatory Investigation Approaches were considered the most appropriate methods to elicit information on rural sexuality and understandings of reproductive processes.

The group investigative approaches were preceded with informal, but stimulating forms of introduction to the gathering, employing warm-up exercises where participants and researchers become acquainted and relaxed with one another. Consciousness raising is a key outcome of such research that is achieved through emancipatory inquiry that focuses on interpersonal and group negotiation, reciprocity, empowerment and dialogue. For example, it can be helpful to initially elicit adolescents' previous experiences when topics of sexuality are brought up with adults. This kind of reflection can bring about awareness that leads to self-reliance and empowerment as they engage alternative perspectives on contexts for understanding sexuality in relation to means for attaining perceived goals.

Similarly, through reflection and analysis, youth and adults, reach new levels of understanding about how their roles are shaped and determined through daily interactions within the household and community. Such discussion can lead into the topic of adolescent sexual identity and reproductive development. Study participants are invited to critically analyze their own, their families' and communities', history and experience of coping with factors that influence sexual experiences and reproductive health. First, by learning how to think critically, teens and adults develop the capacity for participatory decision making. They come to understand the dynamic relationship between action and reflection. For example, through reflection participants discuss past experiences in terms of real and ideal behavior or circumstances. They identify what occurred, and contrast it with what they perceive to be a better, or ideal process of events.

The autodiagnosis, was modified and implemented as the key instrument for both eliciting information and increasing awareness among youth about the contexts in which they develop in the transition from children to adults. Consciousness raising activities reveal to teens that explaining their experiences to one another is a form of both teaching and learning. A person's position and perspective is crystalized and articulated through processes of feedback and negotiation of meaning in dialogue with others. In these

settings the process of inquiry is social and flexible, and the facilitator acts as a coach in team building. Youth learn to see how their participation contributes to, and shapes both the immediate exercise, and eventually, the overall project. Their participation in the research must result in empowerment that includes access to knowledge, to decisions, to networks and to resources.

In contexts of group discussions teens recount their own and others' reproductive experiences and crises while learning to identify how to determine priorities in actual cases where they are often constrained by particular circumstances. The utilization of descriptive tools such as photographs, plays and stories, encourages adolescents to analyze both hypothetical and real life situations and allows them to give voice to their perceptions of how reproductive needs are organized and pursued. As teens establish their own understandings of how they prioritize issues that impact reproductive well-being, they carry out their own interviews to better conceptualize the reproductive health problems of the overall community.

Despite the low literacy levels of the target groups of rural adolescents, agriculturally-oriented teens already possess and can learn new skills for gathering and recording data in alternative ways. Community databases are compiled with the use of symbols such as colors, signs or numbers. Community knowledge already includes quantitative abilities performed in tasks such as managing and calculating stores of harvest products and seed, daily food preparation and distribution, and exchanges in the community and marketplace. Everyday practices of weaving and knitting demand close attention to numerical precision. Limited literacy skills provides them with cognitive abilities centered on experiential learning, keen observation through the senses, and exceptional capabilities for memory.

Fundamental to the autodiagnosis activity is the cohesion and consistency created by adolescents' shared experiences as they participate in the process of consciousness raising. An essential component is the use of learner developed materials which tell the story of how adolescents in rural communities first become aware of methods and techniques for perceiving how they set reproductive priorities within their own lives. To succeed, this intervention project must become an integral aspect of the continuity of local community's social and political histories.

The PRIME Adolescent Research Team

The PRIME Adolescent Research Team was composed of six facilitators who are bilingual (Spanish and Quechua), and directed all information gathering activities. The Pilot Test of the autodiagnosis was carried out in the Provincial capital, Acobamba, over the period of one week. The project implementation in the two primary research communities was performed for the duration of one month in each community. The team resided in the project communities for this period observing and participating in daily life as part of the research strategy.

Team Selection
Potential team members were first identified and interviewed, in the Department of Huancavelica, referred by a sister reproductive health project, ReproSalud and by the Population Council organization. Four women and four men were invited to the three day training workshop in the PRIME Lima office. Of these eight, six (three women and three men) were selected for the team based on pre- and post-tests, in addition to cualitative assessments of abilities by the project coordinator, assistant and PRIME consultants contracted for the training. The six member team divided in two sub-teams based on gender for implementation of specific activities and reporting purposes. Each sub-team had a leader to delegate responsibilities and supervise team members. The women's team leader resides in Lima, and served as the key contact between the field team and central PRIME office in Lima.

Validation of Autodiagnosis Components
A preliminary trial of methods and techniques developed for the autodiagnosis sessions was performed in a poor migrant neighborhood in the southern cone of metropolitan Lima in September 1998. The PRIME Adolescent Project coordinated with the MINSA health post in the neighborhood of Tablada de Lurín. The health post has an Information, Education and Communication (IEC) and services program for teen health promoters, as well as an education and support group for adolescent pregnant women. The PRIME Adolescent team leader in Lima, with a PRIME consultant and the project coordinator and assistant, made use of these teen groups to test approaches and techniques developed for the project. The trial of the research instruments also aided the newly recruited team leader as a preliminary training experience in application of the methodology among teens. Based on the initial trial, components and organization of the methodological instrument were altered.

Team Training in Acobamba
The week long pilot test performed in Acobamba in October 1998, was arranged with the MOE through the Huancavelica Department office in coordination with the Acobamba Provincial office. Youth between the ages of 15 and 19 were selected by their high schools to participate in the autodiagnosis workshop. The trial experience in the rural provincial capital served to both train the team in the process of the methodology as well as collect valuable information about youth of this age group in a provincial town for later comparison with the rural sample.

Actual Study Periods
Right after the pilot test conducted in October, the team proceeded to conduct implementation of the *autodiagnóstico* during the whole month of November 1998 in the district of Marcas. The same methodology was applied later during all of February 1999 in the community of Chocloccocha.

Collaboration with Population Council

Population Council Peru office collaborated with the PRIME adolescent project through implementation of a pretest of adolescent Knowledge, Attitudes and Practices (KAP) in the two rural project communities, as well as two control communities. The KAP surveys were designed and implemented by one Population Council bilingual consultant, and the contracted services of a Peruvian NGO, CEDER (Centro de Estudios para el Desarrollo Regional), with 15 years of experience working with adolescent sexual education.

The director and assistant director of CEDER, in addition to the Population Council consultant, accompanied the PRIME Adolescent Team during the initial Pilot Test in Acobamba. They shared their observations, feedback and guidance to the team in this training phase. Their support and advice were invaluable for assisting the team in improving performance in project implementation, and the design of structured means to order and transcribe information gathered.

Research Instruments

Information Sheets

A one page information sheet was administered to the adolescent sample (see Appendix A.1. *Research Instruments*). The purpose of the information sheet is to collect descriptive data from the sample that include family composition, reproductive history, preferred age of first birth, and migration experience. The data was entered in the EPI-INFO computer program for analysis.

Questionnaires

Questionaires aimed to measure aspects of self-esteem and self-efficacy were designed and administered to the adolescent sample (see Appendix A.2. *Research Instruments*). Two versions of the questionaires were developed. The first version was comprised of six questions on self-esteem and six questions focused on self-efficacy. The participant was invited to rate his or her self on a scale of preset answers. For example, in the first six questions one is asked to rate themselves in comparison with peers or family members (such as, "I can do my schoolwork…" *better, the same, less than* "…my schoolmates."). In the second set of six questions one is asked to determine the frequency with which they are able to realize desired actions (*always, sometimes, never*).

The PRIME Adolescent Team implemented the first version in the test community Acobamba, and in the first rural community, Marcas. The team discovered that the questionnaires were difficult to understand and respond to among the rural youth of Marcas. Therefore, a second version of the questionaire was developed that consisted of 10 questions that can be answered either "yes" or "no." The second version was administered to male adolescents in Marcas, and the entire adolescent sample in the second rural community, Chocloccocha.

Autodiagnosis

The autodiagnosis adapted for rural adolescents is designed to be carried out in four sessions over the period of one month, implementing one session a week that lasts from three to four hours (see Appendix A.3. *Research Instruments*). The autodiagnosis developed for the adolescents project was used to create and sustain an empowering participatory investigative experience. Key words to describe the setting and methodology of the work are "context" and "process". In the Peru Autodiagnosis *time* and *space* were important considerations for its success. Time took the form of carefully planned patterns of sequential steps and progressive themes discussed with the adolescents. Extended times were alloted for each exercise and entire sessions, as well as between sessions for essential reflection and questioning of one's own as well as others', perceptions, knowledge and experiences. Also, ample "space" was created in the form of a highly conducive (and safe) atmoshpere and environment for the open expression of adolescents' perceptions and experiences. The facilitators used numerous interactive learning techniques such as role plays, ludic games, drawings and mapping, puzzle-solving exercises, etc. to ensure maximum experiential learning and continuous participation (see pictures). At the same time, adolescents were aware of the objectives of the autodiagnosis and gradually felt more responsible toward achieving the best possible results, since they would be related to their own future. The work around sessions is organized in such a way that there are moments when the young women and men participate in activities together, and other moments when they are separated. The manual for carrying out the autodiagnosis presents suggestions for when to combine and separate males and females. Based on the dynamics of particular groups of youth, the project facilitators decide how to best organize participants to ensure fulfillment of the objectives of each activity.

The major topics addressed in each session of the autodiagnosis are as follows:

Session 1: Adolescent Identity: Self-discovery

Session 2: Knowledge of the Body and Reproductive Processes

Session 3: Levels of Concern about Emotional, Social and Physical Changes

Session 4: Limits and Possibilities in Adolescent Sexual and Reproductive Development

As can be seen, the topics covered the range of knowledge, attitudes and practices around sexual and reproductive needs and health, including important processes of decision-making and action planning for changes in their home and community environments.

In terms of the long term implications of the autodiagnosis, conclusions and recommendations of the workshops (with participation from adults and community authorities) will become the bases for the design of a second phase of interventions to improve

a) understanding of adolescent needs among parents and community leaders;
b) the National Teacher Training program (especially on sexual/reproductive/family life topics);
c) adolescent access and demand for sexual/reproductive/FP information and services; and
d) the (adolescent) client-provider interaction in sexual/reproductive health at the primary level.

In-depth Interviews

Adults participated in in-depth interviews in the two project communities (see Appendix A.4. *Research Instruments*). In Marcas 29 individual interviews were administered and in Chocloccocha 28 interviews were carried out.

Participatory Group Discussions

In both communities of Marcas and Chocloccocha participatory group discussions were performed among three different groups of adults concerned with adolescent well-being. Discussions were held with one group of teachers and health workers, another group of parents, and a third group of local authorities (that included women civic leaders). The purpose of these discussions were to obtain adults' views about the same themes as explored with the adolescents. At the same time, the discussions served to sensitize the adults to the needs of adolescents.

RESULTS

A. Main Findings

- *More than 70% of the adolescent sample prefer to have their first child at age 25 or older.*

Rural youth express desires to postpone their first pregnancy and birth. The average age preferred to begin one's own family is 25 years of age (Table 1). This preference is generalized throughout the sample and not differentiated by characteristics of age nor gender.

Table 1

Preferred Age for First Pregnancy and Birth

Desireable age for 1st birth	Frequency	Percentage	Cumulative
19	1	0.8%	0.8%
20	16	12.0%	12.8%
21	1	0.8%	13.5%
22	4	3.0%	16.5%
23	7	5.3%	21.8%
24	8	6.0%	27.8%
25	40	30.1%	57.9%
26	10	7.5%	65.4%
27	5	3.8%	69.2%
28	10	7.5%	76.7%
29	7	5.3%	82.0%
30	19	14.3%	96.2%
32	2	1.5%	97.7%
35	1	0.8%	98.5%
36	1	0.8%	99.2%
45	1	0.8%	100.0%
Total	**133**	**100.0%**	

Sum = 3429.00
Mean = 25.78
Standard deviation = 3.76

It is important to take into account that, although the preferred age of first pregnancy and birth is 26 years of age, the average of actual age at first birth in our sample is 18 years of age (Table 2).

Table 2

Actual Age at First Birth

Age at first birth	Frequency	Percentage	Cumulative
15	1	11.1%	11.1%
16	1	11.1%	22.2%
18	4	44.4%	66.7%
19	1	11.1%	77.8%
20	1	11.1%	88.9%
21	1	11.1%	100.0%
Total	**9**	**100.0%**	

Sum = 163.00
Mean = 18.11
Standard deviation = 1.83

Gender discrepancies in perceptions of levels of communication about preferred moments to begin childbearing may be a contributing factor to undesired pregnancy in adolescents (Table 3).

Table 3

"I converse with my girlfriend/boyfriend about how to protect ourselves in order to have children when we really want to begin to form our own family together"
District of Marcas

Range/Sex	Men		Women		Total	
	N	%	N	%	N	%
Always-Sometimes	17	51.5	4	12.9	21	32.8
Very Little-Never	16	48.5	27	87.1	43	67.2
Total	**33**	**100.0**	**31**	**100.0**	**64**	**100.0**

Chi^2: 10.8 (1 degree of freedom); $p < 0.01$

- *Adolescent women in rural Peru have very little social, family and emotional support to guide them throughout processes of sexual and reproductive development.*

Research results reveal that while rural adolescents in general are in need of mecanisms to fortify aspects of social support systems indicated above, it is young rural women who are most in need. The weak support that young rural women identify in their lives is a viable risk factor that influences sexual and reproductive health. Table 4, below, exhibits a striking difference between rural and provincial urban girls information sources.

Table 4

When I want information about sexual relations, genital irritation, pregnancy and how to prevent it, I converse with ...

Women: 15 to 19 years of age

I converse with:	Acobamba (urban)		Marcas (rural)		Total	
	N	%	N	%	N	%
Mother/father/other family member	9	75.0	0	0.0	9	37.5
Friends/teacher/a health worker	0	0.0	2	16.7	2	8.3
No one	3	25.0	10	83.3	13	54.2
Total	12	100.0	12	100.0	24	100.0

Chi^2: 14.8 (2 degrees of freedom); $p < 0.01$

- *Rural adolescents feel they have little choice and control over the partner they end up with.*

Perceptions of the possibility of finding a partner with the desired qualities to share intimacy and family life seem to differ somewhat with regard to age and gender, although the small sample sizes preclude any confirmation. In addition, it appears as if men are not willing to concede (especially the younger adolescents of Marcas) that women should be the only ones responsible for avoiding unwanted pregnancy (Tables 5 and 6).

Table 5

Questionaire on Self-Esteem and Self-Efficacy

Group 1: 12 - 14 years old (**Male** High School Students)
District of Marcas and Community of Chocloccocha
Acobamba Province, Department of Huancavelica

Self-Esteem and Self-Efficacy	Marcas		Chocloccocha	
	Yes	%	Yes	%
1. Now in my life I feel happy and content	11	91.7	11	91.7
2. I am good looking and intelligent	12	100.0	12	100.0
3. I have various friends I can trust	9	75.0	12	100.0
4. When I want, I will find my preferred mate$^{n.s.}$	5	**41.7**	6	**50.0**
5. I know very well how to take care of my own health	10	83.3	12	100.0
6. I think it is important to know how to protect ourselves to avoid pregnancy$^{n.s.}$	6	**50.0**	10	**83.3**
7. I think only women should worry about avoiding pregnancy*	3	**25.0**	8	**66.7**
8. I have the necessary skills to get a good job	10	83.3	12	100.0
9. I will be able to earn the salary required to support my family well	9	75.0	12	100.0
10. When I finish my studies I will be a professional	12	100.0	12	100.0
TOTAL	**12**		**12**	

$^{n.s.}$: differences not significant
* : $p < 0.05$

Table 6

Questionaire on Self-Esteem and Self-Efficacy

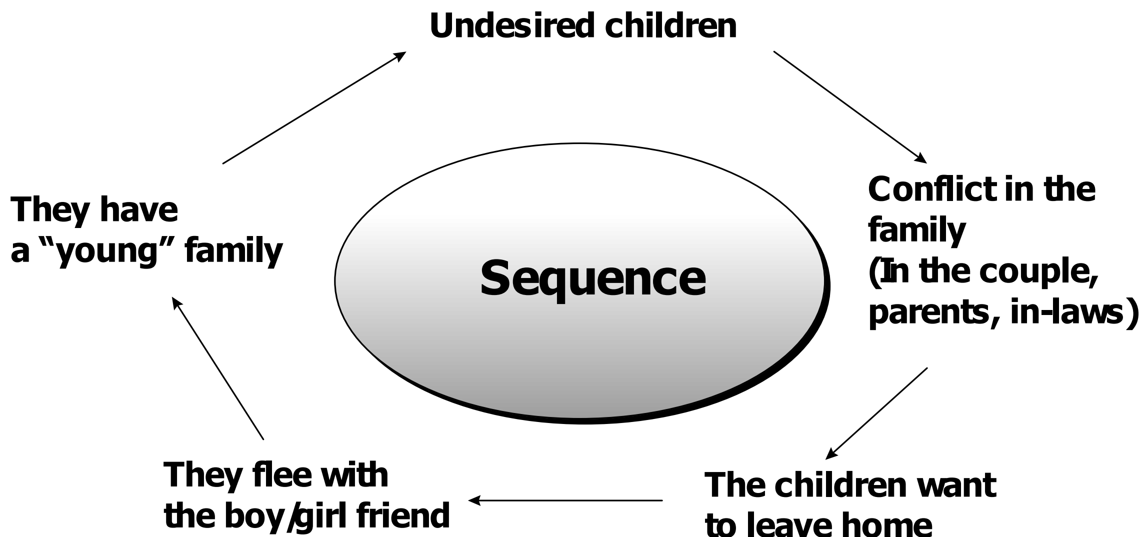
Group : 15 - 19 years old (High School Students)
Community of Chocloccocha
Acobamba Province, Department of Huancavelica

Self-Esteem and Self-Efficacy	Men		Women	
	Yes	%	Yes	%
1. Now in my life I feel happy and content	8	66.7	10	90.8
2. I am good looking and intelligent	10	83.3	5	45.5
3. I have various friends I can trust	11	91.7	8	72.7
4. When I want, I will find my preferred mate[n.s.]	10	**83.3**	7	**63.6**
5. I know very well how to take care of my own health	10	83.3	8	72.7
6. I think it is important to know how to protect ourselves to avoid pregnancy[n.s.]	12	**100.0**	11	**100.0**
7. I think only women should worry about avoiding pregnancy[n.s.]	1	**8.3**	4	**36.4**
8. I have the necessary skills to get a good job	10	83.3	9	81.8
9. I will be able to earn the salary required to support my family well	11	91.7	10	90.8
10. When I finish my studies I will be a professional	11	91.7	8	72.7
TOTAL	**12**	**100.0**	**11**	

[n.s.]: differences not significant

Throughout the various participatory investigation exercises implemented in the autodiagnosis, rural adolescents repeatedly substantiated their concerns about the limited possibility of finding an appropriate mate. Acquired and attributed characteristics of gender in Andean Quechua society clearly define appropriate activities, behaviors and contexts for interactions between males and females. Adolescent study participants point out that there are a variety of, almost unavoidable, circumstances that contribute to premature coupling or "marriage." The term "marriage" in rural Peru can refer to couples who live together but are not formally joined by church nor civil institutions (consensual unions). Young men and women who are simply seen talking together in the community or surrounding countryside are assumed to be exhibiting sexual attraction for one another. Rumors that a young couple has been seen together motivates parents to force the couple to marry. This means that the parents of the youth must recognize and accept the union, which infers mutual aid and reciprocal exchange relationships between the two families. Rural adolescents emphasize that when couples are forced to marry in this way many problems arise that are felt throughout the family. Circumstances surrounding the formation of family constituted an important "worry" manifested repeatedly during group work by adolescents of both sexes and is expressed in Diagram 1.

Diagram 1:

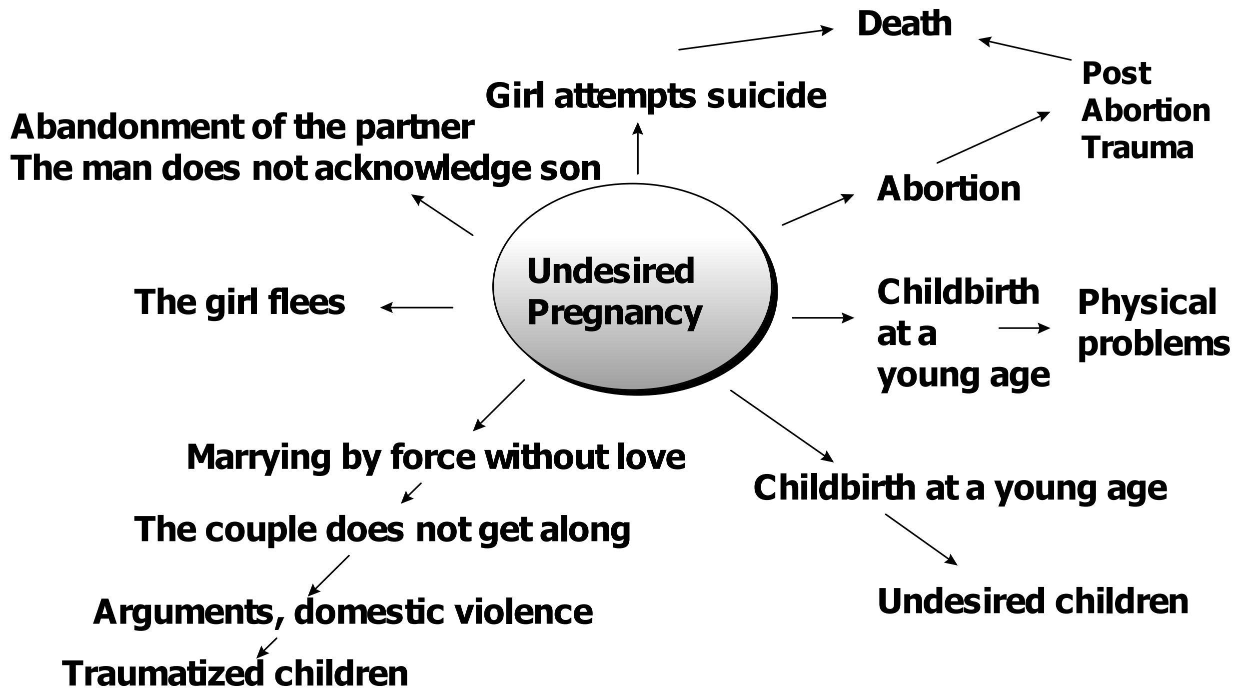


- *When faced with sexual and reproductive crises, rural youth identify grave courses of action to which they are restricted, that include: to marry against one's will, to flee family and community, abortion, and suicide.*

The forced marriage situation described above leading often to unwanted pregnancies have disastrous consequences for the woman. Again, those dreadful pathways resulting from unwanted pregnancy were reconstructed by the adolescents during intense group discussion (see Diagram 2)[1].

[1] It is worth mentioning that although infant deaths was not highlighted as a topic of "main worry" (due to the "experiential" nature of reflections) during critical discussions, it can become one of the negative consequences for this at-risk group.

Diagram 2.



➢ *Gender discrepancies are evident with respect to levels of concern, interest, knowledge, behavior and perceptions of sexuality and reproductive development.*

An important component of the Autodiagnosis was the identification and prioritization of "levels of worry" about sexuality and reproduction. Prioritization to arrive at a final list was achieved through criteria of frequency and severity (according to their own reasoning) and was processed working at individual, small and large group exercises. Prioritization exercises were progressively more intense at each phase of the workshop throughout the month-long investigative experience and became the key cognitive consciousness raising activity for the adolescents. These levels of worry were conducted and grouped by age, gender and school enrollment and are presented below. The expressions appended here were offered by participants during discussions.

Women in School: 12-14 years old

Major Worry: **Menstruation (menarchy)**

Why: "It doesn't start yet"
"It comes one month, but not the next"
"We want someone to orient us"
"Because it comes late or early"
"Because we haven't yet begun to menstruate and we don't know what to expect".

Causes for Worry: "Our mothers don't prepare us".
Consequences: "Fear (the first time we begin to bleed)"

How can we prevent the worry?
"Teachers, health workers and mothers should teach and prepare us for the experience".

Men in school: 12-14 years old

Major Concern: **To flirt with the Girls (Romantic Relationships)**

Why? "Because they're pretty"
"Because they're affectionate"
"Because you can have sex with them"
"Because now we're big guys"

Causes: "We're attracted and want to know their bodies"
Consequences: "We damage the girls reputation"
"The girls tell their mothers"
" The girls tell our parents"

How can we prevent this concern? "Don't bother the girls"
"Be calm and polite"

- *Both men and women in school between the ages of 15-19 were concerned about rape of young women.*

Women in school: 15-19 years old

Major Worry: **That I will be raped**

Why? "When we go alone to the fields the boys bother us"
"Mature men also bother us"
"Out of vengance when we don't pay them any mind"
"Because some men only want to harm us (the ones who return" "From living in the city, they're rude and misbehave)"

Causes: "We don't pay attention to them when they flirt with us"
"For going to the field at night"
"For having girlfriends who influence us in bad ways"

Consequences: "The girl ends up pregnant"
"The girl remains traumatized and disillusioned, her plans for the future are ruined"
"She is traumatized and fears men, she doesn't want to see anybody"
"She can contract an STD"
"She's poorly looked upon by the community"
"She decides to abort"
"She can't continue studying"

How can we prevent the worry?
"She can defend herself with rocks, run away, scream for help"
"Orient parents, children and the community to the problem"
"Don't go alone to the fields"
"Denounce the troublemaker to the authorities for punishment"
"Make adults listen to us young people when we express our worries"

- *Young men are also worried about rape of their women friends and relatives. There is the suggestion that fear their own behavior may result in committing rape.*

<u>Men in school: 15-19 years old</u>

Major Worry: **Sexual Violation (rape)**
Causes: "Because of drinking too much"
"By step fathers, or fathers of daughters"
"By male teachers to girl students who admire them"
"By a depraved, degenerate community member"

Consequences: "Unwanted children"
"Maternal death because the uterus is immature"
"Abortion"
"Abandonment of the baby for economic reasons"
"Malnutrition of an unplanned child"
"Rejection of the child by the mother"

How can the problem be prevented?
"Submit the mentally ill to curative treatment"
"Don't sell liquor to underaged youth"
"Parents shouldn't let their daughters go out alone"
"Girls shouldn't wear provocative clothing"

- *There is gender difference in the prioritization of principal concerns by young men and women who have left school. The majority of this section of the sample are sexually active, and some have already had a first child.*

<u>Women not in school: 12-19 years old</u>

Major Worry: **Unwanted Pregnancy in Adolescents**
Why? "Out of curiosity they have seuxal relations"

Causes: "Neither parents nor teachers orient them"
"Parents don't understand when girls begin to have boyfriends"

Consequences: "The young mother can die in childbirth"
"She can have an abortion because the couple doesn't want the child"
"She has to leave her studies"
"Girls are prepared both physically and psychologically"
"It is difficult to maintain a child"
"The male partner may abandon her once the child is born"
"Sometimes there is no understanding among young couples"

How can the problem be prevented?
"Protect yourself with FP methods"
"Parents should orient their children"
"Don't have sex during fertile days"
"Orientation with trained personnel"
"The male partner should learn how to avoid conception"

<u>Men not in school: 12-19 years old</u>

Major Worry: **Sexually Transmitted Diseases**
Why do they occur? "By having a lot of sexual relations with various women"
"By having sex with prostitutes (outside the community)"
"By not protecting yourself (a man should be faithful)"
"By not using a condom"

Causes: "Men travel constantly and are unfaithful"

"There is no understanding between the couple"
"For lack of hygiene among women (their genitals)"
"For having sexual relations when a woman is menstruating"

Consequences:
"Contract an STD"
"The woman feel vaginal burning and pain while urinating"
"Contract the disease and therefore you die"
"One can commit suicide when they know they have an STD"
"For lack of money one can't buy the medicines needed for a cure"
"Rejection by friends when one has an STD"

How can the problem be prevented?
"Use a condom when having sex"
"Maintain cleanliness"
"Only have one partner, that men be faithful"
"Orientation by trained personnel"

- *Males identify health workers and services as potential sources of information and care in a greater percentage than do females.*

Table 7

When I want to take care of my sexual and reproductive health I go to consult with someone at the Health Center or Pharmacy
District of Marcas

Range/Sex	Men		Women		Total	
	N	%	N	%	N	%
Always-Sometimes	18	54.5	6	19.4	24	37.5
Very Little-Never	15	45.5	25	80.6	40	62.5
Total	33	100.0	31	100.0	64	100.0

Chi^2: 8.45 (1 degree of freedom); $p < 0.01$

Generalized throughout the study, the priority concerns of rural youth with regard to adolescent well-being are:

- Undesired Pregnancy
- Romantic Relationships
- Family Violence
- Sexually Transmitted Diseases

A questionnaire applied to all participating adolescents yielded some common themes around knowledge, attitudes and practices. These are presented below.

Knowledge

Reproductive processes

- There is generalized local knowledge that women are fertile while they are menstruating
- Sometimes young women drink herb infusions with the intention of stopping menstruation, in the belief it is a contraceptive method
- Women know more than men about the duration of the female reproductive periods
- Men identify women as sources of information for reproductive processes

Sexually transmitted diseases

- There is very little medical knowledge about STDs
- AIDS is relatively more mentioned. This is followed by a loosely used "cancer" term, which identified chronic and fatal ailments in women
- Transmission: adolescents' understanding of how STDs are transmitted is focused on aspects of sexual moral
- Prevention: they relate prevention to contraception, vaccines and fidelity

Sources of information

Sources of information on sexuality and reproductive health are broken down by categories:

- People of influence and trust (in order of importance):
  - for women: mother, (female) teacher, (female) nurse, (girl) friend, partner
  - for men: (female) nurse, (male) teacher, brother, uncle, (male) friend, parents

- Means of communication: radio, television, films, newspapers, magazines, books
- Own experience

Attitudes

- "STDs are transmitted from women to men by "dirty women" and by prostitutes"
- "STDs are transmitted from men to women by bad guys"
- "We need to take care of ourselves to prevent falling ill with STDs"
- "We need to avoid having too many children"
- "Pregnancy is bad for minors"
- "It is worrying when youth fall in love because the boy asks to have sexual intercourse and the girl becomes pregnant"
- "We need to prevent pregnancy with contraception"
- "The girl has to make herself be respected by her boyfriend so that he will not demand to have intercourse"
- "Couples need to think is well if they want to marry so that there will be understanding. When they get married by force, without loving each other, there are always problems
- "Couples should not be jealous"
- "Alcohol consumption leads to problems of domestic violence and cases of sexual abuse"

Practices

Forms of sexual expression

Masturbation: It's common among boys, less mentioned among girls.
Heterosexuality: Starting at 12, youth fall in love and experience with kisses, caressing and sexual intercourse.
Homosexuality: In the community there is at least a male youth who sometimes acquires the female rol in his loving expressions.
Zoofilia: There have been cases of youth having sex with animals (pigs, dogs, donkeys), they do it in the field and at home.
Contexts: Sexual intercourse is done at night in the empty houses and at day in the fields; during festivities, between older men and young women.

Actions

Behavior in the face of unplanned pregnancies:

Punishment by relatives: Parents reactions when they find out that their daughter has a boyfriend and/or is pregnant: the mother hits her daughter; they force the couple to get married.

Flee: From fearing their parents' reaction, the girl flees to the jungle, sometimes alone, with her boyfriend, or with another friend.

Abandonment: The boy abandons the girl, does not recognize the pregnancy or the newborn child.

Abortion: The woman attempts to abort with herbs and manual practices at home or in the fields; seeks abortion outside the community (traveling to the city or the jungle).

Suicide: There are suicidal attempts by pregnant or abused girls.

Regional Workshop in Huancavelica: Validation of Results with Project Participants

Purpose of the Final Workshop
Based upon preliminary research findings and the overall experience of the participatory investigation process, it became apparent that an integrated conference that included participants from community, provincial, department and national levels was required. Such a meeting would maximize the dissemination of significant information and allow for dialogue and negotiation of the most effective and appropriate application of results[2].

1) OBJECTIVES OF THE WORKSHOP

Main Objective
The promotion of adolescent well-being in rural Huancavelica through the public presentation of recognized needs to appropriate government programs and non-government organizations.

Specific Objectives
- Analysis and substantiation of research findings by study participants.
- Collective prioritization of recommendations regarding education and health services for rural adolescents.
- Improvement of communication links and coordination among community members, the MOE, and the MOH.
- Recommendations for appropriate integration of information and lessons learned into the FLE training program for teachers to better reach rural youth.

2) BACKGROUND

Throughout the process of the community participatory investigation of the *autodiagnóstico* adolescents, as well as adults who influence them, share experiences, reveal attitudes that motivate behavior, and propose possible alternatives for coping with the situations and circumstances that challenge sexual and reproductive well-being in highland Peru. Creative methodological approaches (games, storytelling, sociodramas, mapping, etc.) implemented by the PRIME Adolescent Project Team (Sept. 1998-March 1999) provided means and contexts for expressing feelings and perceptions shaped during the complex period of adolescent development. It is apparent that provoking discussion, reflection and analysis of the often repressed themes of sexual identity, intimate practices and the dynamics of power relations, stimulated the need to address these problematic issues at community and institutional levels.

[2] A PATH Small Grant Support, Project Number 99-SMG.660-01043-SPS, was awarded to the PRIME Adolescent Project to carry out the event.

Strengthening community organization and participation was fundamental to the Adolescent Project. During the close of the series of autodiagnosis sessions in the district of Marcas and community of Chocloccocha, participants formed Committees to Promote Adolescent Well-being, with support from our team. The representative committees are composed of youth, community authorities, teachers, clergy, health workers and concerned parents. This basic first step, born through the guidance of the study team and the consciousness raising experiences of participatory investigation, is intended to establish an active body at the community level to identify and prioritize adolescent needs and communicate them to appropriate government programs that can respond accordingly.

3) ACTIVITIES PERFORMED

a. Preliminary Preparations for the Workshop: March 15 – April 8

In our central office in Lima, the PRIME Adolescent Project attended to the necessary details to ensure effective organization and timely performance of the workshop to be held in the department capital of Huancavelica. Tasks included: communications – telephone, fax, courier, post office, and radio announcements; collection and reproduction of appropriate informative and educational materials; design and production of workshop materials – folders, posters, certificates, book bags; purchase of materials and supplies – office items (pens, transparencies, computer disks, etc.); audiovisual supplies – batteries, film, video and cassette tapes.

March 17 – 21

A PRIME Adolescent Team member from Huancavelica traveled to the provincial capital of Acobamba, and the community of Chocloccocha to hand-deliver invitations to the PATH-sponsored workshop. He met with the MOE directors of the three project sites (Acobamba, Chocloccocha and Marcas) to coordinate participation in the event. He also met with authorities and parents from project communities to explain the activities planned for the workshop, and facilitate selection of youth and adult participants.

b. Workshop Travel and Logistics: April 9-13

On April 9th the project coordinator, project assistant and regional team leader traveled to the department capital, Huancavelica (arrival on April 10th). Upon arrival in Huancavelica a logistics meeting was held with the regional team to carry out necessary arrangements to transport project participants from their rural communities to the workshop.

A team member was elected to travel that afternoon (April 10th) to the Provincial Capital, Acobamba to receive and accompany participants from the project communities of Marcas and Chocloccocha. His responsibilities included: confirmation of youth and adult participation through coordinations with local authorities; acquisition of signed permission from parents to allow youth travel and participation in the workshop;

cooperation of district level school authorities to respond to a formal notice from the Departmental Education Head in Huancavelica to allow students' absence from classes in order to participate in the workshop; Radio and telephone communications to coordinate travel arrangements; ensure attendance and safe travel of the 40 rural representatives of the Committees to Promote Adolescent Well-Being.

c. PRIME Regional Team Coordination Meetings: April 11-12

On April 11, the project coordinator, project assistant and regional team members met to confirm workshop program and responsibilities. Materials were organized and inventoried for dissemination and use in the workshop. On April 12, the project coordinator, project assistant and the MOE Professor responsible for FLE, met with key contacts to ensure Departmental participation and support from the Ministries of Education and Health, as well as the Municipality of Huancavelica. The team facilitated collaboration with several authorities from the Ministry of Education: the Regional Dir. of Education, the Sub-director of Education, the Technical Coordinator of Education, and the Coordinator of the Sexual Education Program, all from Huancavelica. Cooperation was also secured from the Ministry of Health, namely from Dr. Juan Carlos Cusicanqui, Regional Dir. of Health, Cristina Emperatriz Paredes, Dir. Family Planning Program and Fredy Rodríguez Canales, Coordinator of the Student and Adolescent Health Program. From the Municipality of Huancavelica, a number of authorities were also involved, the Mayor of Huancavelica, the person responsible for Municipal Public Relations, the chief of the Municipal Adolescent Program, and representatives from the Municipal Television Station and from the Municipal Radio Station.

Commitments of these local authorities included: Participation in opening and closing panels of the event; MOE contribution with local transport of personnel, materials and equipment; MOH loan of audiovisual equipment (overhead and slide projector, screen, acrylic whiteboard); Municipality loan of the City Auditorium, rental of sound equipment; Municipal media stations covered the development of the entire event, in addition to individual and group interviews with participants; donation of video recordings of the workshop by Municipal Television station.

d. The Workshop

Preliminary Orientation

Upon arrival of workshop participants, the PRIME Adolescent Team held meetings with committee representatives from project rural communities to orient them to the program, planned activities, and expectations of participants' roles and responsibilities throughout the period of the workshop.

Inauguration

The project coordinator and project assistant presented PRIME Adolescent Project Research Results to an audience of more than 100 observers and participants.

Following PRIME's presentation, inauguration addresses were delivered by different authorities including the regional director for health, the mayor of the city and the resident national resident coordinator of the PRIME project.

Introductions

At the onset of the second day of the event, welcome addresses were delivered by other local authorities and introductions were made by each of the members of representative committees, the PRIME Adolescent Team, and participating members of NGOs.

Project Methodology: Analysis in Small Groups

Committees gathered in groups according to community affiliations and gender. PRIME Team members worked with the groups to review and analyze the project participatory investigation process. Particular focus was placed on the experience and meanings of activities centered around Learner Developed Materials. Following participatory analysis and discussions, each group presented and explained to the general audience, the techniques involved in the development of specific materials produced during the investigation.

Presentations consisted of the following:

- Body Mapping on T-shirts, presented by the young women of Marcas
- Maps of Routes of Recourse in the Face of Teen Crises, presented by the young men of Marcas
- Board Games of Causes and Consequences of Actions in Problematic Situations Confronted during Adolescence, presented by the young women of Chocloccocha
- Sociodramas of Sexual and Reproductive Crises, presented by the young men of Chocloccocha
- Homework Investigations carried out by youth participants, presented by both young women and young men of Acobamba

Open discussion followed the presentations that allowed for questions and comments from the audience directed toward youth presenters.

Participatory Evaluation

Participants from Marcas, Chocloccocha and Acobamba gathered in their respective committees to evaluate how the project participatory investigation was carried out in each community. To avoid biases in the expressed opinions of Project Committee Members, professionals from local NGOs assisted the PRIME workshop by facilitating the Participatory Evaluation sessions. After reaching conclusions in small groups, each committee presented their results to the entire audience.

The principal criteria measured in the evaluation of the month long investigation project in each community consisted of:

- **organizational aspects**
- **levels of participation**
- **methodology and topics**
- **validity of research results**

Within the three research communities weaknesses were identified in organizational aspects of the project; levels of participation in the various investigation activities were perceived as generally good; the strengths of the project were most clearly felt in the areas of choice of relevant topics, the implementation of effective methodology, and the validity and representativeness of study findings.

Collective Analysis of the Application of Research Results

Each committee met to analyze through participatory discussion the possible applications of research results in their respective communities. Discussions were led by members of the PRIME adolescent team. Each group reached consensus on specific recommendations for the Ministries of Education and Health, as well as suggestions aimed toward community institutions and civic responsibilities.

Youth representatives from each committee made presentations to the comprehensive audience of their collective conclusions. Based on community-centered presentations all three committees identified common concerns about Adolescent Sexual and Reproductive Health at the levels of Community, Education and Health Services.

1. The priority concern identified, that crosses all levels of intervention, is the fundamental need for **counseling** in the area of Adolescent Sexual and Reproductive Health. Committees recognize the need to train teachers in FLE that would include a counseling component, as well as provide skills to orient and sensitize parents to cope with the sexual development of their children.

2. Committees call for more cooperation among health and education workers to make the best use of acquired skills and training to reach adolescents with appropriate information and advice with regard to sexual development and the challenges faced by rural adolescents in their daily interactions.

3. Improved communication and coordination of efforts in contexts of community, health and education is called for in terms of the formation of Youth Health Promoters, trained to provide Sexual and Reproductive Information and Education, as well as oriented in skills of peer counseling focused on sensitive issues in adolescent development.

4. At the community level, committees recognize potentially important roles for authorities in promoting adolescent well-being that should include the formation of a municipal body to defend the rights of youth; authorities should also provide time and

space for the promotion of healthy activities for youth (sports, handicrafts, youth events, such as district meetings, theatre, art, competitions, etc.).

Agreements and Goals for 1999
Committees gathered separately to discuss their gains throughout their participation in the project and plans for continued coordinations. A youth representative from each community presented the committee conclusions and commitments to continue organizing for the benefit of rural youth. The Coordinator of the Student and Adolescent Health Program in the Ministry of Health, Huancavelica addressed the concerns and recommendations proposed by the committees. He shared the list of projected activities for 1999 as described in the operational plan of the MOH's Student and Adolescent Health Program for the rural province of Acobamba, Huancavelica. He emphasized that some of the needs identified by the committees are already planned by the regional MOH, such as: Parenting Courses, Sexual Education Lectures, Youth Meetings, Adolescent Health Campaigns, Training of Youth Health Promoters, and health services specifically designed for adolescents.

Media Coverage
Portions of the activities were broadcast live on local television; the project coordinator was interviewed over the Municipal Radio station in the morning and on Municipal Television in the afternoon. On the last day of the event, a roundtable interview was held on the radio with youth committee representatives (see below: Roundtable Radio Interview).

Roundtable Radio Interview
At the request of the general public, a roundtable discussion with nine of the participating rural adolescents was conducted on Municipal Radio by the local news reporter. Themes addressed included the gaps in communication between parents and children, teachers and students, and particular social problems among rural adolescents influenced by factors of alcohol use, domestic violence and sexual experimentation in early adolescence.

Adult Committee Members
Adult committee members held a meeting with PRIME Peru's project coordinator and project assistant to discuss their commitments for continued coordinations among their communities, as well as with the MOH and MOE. Each committee was given a copy of the MOH document presented in the workshop that specifies adolescent health activities planned for 1999 in the Department of Huancavelica. Committee members agreed to dedicate time, observance and participation in the proposed activities in order to supply the MOH with essential feedback on their performance.

Closing addresses
Closing addresses were given by officials from different institutions:

- From the district of Marcas: the Mayoral Representative, the Literacy Promoter and the Cuñi Mothers' Club Secretary

- From the community of Chocloccocha: the Lieutenant Governor, the Mothers' Club President and a High School Teacher

- From the Provincial Capital of Acobamba: the Educational Director

- From the Ministry of Education: the Sub-director of Education and the Coordinator of the Sexual Education Program, both from Huancavelica

- From the Ministry of Health: the Coordinator of the Student and Adolescent Health Program

- From the Municipality of Huancavelica: the Public Relations officer, Office of the Mayor

- From the US Agency for International Development: the Coordinator of the PASARE program (the coordinator body of all CAs working in RH in the country)

- The Resident Coordinator of PRIME-Perú

Adolescent Sexual and Reproductive Health Education Materials were donated by Peruvian NGOs to the schools in Marcas, Chocloccocha and Acobamba.

4) MAIN ACHIEVEMENTS OF THE WORKSHOPS

- The Workshops more than anything constituted a fundamental learning experience for the students, the communities and their leaders and the authorities of Huancavelica. The workshops provided high levels of human interaction, with numerous opportunitees to listen, reflect, share and reformulate knowledge and attitudes of participants through peer discussions. The study participants continually stressed how much they learned from the *Autodiagnóstico* experience.
- Project research results were disseminated in a participatory forum that included all relevant government, civic, and NGO institutions at community, district, and provincial levels of the Department of Huancavelica.
- Participatory Evaluation by the rural adolescent committees was implemented that rated strengths and weaknesses of the major components of PRIME's Adolescent Project.

- Collective analysis of research findings by workshop participants was carried out that produced recommendations for the MOE and MOH in terms of education and services for rural adolescents, as well as suggestions for better coordinations with rural communities.
- The workshop served to create links among participating communities, improve relationships and communication among committee representatives, and those of the MOE and the MOH.
- The Committees for the Promotion of Adolescent Well-Being, along with members of the MOE and MOH, were able to identify common goals based upon the recognition of adolescent sexual and reproductive priority needs. Therefore, they proposed measures for collaborating efforts to improve the well-being of rural adolescents in the Province of Acobamba, Department of Huancavelica.

CONCLUSIONS

The setup and implementation of the *Autodiagnóstico* process proved an extremely valuable methodology that accomplished at least four major objectives:

1. It assessed the base knowledge, attitudes and practices of adolescents of rural areas of Peru;
2. It identified the most important risk situation that they face in their everyday lives, namely
   - **unwanted pregnancy**
   - **sexual maturity and relationships**
   - **sexual violation, and**
   - **STDs;**
3. It served as a learning experience for family life, sexuality and RH/FP, through a highly participatory peer review process;
4. It elicited authorities involvement in the process, which led to important shared recommendations such as
   - the need to include **counseling** in teacher's Family Life Education curriculum
   - the need to coordinate more between the health and education workers
   - the need for the formation of the Youth Health Promoters
   - the need to create municipal bodies to defend youth's rights and creation of educational and entertainment activities at the community level

In effect (see below) Committees to Promote Adolescent Well-being in Rural Huancavelica were formed as a result of the Autodiagnosis. These committees made recommendations that can be seen in the next section.

One of the side effects of the entire exercise was the revelation of the importance of social support for the healthy integration of a transitional group such as the adolescents. It is important to consider social support as a dependent variable and not only as a likely determinant that influences well-being. Its determinants should be examined at all social levels that include: the individual, structural-class, gender, and community. Social integration of individuals, communities or sectors of a population refers to the existence or quality of social ties. Social networks refer to person-centered webs of social relations.

> *The provision of social support is one of the important functions of social relationships. Thus, social networks are linkages between people that may (or may not) provide social support...*[Heaney and Israel 1997:180]

Essential aspects of social support may be identified as:
1. Emotional support: empathy, love, trust, caring
2. Instrumental support: tangible aid, services to person in need
3. Informational support: advice, suggestions, information to address problems
4. Appraisal support: information for self-evaluation, feedback, affirmation, social comparison. (Heaney and Israel 1997:181)

Lessons Learned

In the development and implementation of the ensemble of instruments that comprise the community participatory investigation designed by the PRIME Adolescent Project it is apparent that the key factor that ensured success was the appropriate training of the field team. The initial in-field trial of the autodiagnosis in the provincial capital, Acobamba, allowed for the hands-on, experiential learning that the team facilitators needed to practice the research methods and gain confidence of their own abilities to carry them out. The experience also assured the team of the effectiveness of the participatory techniques for eliciting sensitive information from the rural adolescents. Throughout the project the team often referred back to the Acobamba trial as a kind of difficult, but necessary, rite of passage into their roles as facilitators in the process of implementation of the autodiagnosis in the subsequent project communities.

In addition to extensive meetings and offical agreements with the MOE and MOH, it is evident that when working with rural communities it is essential to arrive at official agreements with community authorities and the general populace. Although the PRIME project made initial contact with communities by way of the MOE and the MOH, from the onset meetings were required with local officials for authorization of the project that would be carried out among local youth. Introduction of the themes of sexuality and reproductive health alert parents and other concerned adults to moral issues and health risks in the community that are often not publicly addressed. Throughout the month of investigation in each of the communities, adults progressively became more openly concerned with the issues raised in the various research activities performed. The PRIME Team was able to channel this interest by aiding the formation of community-based Committees to Promote Adolescent Well-being, who met at the department level in a final event in the Department capital.

Logistics

A central challenge of the project was the difficulty in communications and transport in the remote rural region. Although each community has one public telephone, arranging particular times to discuss proposed activities with the appropriate authorities took time and much perseverance. Such arrangements require support from government entities and official documents to prove their validity.

In the case of the final workshop, we sent regional team members from the capital of Huancavelica out to the field on two occasions. First, one month before the event a team member hand-delivered official invitations, and held community meetings to explain the organization and planning of the workshop. Secondly, just prior to the event a team member was sent out to meet rural delegations as they traveled from their communities to the department capital. By their physical presence in communities, these team members were able to represent the project, assist in the selection of delegates, alleviate worries, respond to questions and doubts about the event in general, and specify the measures taken to ensure the safety of youth and adult participants.

RECOMMENDATIONS FOR INTERVENTIONS

A. The Committees to Promote Adolescent Well-being in Rural Huancavelica reached consensus and presented the following recommendations at the closing conference.

Community

- Community authorities should prioritize the well-being of youth in local efforts
- The formation of DEMUNA (municipal organizations to protect the rights of children and adolescents)
- Improve communicaton between parents and children
- Promote cultural activities (sports, handicrafts, youth events)

Ministry of Education

- Train teachers in Sexual Education
- Teachers should orient parents about sexual and reproductive health, thorugh the creation of Parents' Schools (*Escuelas de Padres*)
- Better coordinations between the MOE and the MOH to such needs as counseling

Ministry of Health

- Offer more orientation in sexual education: lectures and counseling
- Effective coordination between the community and the MOH to create adolescent health promoters

B. The PRIME Adolescent Project offers the following recommendations based on project results.

Community

- Community Organizaton: The formation of Committees to Promote Adolescent Well-being at the community level that will include representatives of the MOE and the MOH.
- Articulation: The formation of networks to promote youth by linking the committees at Provincial, Departmental and National levels.
- Youth Health Promoters: Adolescent leaders should be trained to promote well-being among youth in the region. A necessary activity should be training and practice of peer counseling focused on the topics of reproductive health and sexuality.

Ministry of Education

- Appropriate Curriculum: Develop educational content and methodology for teaching themes of sexuality and reproductive health appropriate to the youth population in rural communities.
- Train teachers in the themes and participatory methodology required to effectively reach rural youth.
- Train education workers in counseling techniques to guide youth in appropriate ways as they confront the challenges that emerge throughout adolescent development.

Ministry of Health

- Appropriate Services: Develop services based on the sexual and reproductive health needs identified by youth and adults in rural communities.
- Train health workers in the adolescent care tailored to rural youth. They should offer a comprehensive service that responds to adolescent needs of emotional support, IEC, and referrals to adecuate care.
- Training should include counseling to benefit post war regions that suffered political violence, and newly returned migrants who fled because of armed conflict.

Media

- Radio and Television: Develop programs to disseminate information about sexual and reproductive health. Experiment with creative formats of debates and discussions among youth and adults (teachers, health workers, clergy, etc.).
- Newspapers: Space should be provided to discuss and debate themes of contemporary Peruvian youth, effectively highlighting social and cultural diversity throughout the country.
- Fairs and Conferences: Fairs and conferences should be held at district, provincial, department and national levels where youth can disseminate information and share experiences about sexuality and reproductive health. Contexts should be provided where adolescent health promoters can orient their peers.
- Committees to Promote Adolescent Well-being: The committees can serve as bodies for information transmission and advocacy utilizing the forms of media identified above.

USAID

- Cooperating Agencies: Promote collaboration among AID-funded agencies that work in adolescent reproductive health (FOCUS; ALCANCE/Pathfinder International; CARE; POPULATION COUNCIL, ReproSalud/Movimiento Manuela Ramos, etc.).
- Research: Continue to explore factors that influence sexual and reproductive behavior in Peruvian adolescents. Apply findings to the development of trials to test potentially effective means to transform behavior patterns.
- Interventions: Develop interventions to reduce the social, cultural and psychological barriers that impede the use of sexual and reproductive health services.

C. Areas in Need of Further Research

- Sexual violation
- of males;
- those in unequal positions, such as between teacher and student;
- incest

- Abortion
- routes of recourse, patterns of seeking
- practices within the home and by lay or traditional practitioners

- Social networks
  - material aid
  - social and emotional support
  - communication

- Perceptions of health services by youth.

- Operatons research to continually monitor the effects of adolescent-focused IEC and services on reproductive and sexual behavior.

Immediate outcomes of the study:

The investigator commented how the entire process produced a big impression in communities around the area, through publicly addressing sexual issues that are hardly spoken of openly in this very traditional society. Subsequent activities carried out as a consequence of the assessment:

◊ FOCUS/Pathfinder is using the study to complete information on rural adolescents. They already have results from other studies in other areas and schools

◊ 8 NGOs working on a RH project (ALCANCE) in rural areas are using the study results to organize quality adolescent services (for which they have hired the same consultant -Patricia Hammer, who conducted the *Autodiagnostico*)

◊ The MOE at central level is preparing a report with implications of the study for their programming (see letter expressing interest, in Appendix C)

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APPENDICES

A. Research Instruments

1. Information Sheets
2. Questionaires
3. Interview Guides
4. Autodiagnosis Manual

B. Project Pictures

1. Photographs of various activities within the sessions
2. Group participants from the different communities

C. Letter from the Director of Integrated Preventive Programs

APPENDIX A: RESEARCH INSTRUMENTS

FICHA INFORMÁTICA
NOVIEMBRE, 1998

1. Edad: _______________

2. Sexo: _______________

3. En qué año de estudios se encuentra?: __________________

4. Cuáles son las edades de tus hermanos:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

5. Con quienés vives actualmente? :
____

6. a) Si tienes hijos: Qué edad tenías cuando nació tu primer hijo?: ___________

b) Si no tienes hijos: A qué edad quieres tener tu primer hijo? ___________

7. Si ha migrado:

a) Alguna vez fuera de Acobamnba:

A dónde fué?: ___________Cuándo? __________________ Para qué?
____

Con quiénes? _________________________ Y por cuánto tiempo?_____________________

b) Si ha migrado más de una vez fuera de Acobamba:

- A dónde fué?: __________Cuándo? ______________ Para qué?_____________________

  Con quiénes? ___________________________ Y por cuánto tiempo?
  ____

- A dónde fué?: __________Cuándo? _______________ Para qué?_____________________

  Con quiénes? ___________________________ Y por cuánto tiempo?
  ____

8. En su casa hay: a) Radio? __Si __No

b) Televisor? __Si __No

c) Teléfono? __Si __No

ENCUESTA DE AUTOESTIMA Y ASERTIVIDAD

NOMBRES Y APELLIDOS: -
____

Circule la respuesta que prefiere:

1. El nivel de seguridad que yo tengo de poder realizar mis estudios lo mejor posible es menos, igual o más que mis compañeros del colegio?

   a. Menos
   b. Igual
   c. Mas

1. En el colegio yo me siento con miedo frente a la dificultad para cumplir mis tareas menos, igual o más que mis compañeros del estudio?

   a. Menos
   b. Igual
   c. Mas

1. Yo desempeño mi trabajo de una manera competitiva (entiéndase en los términos positivos) menos, igual o más que mis compañeros del colegio?

   a. Menos
   b. Igual
   c. Mas

1. Soy una persona con capacidad de actuar en un estilo independiente menos, igual o más que mis amigos?

   a. Menos
   b. Igual
   c. Mas

1. Soy una persona voluble tanto menos, igual o más que mis familiares y amigos?

   a. Menos
   b. Igual
   c. Mas

1. Soy una persona menos, igual o más expresiva que mis familiares y amigos?

    a. Menos
    b. Igual
    c. Mas

7. Yo puedo salir de casa para pasar tiempo con mis amigos/as cuando quiero:

    a. Siempre
    b. A veces
    c. Muy poco
    d. Nunca

8. Cuando tengo preocupaciones sobre mis relaciones con mi enamorado o enamorada converso con mi madre/padre:

    a. Siempre
    b. A veces
    c. Muy poco
    d. Nunca

8. Cuando quiero cuidar mi salud reproductiva y sexual voy al Centro de Salud o a la Farmacia para consultar con alguién:

    a. Siempre
    b. A veces
    c. Muy poco
    d. Nunca

10. Con mi enamorado o enamorada yo le hablo sobre como cuidarnos para tener hijos cuando realmente queremos empezar nuestra familia juntos:

    a. Siempre
    b. A veces
    c. Muy poco
    d. Nunca

11. Yo confío en mi hermano o hermana mayor cuando tengo dudas, preguntas o preocupaciones sobre mis sentimientos amorosos y deseos sexuales:

    a. Siempre
    b. A veces
    c. Muy poco
    d. Nunca

12. Cuando quiero información sobre relaciones sexuales, molestias en mis genitales, el embarazo y como evitar el embarazo converso con:

    a. Mi madre/padre
    b. Mi hermano/a u otro familiar (tía/o, prima/o, etc.)
    c. Mis amigos
    d. Mi profesor/a
    e. Alguién en el servicio de salud
    f. Nadie

Modified Questionaire

CUESTIONARIO: AUTOESTIMA Y ASERTIVIDAD

NOMBRE ______________________________ COMUNIDAD _____________________

FECHA___________________

Circule la respuesta que prefiere:

1. Ahora en mi vida me siento feliz y contenta/o	sí	no
2. Soy una persona guapa/o e inteligente	sí	no
3. Yo tengo varios amigos de confianza	sí	no
4. Cuando quiero, encontraré mi pareja preferida/o	sí	no
5. Yo sé bien cómo cuidar mi propia salud	sí	no
6. Pienso que es importante saber cómo cuidarnos para no llegar a tener hijos	sí	no
7. Pienso que solamente las mujeres deben preocuparse por evitar el embarazo	sí	no
8. Yo tengo las habilidades necesarias para conseguir un buen trabajo	sí	no
9. Yo podré ganar el sueldo necesario para que mi familia viva bien	sí	no
10. Al terminar mis estudios seré profesional	sí	no

ESTUDIOS COMPLEMENTARIOS
Para realizar los estudios complementarios se requiere implementar las técnicas de investigación:

1. Entrevistas a profundidad (a nivel individual)
2. Discusiones participativas (a nivel grupal)

Los responsables son Leonidas Riveros y Blanca Salcedo, facilitadores principales del Equipo de Investigación de Adolescentes quiénes asignarán el trabajo de las entrevistas entre los integrantes de sus equipos.

ENTREVISTAS INDIVIDUALES
Por cada Comunidad se realizará lo siguiente: 30 entrevistas - 15 varones y 15 mujeres.

Las entrevistas serán realizadas con personas quienes tienen influencia y preocupaciones sobre la vida de los jóvenes en la comunidad:
Mujeres
Madres de familia y hermanas mayores de los jóvenes
Autoridades (de los Clubes de madres o de otras organizaciones)
Profesoras y Trabajadoras de salud
Gente de la iglesia
Varones
Padres de familia y hermanos mayores de los jóvenes
Autoridades (alcalde, gobernador, presidente de la Comunidad, etc.)
Profesores y Trabajadores de salud
Gente de la iglesia

DISCUSIONES PARTICIPATIVAS
Por cada Comunidad se realizará:
3 discusiones participativas (reuniones grupales):
2 serán realizadas durante la segunda semana del autodiagnóstico
1 será realizadas durante la última semana del autodiagnóstico
Para ordenar las discusiones participativas (reuniones grupales) se organizará los siguientes grupos:
Grupo 1) Madres y Padres de familia
Grupo 2) Autoridades
Grupo 3) Profesores y trabajadores de salud

Al final de todo el Autodiagnóstico los jóvenes y el equipo presentarán las conclusiones a la comunidad. Manejarán una discusión participativa para recoger las opiniones de todos las personas presentes. Conversarán sobre la posibilidad de formar un comité para promover el bienestar de las y los jóvenes en el Distrito de Marcas en coordinación de los Ministerios de Salud y Educación.

GUIA PARA LAS ENTREVISTAS INDIVIDUALES
Y
DISCUSIONES PARTICIPATIVAS GRUPALES

ANOTACIÓN

Esta guía sirve para estimular una conversación sobre los jóvenes en la comunidad.
La entrevista debe ser grabado y después transcrito para presentar como parte del informe de la semana. La entrevista individual debe durar por lo menos media hora (30' minutos).
La discusión participativa grupal debe durar por lo menos una hora.

COMUNIDAD: ....

ENTREVISTA INDIVIDUAL

Entrevista N°:.................................

Nombre del entrevistado: ....
Cargo que tiene actualmente: ....
Edad del entrevistado: ....
Entrevistador: ....
Fecha: ....

DISCUSION GRUPAL

DISCUSIÓN N°: ....
GRUPO: ....
PARTICIPANTES: (Nombre y Edad)

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

1. ¿Cómo son los jóvenes de hoy en día en la comunidad?
   a. ¿A qué actividades se dedican? ¿por qué?
   b. ¿Estas actividades son diferentes para lhombres y mujeres?

1. En su opinión, ¿Qué cosas o qué aspectos debemos preocuparnos sobre la vida de los jóvenes?

2. En su opinion, ¿Qué problemas de salud sufren los jóvenes ?, ¿Por qué será?

3. ¿A qué edad empiezan a enamorarse los jóvenes de la comunidad?
   a. ¿Qué problemas surgen como resultado del enamoramiento?

1. ¿ Los jóvenes con quiénes tienen más confianza para hablar sobre sus sentimientos?, ¿por qué?
   a. ¿Con quiénes más sería bueno que los jóvenes podrían tener confianza?

1. ¿Quiénes deben ser responsables para orientar los jóvenes sobre el enamoramiento?

2. ¿Quiénes deben ser responsables para orientar a los jóvenes sobre cómo cuidarse para tener hijos cuando realmente deciden que quieren empezar su familia?

3. ¿Los jóvenes en la comunidad sufren de algunos de estos problemas:
   a. Embarazo no deseado?
   b. Violación sexual?
   c. Violencia en familia?
   d. Molestias o enfermedades en sus genitales?

   De los problemas que sí existen en la comunidad:

- ¿Cúales son las causas de cada uno de estos problemas?
- ¿Cúales son las consecuencias de cada uno de estos problemas?
- ¿Hay maneras de prevenir para que no pasa tales problemas?
- ¿Cúales son las soluciones que la comunidad pueda trabajar para ayudar a los jóvenes?

1. ¿Cúales son las preocupaciones y problemas más graves de la vida de los jóvenes ahora?

2. Por favor, nos ofrece sus comentarios sobre que podemos hacer para preparar a los jóvenes para su vida como adultos responsables (padres de familia, trabajadores, etc.).

PRIME PERÚ

PROYECTO DE ADOLESCENTES

INSTRUMENTOS

PARA EL AUTODIAGNÓSTICO

DE

ADOLESCENTES

INSTRUMENTOS PARA EL AUTODIAGNÓSTICO DE ADOLESCENTES

CONTENIDO

1. *LA MUESTRA* *2*

2. *GUÍA DEL AUTODIAGNÓSTICO* *5*

3. *GUÍA PARA ELABORAR EL INFORME DEL AUTODIAGNÓSTICO 45*

INVESTIGACIÓN

EVALUACIÓN DE FACTORES SOCIO-CULTURALES QUE INFLUYEN EN LA SALUD SEXUAL Y REPRODUCTIVA DE LOS ADOLESCENTES RURALES

LA MUESTRA

La muestra representativa está determinada en base de los criterios esenciales de rangos de edad, género, educación, historia reproductiva - sexual y experiencia de violencia

ESTRUCTURA ORGANIZATIVA DEL PROCESO DEL PROYECTO

COMUNIDAD I: MARCAS
Fecha: Noviembre, 1998

Mujeres

1.	Grupo 12 - 14 años - En Colegio	12
2.	Grupo 15 - 19 años - En Colegio	12
3.	Grupo 12 - 19 años - No en Colegio (Madres jóvenes)	12

Varones

1.	Grupo 12 - 14 años En Colegio	12
2.	Grupo 15 - 19 años En Colegio	12
3.	Grupo 12 - 19 años No en Colegio (Padres jóvenes)	12

Total Adolescentes 72

COMUNIDAD II: CHOQLOCCOCHA
Fecha: Febrero de 1999

Mujeres

1.	Grupo 12 - 14 años - En Colegio	12
2.	Grupo 15 - 19 años - En Colegio	12
3.	Grupo 12 - 19 años - No en Colegio (Madres jóvenes)	12

Varones

1.	Grupo 12 - 14 años - En Colegio	12
2.	Grupo 15 - 19 años - En Colegio	12
3.	Grupo 12 - 19 años - No en Colegio (Padres jóvenes)	12

Total adolescentes 72

EL EQUIPO DE TRABAJO

El equipo de Facilitadores del Proyecto de Adolescentes consiste en 6 personas

3 mujeres : 1 Facilitador Principal
2 Facilitadores Generales

3 varones: 1 Facilitador Principal
2 Facilitadores Generales

El equipo realizará 6 autodiagnósticos en cada comunidad

GUÍA DEL AUTODIAGNÓSTICO

CONSIDERACIONES IMPORTANTES

1. El grupo de trabajo para la implementación del Autodiagnóstico son adolescentes hombres y mujeres escolarizados y no escolarizados. Proceden de los Colegio del Distrito Marcas y de la Comunidad de Choqloccocha, Provincia de Acobamba y se realizará gracias al apoyo de los Responsables del Programa de Educación Sexual de la Región Huancavelica, de la USE de Acobamba y de la dirección de los Colegios

2. El equipo de facilitadores trabajará con los grupos de adolescentes en base a las facilidades brindadas por los Coordinadores del Ministerio de Educación en la región y localidad respectiva. Se realizará el Autodiagnóstico de adolescentes con dos equipos de facilitadores: varones y mujeres. Cada equipo consta de 3 integrantes.

3. Los facilitadores asumirán funciones específicos en cada una de las sesiones que se detallarán más adelante según sea el acuerdo logrado por el equipo. Deberán registrar, observar y apoyar la participación de los adolescentes a fin de lograr los objetivos señalados. Cada grupo de Facilitadores contará con un Facilitador Principal, quiénes asumirán la coordinación con el Equipo Central del Proyecto.

4. Se informará previamente a los grupos de adolescentes sobre la grabación de la actividad a fin de evitar malestares o inhibiciones respectivas.

5. El taller del autodiagnóstico se basa en 4 sesiones que permitirá recoger la problemática de salud sexual y reproductiva del adolescente y la adolescente. El contenido de cada una de las sesiones es el siguiente:

   PRIMERA SESIÓN: se abordará sobre aspectos de identidad y conocimiento de los procesos reproductivos;

   SEGUNDA SESIÓN: se realizará un mapeo del cuerpo y se identificarán las preocupaciones;

   TERCERA SESIÓN: permitirá conocer sobre las decisiones que toman los jóvenes frente a las preocupaciones y en especial las decisiones en situaciones de riesgo de la salud sexual y reproductiva.

   CUARTA SESIÓN: se conocerá las rutas que los adolescentes siguen para solucionar sus preocupaciones señaladas en la sesión anterior.

OBJETIVOS

1. Lograr interesar a los y las adolescentes para que participen en el autodiagnóstico.

2. Iniciar una reflexión sobre la vida de los adolescentes permitiendo un autodescubrimiento como personas y en su entorno familiar y amical.

3. Lograr identificar el conocimiento del cuerpo a través del mapeo del mismo y la identificación de sus problemas.

4. Conocer sobre las decisiones que toman los y las adolescentes frente a sus preocupaciones y las decisiones en situaciones de riesgo de la salud sexual y reproductiva.

5. Identificar las rutas que siguen los y las adolescentes en la resolución de sus preocupaciones o problemas.

6. Lograr interesar a los y las jóvenes adolescentes en la creación de un juego lúdico en base a sus preocupaciones y las decisiones que toman.

Fecha: ....
Tiempo promedio: 4 horas

Facilitador:...........................

Observador:...........................

Apoyo:.................................

EMPEZANDO NUESTRA SESION (Introducción)

Hora de Inicio: ....

JUNTOS: VARONES & MUJERES JUNTOS

OBJETIVOS
Tiempo: 75 minutos (1 hora con 15 minutos)

1. Aplicación de Fichas Informáticas — Tiempo: 10 m.
2. Presentación del equipo de facilitadores y el grupo de jóvenes — Tiempo: 30 m.
3. Explicación del Taller de Autodiagnóstico para Adolescentes — Tiempo: 10 m.
4. Revisión del horario del Taller con todos los adolescentes — Tiempo: 10 m.
5. Aplicación del Cuestionario sobre Autoestima; Asertividad (autoeficacia) — Tiempo: 15 m.

El procedimiento en este paso es el siguiente:

Procedimiento:

1. **Aplicación de Fichas Informáticas**
   Tiempo: 10 minutos
   El equipo de Facilitadores entregará a los jóvenes una ficha informática que permitirá recoger información personal de cada uno de los jóvenes. Se deberá enfatizar que esta ficha se contestará en forma anónima.
   Materiales: Fichas Informáticas (considerar el número de fichas de acuerdo al número de participantes o jóvenes que asistirán al taller).

2. **Presentación del equipo de Facilitadores y el grupo de jóvenes**
   Tiempo: 30 minutos

   Todos los participantes deberán presentarse para reconocer y establecer relaciones de confianza.
   - El equipo de Facilitadores para presentarse deberá utilizar una técnica (Primero se reúnen todos en el medio del salón y deciden quién deberá presentar a quién, segundo se presentan de a dos indicando su nombre y de dónde vienen y una expectativa del trabajo, tercero deberá escribir en la tarjeta del solapin el nombre de cada uno y luego colocárselo).
   - Luego solicita a los jóvenes adolescentes que también lo hagan inmediatamente pero en base a la técnica del rompecabeza de fotos (dividir las fotos en dos y luego se entregará a los jóvenes varones y mujeres la mitad de una foto, se les pedirá que busquen a su pareja. Luego se les pedirá que compartan sobre las expectativas que tienen frente al Autodiagnóstico. Luego se les pedirá a cada pareja que se presenten ambos y digan cuál es su expectativa y finalmente deberán escribir sus nombres en los solapines y colocárselos).

   Nota: El facilitador deberá precisar que al final del Taller del Autodiagnóstico se volverán a encontrar las parejas del rompecabezas y se sugerirá que durante el desarrollo del taller puedan compartir los avances en las sesiones (ambas parejas).

   Materiales: Solapines, plumones delgado

3. Explicación del Taller de Autodiagnóstico para Adolescentes
Tiempo: 10 minutos

Es importante que los jóvenes adolescentes (varones y mujeres) entiendan la importancia del autodiagnóstico. Es necesario explicar que este taller permitirá dialogar, conversar sobre como nos sentimos, que nos pasa, cuáles son sus preocupaciones o problemas frente a su salud sexual y reproductiva y cuáles son las decisiones que toman frente a sus preocupaciones y cuál es la ruta que ellos siguen para solucionarlos. Cada uno de estos aspectos se tratará en cada una de las sesiones por lo tanto es necesario que ellos entiendan que se conversará y que esta no será una charla como tradicionalmente se conoce (no vamos a enseñar sino a aprender de ellas y ellos). Resaltar que es importante su opinión, hay que sentirse libre de decir lo que se piensa (nada de lo que digan va a ser bueno ni malo, todo es importante por que así conocemos mas) y que ello nos permitirá reconocer los problemas de los adolescentes de Acobamba (notar que ellos son los representantes de su localidad y que no responde a una evaluación ni hay nota).

4. Revisión del horario del Taller con todos los adolescentes
Tiempo: 10 minutos

El equipo de Facilitadores previamente deberá escribir en papelógrafo un cronograma especificando los días y temas a tratar en cada sesión y por revisar con los jóvenes las horas de trabajo.

Luego deberá presentar el papelógrafo con el cronograma y especificar las horas de trabajo y confirmar el compromiso de los participantes a todas las sesiones.

Nota: El Facilitador deberá estimular a todos los participantes a comprometerse y asumir responsabilidades para cumplir con las tareas que se hará en el transcurso de las sesiones.

Materiales: papelógrafo, plumones, maskintey

5. **Aplicación del Cuestionario sobre Autoestima; Asertividad (autoeficacia)**
Tiempo: 15 minutos

El Facilitador presentará la importancia del cuestionario sobre Autoestima, asertividad (autoeficacia) antes de que los jóvenes respondan el cuestionario.

Después de haber contestado al cuestionario, los grupos de jóvenes se dividen tanto varones y mujeres para trabajar en ambientes diferentes, igualmente el equipo de facilitadores.

Materiales: Cuestionarios de Autoestima y Asertividad (considerar el número de fichas de acuerdo al número de participantes o jóvenes que asistirán al taller).

DESCUBRIENDO NUESTRA IDENTIDAD

Facilitador:............................

Observador:...........................

Apoyo:.................................

Hora: ....

SE DIVIDEN LOS GRUPOS: VARONES / MUJERES

OBJETIVOS

1. Identificar las características principales de ser niño/a
2. Identificar las características principales de ser joven (adolescente)
3. Identificar las diferencias físicas, sociales y emocionales entre de ser niño y ser joven

Resumiendo los temas que se tratarán en este paso:
Tiempo: 45 minutos

1. Quiénes somos: Transformándonos de niñas/niños a jóvenes Tiempo: 30 m.
2. Cambios: Físicos, sociales y emocionales Tiempo: 15 m.

El procedimiento en este paso es el siguiente:

***Procedimiento*:**

En Plenaria

1. **Quiénes somos?. Transformándonos desde niña/o a jóvenes.**
   Tiempo: 30 minutos

   El Facilitador precisará que se conversará sobre el tema de **¿QUIENES SOMOS? -** lo que permitirá el **AUTODESCUBRIMIENTO**.

- ✓ El equipo de facilitadores previamente deberá escribir en papelográfo los títulos:

1. Cómo somos de niñas / niños?	2. Cómo somos de jóvenes?

- ✓ Estos títulos deberá pegarlos en la pared para iniciar la conversación con los jóvenes y trabajar con la técnica de lluvia de ideas. (se deberá registrar todo lo que manifiestan los y las jóvenes).

- ✓ Para iniciar la participación de los jóvenes el facilitador tomará en cuenta los temas que a continuación se precisan y tener en cuenta cada una de las preguntas que en ella se incluyen.

✓ Preguntas que se deberá tomar en cuenta:

TRANSFORMANDO DE NIÑOS / NIÑAS A JÓVENES

a) **Como niñas / como niños**
¿Cuáles fueron nuestros gustos: jugar, comer, ayudar en trabajar?
¿Cuáles fueron nuestros intereses: aprender en la escuela?
¿Cuáles fueron nuestras preocupaciones: miedos, enfermedades, extrañar familiares?
¿Cuáles fueron nuestras responsabilidades: al pastear animales, ayudar en casa ?
¿Con quiénes pasábamos mas tiempo: familia (padres, hermanos, primos, tíos, abuelos) o amigos?
¿Haciendo qué tareas en la casa, jugando, estudiando, trabajando?
¿Con quiénes preferíamos estar?, ¿por qué?
¿Con quiénes confiábamos mas?, ¿sobre qué?

b) **Como jóvenes**
¿Cuáles son nuestras gustos (fiestas, trabajo)?
¿Cuáles son nuestros intereses (estudiar, viajar)?
¿Cuáles son nuestras preocupaciones (estudios, trabajo, relaciones personales)?
¿Cuáles son nuestras responsabilidades (ayudar en casa, la chacra)?
¿Con quiénes pasamos más tiempo: familia (padres, hermanos, primos, tíos, abuelos) o amigos?
¿Haciendo qué tareas en la casa, jugando, estudiando, trabajando?
¿Con quiénes preferimos estar?, ¿por qué? ¿Con quiénes confiamos?, ¿sobre qué?

✓ Se registrará las opiniones que presentan los jóvenes (rol del registrador) y tener en cuenta las anotaciones del observador (rol del observador).

Materiales: Papelógrafo, plumones gruesos varios colores, maskintey

2. Cambios Físicos, sociales y emocionales

Tiempo: 15 minutos

Trabajo Individual

El facilitador continuará este paso con el tema de los cambios: físicos, sociales, emocionales que han o están experimentando los y las jóvenes adolescentes.

- ✓ El facilitador deberá en este momento revisar los papelógrafos y verificar si se han precisado algunos de los cambios físicos, sociales y emocionales. Luego se les invitará a los jóvenes a trabajar individualmente a través de tarjetas de colores.

  ***Nota:** *En grupos de gente no letrada, los facilitadores escribirán las opiniones ofrecidas por los y las jóvenes.*

- ✓ El facilitador debe repartir 3 tarjetas de 3 colores distintos a cada participante e invitarles a escribir en cada tarjeta sobre: (se contará con 10 minutos para el trabajo de las tarjetas)

  - ❒ Tarjeta celeste: 1 cambio en el cuerpo
  - ❒ Tarjeta anaranjada: 1 cambio en quienes prefieren pasar tiempo socialmente [con quiénes]
  - ❒ Tarjeta roja: 1 cambio en nuestros sentimientos

- ✓ Mientras los jóvenes escriben en las tarjetas el equipo de facilitadores deberán colocar los títulos en los papelógrafos que indiquen: (para facilitar el pegado de las tarjetas de acuerdo a los colores)

Cambios en el cuerpo [Tarjeta celeste]	**Cambios sobre nuestras relaciones** (con quiénes prefieren pasar mas tiempo) [Tarjeta anaranjado]	**Cambios en nuestros sentimientos** [Tarjeta roja]

<u>En plenaria</u>

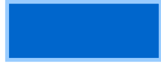
- ✓ Luego el facilitador deberá invitar a los jóvenes a acercarse a los papelógrafos para pegar sus tarjetas debajo del tema indicado (se contará con 10 minutos).

- ✓ Inmediatamente el facilitador deberá agrupar las respuestas similares y deberá invitar a que los jóvenes den más opiniones sobre estos cambios. Ciertos cambios deberíaan estar mencionados (cuerpo: el desarrollo sexual; social: fiestas; emocional: deseos de amar).

Materiales: Papelógrafos, plumones varios colores, maskintey, tarjetas de colores (celeste, anaranjado y roja)

DINAMICA DE DIVERSIÓN
Tiempo: 10 minutos

Realizar una Dinámica de diversión con los jóvenes
Nota: Técnica por precisar con equipo de Facilitadores



CONOCIMIENTO DE PROCESOS REPRODUCTIVOS

Facilitador:...........................

Observador:..........................

Apoyo:................................

Hora: ....

OBJETIVOS

Conocer que saben los participantes sobre:

1. Los cambios que ocurren en el cuerpo (de niña/o a joven)
2. La concepción
3. Cómo prevenir el embarazo
4. Enfermedades que se transmiten por la relación sexual

Resumiendo los temas que se tratarán en este paso:
Tiempo: 2 horas

1. Cambios físicos más importantes que ocurren en nuestro cuerpo — Tiempo: 30 m.
2. Concepción humana — Tiempo: 30 m.
3. Anticoncepción (Cómo prevenir el embarazo?) — Tiempo: 30 m.
4. Enfermedades trasmitidas por las relaciones sexuales — Tiempo: 30 m.

El facilitador deberá asegurar que los jóvenes indiquen en cada tema ¿cuáles o qué aspectos son mas importantes para ellos?. Es importante reconocer que saben de cada uno de los temas y de quién han aprendido. Se deberá considerar las preguntas que a continuación se mencionan no necesariamente en el mismo orden.

Nota: El Facilitador deberá considerar para el desarrollo de este paso el trabajo individual y después el trabajo grupal

El procedimiento en este paso es el siguiente:

Procedimientos

El Facilitador deberá formar 4 grupos de 3 personas (Sobre la técnica de formación de grupos el equipo de facilitadores deberá ponerse de acuerdo y programarla previamente) y deberá informar que se va a trabajar 4 temas y va hacer necesario que cada tema se trabaje primero individualmente y luego lo van a socializar sus respuestas en cada uno de los grupos.

***Nota:** *En grupos de gente no letrada, los facilitadores escribirán las opiniones ofrecidas por los y las jóvenes*.

1. **TEMA: Qué sabemos sobre los cambios que ocurren en el cuerpo?**
   Tiempo: 30 minutos

   Este tema se trabajará de la siguiente manera:

   Trabajo Individual*:*

   1. Como Jóvenes, cuáles son los cambios físicos más importantes que ocurren en nuestro cuerpo?
      Técnica: Se reparte 5 tarjetas a cada joven para escribir una respuesta en cada tarjeta (en total son 5 respuestas)

   1. Cómo hemos aprendido de estos cambios que ocurren en nuestro cuerpo (de niño/a a ser joven)? Por ejemplo: de quiénes?: Colegio, Centro de Salud, Televisión, radio, periódicos, etc.
      Técnica: Se reparte 3 tarjetas a cada persona para escribir 3 respuestas

   Trabajo grupal:

   En el grupo asignado se comparten las ideas que se han registrado en las tarjetas y se escogerá luego las 2 más importantes para cada pregunta.

   El Facilitador invita a una persona de cada grupo a pegar las 2 respuestas de cada pregunta en papelógrafo.

   Después que se ha pegado el Facilitador deberá juntar las ideas o respuestas similares. Luego se revisa las tarjetas con los participantes.

   Confirmar las agrupaciones de las respuestas.

2. **TEMA: Qué sabemos sobre la concepción?**
Tiempo: 30 minutos

Este tema se trabajará de la siguiente manera:

Trabajo individual:

1. Qué sabemos sobre el embarazo? (concepción humana – cómo embarazarse)
   Técnica: Repartir 5 tarjetas a cada persona para que escriba una respuesta en cada tarjeta: los 5 aspectos que se consideran mas importante para conocer (en total 5 respuestas)
2. Cómo hemos aprendido del embarazo? (concepción humana). Por ejemplo: De quiénes?: colegio, centro de salud, televisión, radio, periódicos, etc.
   Técnica: Repartir 3 tarjetas a cada persona para escribir 3 respuestas

Trabajo grupal*:*

En grupo se deberá compartir la ideas registradas en las tarjetas y luego se escogerá las 2 más importantes para cada una de las preguntas.
El Facilitador invitará a un representante de cada grupo a pegar las 2 respuestas de cada pregunta en papelógrafo .
Después de pegar las tarjetas se deberá juntar las tarjetas que contengan las ideas o respuestas similares.
El facilitador revisa luego las tarjetas con los participantes. Confirma las agrupaciones de las respuestas.

3. **TEMA: Qué sabemos de cómo prevenir el embarazo?**
Tiempo: 30 minutos

Este tema de desarrollará de la siguiente manera:

Trabajo individual*:*

1. Qué sabemos de cómo prevenir el embarazo?
   Técnica: Repartir 5 tarjetas a cada persona para escribir 5 respuestas
2. Cómo hemos aprendido de cómo prevenir el embarazo?
   Por ejemplo: de quiénes?: Colegio, Centro de Salud, Televisión, radio, periódicos, etc.
   Técnica: Repartir 3 tarjetas a cada persona para escribir 3 respuestas

Trabajo grupal*:*

En grupo se compartirá las ideas registradas en las tarjetas para luego escoger las 2 más importantes para cada pregunta.
El facilitador invitará a un representante de cada grupo a pegar las 2 respuestas de cada pregunta en papelógrafo. Después de pegar deberá juntar las ideas similares.
El facilitador revisará las tarjetas con los participantes. Confirma las agrupaciones de las respuestas.

4. TEMA: Qué enfermedades se transmiten por la relación sexual?
Tiempo: 30 minutos

Este tema se desarrollará de la siguiente manera:

Trabajo individual*:*

1. Qué o cuáles enfermedades trasmitidas por las relaciones sexuales conocemos? (ETS)
   Técnica: Repartir 5 tarjetas a ca persona para escribir 5 respuestas
2. Cómo podemos prevenirlos?
   Técnica: Reparte 5 tarjetas a cada persona para escribir 5 respuestas
3. Cómo hemos aprendido de cómo prevenir las enfermedades sexuales?
   Por ejemplo: De quiénes?: Colegio, Centro de Salud, televisión, radio, periódicos, etc.
   Técnica: Repartir 3 tarjetas a cada persona para escribir 3 respuestas

Trabajo grupal*:*

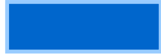
En grupo se comparten las ideas o respuestas escritas en las tarjetas para luego escoger las 2 mas importantes para cada pregunta.

El facilitador invitará a un representante de cada grupo para pegar las 2 respuestas de cada pregunta en papelógrafo. Cuando los pegan deben juntar las ideas similares.

El Facilitador revisará las tarjetas con los participantes. Confirma las agrupaciones de las respuestas.

Materiales: Tarjetas de colores, plumones delgados y gruesos, papelografos, maskintey

REFRIGERIO
Tiempo: 20 minutos



CONCLUSIONES

Facilitador:...........................

Observador:..........................

Apoyo:................................

JUNTOS: VARONES & MUJERES

OBJETIVOS:
Tiempo: 30 minutos

1. Resumen del día — Tiempo: 10 m.
2. Se asignará la tarea a los jóvenes para la siguiente sesión — Tiempo: 20 m.

RESUMIENDO LO TRATADO EN LA SESIÓN (**Resumen del Día**)
Tiempo: 10 minutos

El equipo de Facilitadores deberá hacer un resumen de los aspectos tratados en el día para reforzar o puntualizar los contenidos desarrollados y despertar mayor interés para la siguiente sesión.

TAREA
Tiempo: 20 minutos

TAREA PARA LOS JÓVENES

Deberá preguntar a alguien (hermano/a, amigos/as, otros)

¿QUÉ SABE DE LA MENSTRUACIÓN, LA CONCEPCIÓN Y EL EMBARAZO?
¿COMO APRENDIÓ?

Debe anotar en su cuaderno la opinión de la persona entrevistada.
Considerar el sexo, la edad y la relación que tienen con el entrevistado

El equipo de facilitadores deseará éxitos a los jóvenes en la tarea y dará por concluido la sesión.

Fecha: ....
Tiempo promedio: 4 horas

REPASANDO LO APRENDIDO HASTA AHORA

Facilitador:...........................

Observador:..........................

Apoyo:................................

Hora de Inicio: ....

JUNTOS: VARONES & MUJERES

OBJETIVOS:
Tiempo: 40 minutos

1. Repaso del día anterior — Tiempo: 10 m.
2. Presentación de las tareas realizadas por los participantes — Tiempo: 30 m.

Repasando la sesión anterior
Tiempo: 10 minutos

El equipo de facilitadores invitará a todos los y las jóvenes en cada grupo a participar para ver lo que recuerdan o en caso contrario que no participen iniciar con algunas preguntas. Se repasará sobre los conocimientos y Fuentes de Información (tema visto en la sesión anterior) .
Plenaria: Conocimientos y Fuentes de Información (gente influyente – contextos: familia, comunidad, colegio, centro de salud, iglesia)

Revisión de Tarea
Tiempo: 30 minutos

Inmediatamente se presentará los resultados de la tarea asignada a los jóvenes

Procedimiento:

1. El equipo de facilitadores deberá escribir en papelógrafo los temas de consulta:

N°	Menstruación	Concepción	Embarazo	Edad	Sexo	Relación
1						
2						
3						
4						
5						
6						

1. Se pedirá a los jóvenes que presenten los resultados de la tarea.

2. Se escribirá en cada papelógrafo la información recogida por los jóvenes indicando el sexo, la edad y la relación con el entrevistado.

3. Luego se procederá al análisis en conjunto (jóvenes: varones y mujeres; y facilitadores).

   Se deberá tener en cuenta lo siguiente:
   Hay coincidencias o hay algún aporte o información nueva de las que ya ha sido vista en la sesión anterior?. Preguntar Por qué?.

Materiales: Papelógrafos, plumones, maskintey

MAPEO DEL CUERPO

Facilitador:............................

Observador:...........................

Apoyo:.................................

Hora de inicio: ....

SE DIVIDEN LOS GRUPOS: VARONES / MUJERES

OBJETIVOS:

1. Identificar que saben sobre el cuerpo en general
2. Identificar que saben sobre los procesos reproductivos y sexuales
3. Identificar los términos sexuales que conocen

Resumiendo los temas que se tratarán en este paso:
Tiempo: 65 minutos (1 hora con 5 minutos)

1. Mapeo del Cuerpo (recorrido del cuerpo) — Tiempo: 20 m.
2. Descripción de los procesos reproductivos y sexuales — Tiempo: 35 m.
3. Términos sexuales locales: — Tiempo: 10 m.
   a) Partes del cuerpo (órganos reproductivos)
   b) Procesos reproductivos(cambios fisiológicos, menstruación, concepción, enfermedades)
   c) Actos sexuales (Se deja de acuerdo a la definición de los propios adolescentes)
4. Dinámica de relajación del cuerpo — Tiempo: 15 m.

El procedimiento en este paso es el siguiente:

Procedimientos:

1. **Mapeo del Cuerpo**: Vamos a realizar un recorrido por nuestro cuerpo. El desarrollo de este paso permitirá realizar el mapeo del cuerpo por los mismos jóvenes adolescentes.
   Tiempo: 20 minutos

   Se trabajará fundamentalmente en grupos, 4 grupos de 3 personas y para ello el equipo de facilitadores deberá programar la técnica mas adecuada de formación de grupos.

   Para el desarrollo de este tema se procederá de la siguiente manera:

   - ❑ Dibujar el cuerpo
     - ✓ 2 grupos dibujan el cuerpo de la mujer y 2 grupos dibujan el cuerpo del varón
     - ✓ Cada grupo dibuja los aspectos del cuerpo importante en el desarrollo físico del joven
     - ✓ Asegurar que los jóvenes incluyan en los dibujos los genitales y órganos reproductivos
     - ✓ Deben dibujar los cambios mencionados anteriormente como vellos, axilas, púbicos, senos, etc.

   - ❑ Dibujar y describir el proceso de:
     - ✓ GRUPO 1 - MUJER: La Menstruación
     - ✓ GRUPO 2 – MUJER: La Concepción
     - ✓ GRUPO 3 – VARON: De la excitación sexual y eyaculación del varón
     - ✓ GRUPO 4 – VARON: Una enfermedad que se transmite sexualmente

   Materiales: Polos blancos, plumones gruesos y delgados

1. Después que el grupo ha dibujado en los polos de acuerdo a los procedimientos descritos anteriormente se procederá a trabajar en plenaria.
   Tiempo: 35 minutos

   Se presentará los trabajos de cada uno de los grupos. Se modelará los polos y se hará la explicación respectiva.

   Materiales: Papelógrafo, plumones gruesos y delgados, maskintey

3. Términos Sexuales Locales
Tiempo: 10 minutos

En este momento se identificarán los términos sexuales que usan los jóvenes en su localidad sobre:
- ✓ Organos Sexuales (Masculino y Femenino)
- ✓ Procesos reproductivos(Menstruación, embarazo, aborto, ETS)
- ✓ Acto Sexual (Coito, actos sexuales orales, caricias, sexo anal

El equipo de Facilitadores deberá escribir en papelógrafos los títulos de: Organos sexuales, procesos reproductivos y actos sexuales (uno en cada papelógrafo)

Organos Sexuales	
Femenino	Masculino
Vagina:	Pene: ....
Utero:	Testículos: ....
	Semen:...... ....

Proceso Reproductivo
Menstruación.........…… ………………………….
Embarazo:.............…… ………………………….
Aborto...……………… ………………………….
Enfermedades de transmisión sexual:......... ……………………… …….

Acto Sexual
Coito: ....
Actos sexuales orales: ....………. ....
Caricia:......................... ....….
Sexo anal:................ ....
Masturbación...........

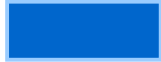
Solicitar a los jóvenes que registren indistintamente los nombres o términos que se asigna en su localidad sobre los temas definidos

El Facilitador deberá referirise a los términos anotados por los mismos jóvenes y hacer una referencia sobre los conceptos.

Si no están mencionados por los jóvenes, el Facilitador debe mencionar sobre las maneras de expresión sexual de: Masturbación
Homosexualidad
Lesbianismo
Zoofilia

Materiales: papelógrafo, plumones gruesos y delgado, maskintey

4. ***DINÁMICA***
Tiempo: 15 minutos
Técnica: Dinámica de relajamiento del Cuerpo
Se realizará la Técnica de relajamiento con los jóvenes



IDENTIFICACIÓN DE PREOCUPACIONES

Facilitador:........................

Observador:.......................

Apoyo:.............................

Hora: ....

OBJETIVOS:

1. Identificar las preocupaciones asociadas con sexualidad y situaciones en donde ocurren actos sexuales
2. Priorizar las preocupaciones

Resumiendo los temas que se tratarán en este paso:
Tiempo: 85 minutos

1. Preocupaciones que tienen los jóvenes — Tiempo: 20 m.
2. Priorización de las preocupaciones — Tiempo: 35 m.
3. Análisis de la priorización de las preocupaciones — Tiempo: 30 m.

El procedimiento en este paso es el siguiente:

Procedimiento:

<u>En Plenaria:</u>

1. **TEMA: Preocupaciones que tienen los jóvenes**
   Tiempo: 20 minutos

   - Debido a los cambios físicos, sociales y emocionales: ¿Cuáles son nuestras preocupaciones ahora en la vida de los jóvenes?
   - ¿Varones y mujeres jóvenes comparten los mismos problemas y preocupaciones?, ¿ o son distintos?

   El Facilitador debe invitar a cada uno de los jóvenes a decir una preocupación y escribirlo en el papelógrafo.

   El Facilitador debe guiar para asegurar que se mencionen problemas asociados con el enamoramiento, el embarazo no deseado, violación sexual, violencia en la familia y comunidad, alcoholismo, desigualdad entre mujeres y varones (género), etc.

   Materiales: papelógrafo, plumones gruesos y delgado, maskintey

<u>Trabajo de grupo:</u>

1. **TEMA: Priorización de las preocupaciones que tienen los jóvenes**
   Tiempo: 35 minutos

   ***Nota:** ***En grupos de gente no letrada, los facilitadores escribirán las opiniones ofrecidas por los y las jóvenes*.**

   El equipo de Facilitadores deberá formar 4 grupos de 3 personas. Deberá programar la técnica para formar grupos. El Facilitador se debe basar en las preocupaciones indicadas anteriormente para orientar a los jóvenes de que deben escribir cada idea o preocupación en una tarjeta de acuerdo al grado de preocupación:

   - Tarjeta color Rosado: Mayor preocupación
   - Tarjeta color Amarillo: Mediana preocupación
   - Tarjeta color Verde: Menor preocupación

En Plenaria:

3. **TEMA: Análisis de la priorización de las preocupaciones que tienen los jóvenes**
   Tiempo: 30 minutos

   Después del trabajo grupal el Facilitador deberá pedir a los grupos que lean las tarjetas de acuerdo a los colores y colocarlos agrupándolos en los papelógrafos respectivos (cada papelógrafo deberá tener el color de la tarjeta para pegar las preocupaciones de los jóvenes)

   Luego que se presenta la priorización de las preocupaciones el Facilitador guía la discusión para averiguar:

   - ¿Cuáles son las preocupaciones mencionadas mas frecuentes en cada nivel de preocupación: mayor, mediana y menor?
   - ¿Por qué decimos que un problema es más preocupante que otro?
   - ¿Cuáles son las causas de las preocupaciones identificadas?
   - ¿Cuáles son las consecuencias?
   - ¿Hay maneras para prevenir o evitar tales problemas?, ¿cómo?

   Materiales: papelógrafo, plumones gruesos y delgado, maskintey, tarjetas de colores (rosado, amarillo y verde)

REFRIGERIO
Tiempo: 20 minutos

CONCLUSIONES

Facilitador:........................

Observador:.......................

Apoyo:.............................

Hora:.....................

JUNTOS: VARONES & MUJERES

OBJETIVOS:
Tiempo: 20 minutos

1. Resumen del día Tiempo: 10 m.
2. Se asignará la tarea a los jóvenes para la siguiente sesión Tiempo: 20 m.

RESUMIENDO LO TRATADO EN LA SESIÓN **(Resumen del Día)**
Tiempo: 10 minutos

El equipo de Facilitadores deberá hacer un resumen de los aspectos tratados en el día para reforzar o puntualizar los contenidos tratados y despertar mayor interés para la siguiente sesión.

TAREA
Tiempo: 20 minutos

Se deberá asignar tarea a los jóvenes para la siguiente sesión.

TAREA PARA LOS JÓVENES

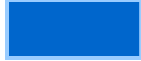
Comparte con alguien las preocupaciones priorizadas y pregúntale:

¿CUÁLES SON O ERAN SUS PREOCUPACIONES COMO JOVEN?

Indica la edad y relación de la persona (hermana, madre, etc.), lo anota en su cuaderno y presentarán las respuestas en la próxima sesión.

El equipo de facilitadores deberá desear éxitos en la tarea a los jóvenes y dará por concluido la sesión.

Fecha: ....
Tiempo promedio: 4 horas



REPASANDO LO APRENDIDO HASTA AHORA

Facilitador:........................

Observador:.......................

Apoyo:.............................

Hora de Inicio: ....

JUNTOS: VARONES & MUJERES

OBJETIVOS:
Tiempo: 40 minutos

1. Repaso del día anterior — Tiempo: 10 m.
2. Presentación de las tareas realizadas por los participantes — Tiempo: 30 m.

Repasando la sesión anterior
Tiempo: 10 minutos

El equipo de facilitadores invitará a todos los y las jóvenes en cada grupo a participar para ver lo que recuerdan o en caso contrario que no participen iniciar con algunas preguntas. Se repasará sobre las preocupaciones realizadas por los jóvenes y cuáles son sus percepciones de riesgo (tema tratado en la sesión anterior)

Revisión de Tarea
Tiempo: 30 minutos

Procedimiento:

- ✓ Se pedirá a los jóvenes que presenten los resultados de la tarea.
- ✓ Se escribirá en cada papelógrafo la información recogida por los jóvenes. Anotar las preocupaciones y el sexo, la edad y la relación con el entrevistado

N°	PREOCUPACIÓN	SEXO	EDAD	RELACIÓN
1.				
2.				
3.				
4.				
5.				
6.				

- ✓ El Facilitador deberá junto con el grupo analizar los resultados de la tarea asignada a los jóvenes. Deberá tener cuenta lo siguientes: ¿Coincide o hay aportes con información nueva?, ¿por qué?.

  Deberá registrarse en papelógrafo la información que dan los jóvenes

Materiales: papelógrafo, plumones gruesos, maskintey

ACCIONES: MAPEO DE RUTAS RECORRIDAS ACTUALES

Facilitador:................................

Observador:..............................

Hora: ....

SE DIVIDEN LOS GRUPOS: VARONES & MUJERES

OBJETIVOS:

1. Dibujar rutas recorridas de casos actuales de las preocupaciones identificadas
2. Analizar las causas, consecuencias y alternativas para cada situación presentada

Resumiendo los temas que se tratarán en este paso
Tiempo: 60 minutos

1. Elaboración de las rutas actuales frente a una preocupación — Tiempo: 30 m.
2. Presentación y análisis de las rutas recorridas. — Tiempo: 30 m.

El procedimiento en este paso es el siguiente:

Procedimiento:

Trabajo de Grupo

1. ***TEMA: Elaboración de las rutas frente a una preocupación***
   Tiempo: 30 minutos

   ✓ Se deberá formar 4 grupos de 3 personas de acuerdo a la técnica programada por el equipo de facilitadores.

   ✓ El Facilitador indicará a los jóvenes que deberán dibujar en un papelógrafo haciendo el mapeo de la ruta que sigue un joven frente a un problema (caso real). Mapear todo el transcurso de sus acciones.

Plenaria

1. **TEMA: Presentación y análisis de las rutas recorridas**
   Tiempo: 30 minutos

   ✓ El facilitador invitará a los representantes de cada grupo para presentar el caso real o preocupación elegida y hacer una explicación de la ruta seguida para solucionarlo.

   ✓ Se deberá identificar y registrar en papelógrafo las preocupaciones de los casos que presenta cada grupo.

   ✓ El Facilitador deberá junto con el grupo comparar las 4 situaciones o preocupaciones y deberán priorizar el más importante.

   ✓ Para el análisis es importante considerar la pregunta: ¿Por qué es más importante?

   ✓ El Facilitador deberá considerar: Riesgos, peligro a la salud, implicaciones para el futuro de la vida, etc.

   Materiales: Papelógrafo, plumones gruesos y delgado, maskintey

DECISIONES

Facilitador:............................

Observador:...........................

Apoyo:.................................

Hora: ....

JUNTOS: VARONES & MUJERES

OBJETIVOS:

1. Sociodramas: Crear actuaciones de los problemas identificados –deben ser situaciones comunes que ocurren con frecuencia en la comunidad
2. Analizar las causas, consecuencias y alternativas para cada situación presentada

Resumiendo los temas que se tratarán en este paso:
Tiempo: 135 minutos (2 horas con 15 minutos)

1. Dinámica Toma de Decisiones.	Tiempo: 15 m.
2. Preparación del Sociodrama considerando las decisiones frente a una preocupación	Tiempo: 20 m.
3. Presentación del Sociodrama del Sociodrama	Tiempo: 40 m.
4. Análisis de los Sociodramas	Tiempo: 40 m.

El procedimiento en este paso es el siguiente:

Procedimiento

1. **DINAMICA:** TOMA DE DECISIONES
   Tiempo: 15 minutos

   Técnica Cajitas de sorpresa

   - ✓ El equipo de Facilitadores preparará tres cajitas y deberá considerar los objetos que se incorporarán en cada una.

   - ✓ El Facilitador deberá solicitar a uno/a de los jóvenes del grupo a retirarse fuera del aula. Luego se formarán tres grupos y se enseñará el contenido de las tres cajitas a uno de los grupos y a los dos grupos restantes solo se le mostrará el contenido de una sola cajita. Se deberá instruir al grupo que deberá responder SI, NO, NO SABE ante la pregunta del o la joven que salió del aula.

   - ✓ El Facilitador luego deberá hacer ingresar al joven que salió del aula y solicitarle que intente adivinar lo que contiene las cajitas y si adivina se llevará el contenido. Se le pedirá que formule una pregunta a cada uno de los integrantes del grupo y a través de la respuesta el intentará tomar una decisión con relación a una de las tres cajas (deberá quedarse con una caja y decidir que es lo que hay dentro de ella).

   - ✓ En caso que no llegará adivinar el contenido de la cajita que decidió se le pedirá que el o ella abriera la caja y vea el contenido

   - ✓ El facilitador deberá explicar haciendo una analogía de esta técnica sobre la importancia que tiene la Toma de decisiones frente a una preocupación

   Materiales: 3 cajitas pequeñas y objetos que se incorporarán en cada una de las cajitas (el equipo de Facilitadores lo define)

Trabajo de Grupo

2. TEMA: Preparación del Sociodrama

Tiempo: 20 minutos

- ✓ Se formará dos grupos de 6 personas, de acuerdo a la técnica programada por el equipo de facilitadores.
- ✓ El Facilitador deberá presentar la tarea que desarrollará el grupo sobre el tema: Decisiones
- ✓ Indicar que cada grupo deberá planear la actuación o representación (Sociodrama) de una situación problemática priorizada (considerar las preocupaciones presentadas en la sesión anterior). Todos los integrantes del grupo deberán participar asumiendo un papel o función especifica en la representación.
- ✓ Se dará a cada grupo el tiempo necesario para que se pongan de acuerdo para presentar su Sociodrama (actuación o representación).

En Plenaria

2. TEMA: Presentación del Sociodrama

Tiempo: 40 minutos

El Facilitador invitará a los grupos a hacer la **Presentación del Sociodrama** en plenaria

Sociodrama #1

Tiempo: 10 minutos

El equipo de facilitadores deberá identificar y registrar en papelógrafo: Los problemas, preocupaciones; Gente influyente en el proceso de tomar decisiones que presenta el grupo en su Sociodrama

Sociodrama #2

Tiempo: 10 minutos

Igualmente el equipo de facilitadores deberá identificar y registrar en papelógrafo: Los problemas, preocupaciones; Gente influyente en el proceso de tomar decisiones que presenta el grupo en su Sociodrama

Appendix 4 PROYECTO PRIME Perú
Proyecto de Adolescentes

Sociodrama #3
Tiempo: 10 minutos

Igualmente el equipo de facilitadores deberá identificar y registrar en papelógrafo: Los problemas, preocupaciones; Gente influyente en el proceso de tomar decisiones que presenta el grupo en su Sociodrama

Sociodrama #4
Tiempo: 10 minutos

Igualmente el equipo de facilitadores deberá identificar y registrar en papelógrafo: Los problemas, preocupaciones; Gente influyente en el proceso de tomar decisiones que presenta el grupo en su Sociodrama

Materiales: Grabadoras, cassettes

4. **Tema: Análisis de los Sociodramas**
   Tiempo: 15 minutos

   Luego el facilitador deberá hacer el **Análisis** de las situaciones o preocupaciones representadas en el sociodrama. Deberá permitir el análisis sobre el **Proceso de la toma de decisiones** sobre las situaciones o preocupaciones representadas por los grupos para ver el proceso del evento o representación de los casos.

   Materiales: Papelógrafos, plumones gruesos, maskintey

REFRIGERIO
Tiempo: 20 minutos

CONCLUSIONES

Facilitador:............................

Observador:..........................

Apoyo:................................

Hora:.................

JUNTOS: VARONES & MUJERES

OBJETIVOS:
Tiempo: 20 minutos

1. Resumen del día — Tiempo: 10 m.
2. Se asignará la tarea a los jóvenes para la siguiente sesión — Tiempo: 20 m.

RESUMIENDO LO TRATADO EN LA SESIÓN (**Resumen del Día**)
Tiempo: 10 minutos

El equipo de Facilitadores deberá hacer un resumen de los aspectos tratados en el día para reforzar o puntualizar los contenidos tratados y despertar mayor interés para la siguiente sesión.

TAREA
Tiempo: 20 minutos
Se deberá asignar tarea a los jóvenes para la siguiente sesión.

TAREA PARA LOS JÓVENES

Comparte con alguien las opciones en la toma de decisiones y las opciones priorizadas y pregúntale:

¿QUÉ PIENSA DE ESTOS 4 PROBLEMAS ?

- **ENAMORAMIENTO**
- **EMBARAZO NO DESEADO**
- **VIOLENCIA EN LA FAMILIA Y LA COMUNIDAD**
- **VIOLACION SEXUAL**

¿Cuál es la más importante para los jóvenes de la comunidad?

El equipo de facilitadores deseará éxito en la tarea a los jóvenes y dará por concluido la sesión.

Fecha: ....
Tiempo promedio: 4 horas

REPASANDO LO APRENDIDO HASTA AHORA

Facilitador:...........................

Observador:.........................

Apoyo:...............................

Hora de Inicio: ....

JUNTOS: VARONES & MUJERES

OBJETIVOS:
Tiempo: 40 minutos

1. Repaso del día anterior — Tiempo: 10 m.
2. Presentación de las tareas realizadas por los participantes — Tiempo: 30 m.

Repasando la sesión anterior
Tiempo: 10 minutos

El equipo de facilitadores invitará a todos los y las jóvenes en plenaria para revisar la priorización de las Preocupaciones (Percepciones de Riesgos) visto en la sesión anterior

Revisión de Tarea
Tiempo: 30 minutos

Procedimiento:

- ✓ El Equipo de facilitadores deberá preparar en papelógrafo los títulos de los temas de la tarea:

N°	Enamora miento	Embarazo no deseado	Violencia en la Familia y la Comunidad	Violación sexual	Edad	Sexo	Relación
1							
2							
3							
4							
5							
6							

- ✓ El facilitador pedirá a los jóvenes que hagan una presentación de la tarea asignada en la sesión anterior y se deberá registrar o escribir en el papelógrafo (de acuerdo al modelo) la información recogida.

- ✓ Para el análisis es necesario que el facilitador tenga en cuenta la pregunta: ¿Coincide o hay algún aporte con información nueva?, ¿ por qué?

DECISIONES EN SITUACIONES DE RIESGO DE LA SALUD SEXUAL Y REPRODUCTIVA

Facilitador:...........................

Observador:.........................

Apoyo:................................

Hora: ....

SE DIVIDEN LOS GRUPOS: VARONES & MUJERES

OBJETIVOS:

1. Desarrollar juegos que trata de las preocupaciones de los jóvenes
2. Que identifican todas las alternativas posibles en las situaciones de problemas

Resumiendo los temas que se tratarán en este paso
Tiempo: 70 minutos (1 hora con 10 minutos)

1. Elaboración del Juego considerando los factores que intervienen en la Toma de decisiones y el nivel de riesgo (¿Cómo se mide el grado de peligro?) Tiempo: 70 m.

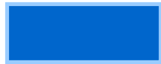
Procedimiento:

1. **TEMA: Elaboración del juego lúdico en base a una preocupación priorizada**
   Tiempo: 70 minutos

   <u>Trabajo de Grupo</u>

   ✓ Se deberá formar 2 grupos de 6 personas de acuerdo a la técnica programada por el equipo de facilitadores
   ✓ El Facilitador indicará a los grupos de jóvenes que deberán crear un juego lúdico basado en una situación de la vida de los jóvenes. Considerar 2 casos reales tratados en las sesiones anteriores
   Nota: Esta técnica tiene un parecido con las rutas seguidas frente a una situación o problema

   Materiales: Papelógrafo, plumones delgado y gruesos, dados, cachitos o vasos



PRESENTACIONES DE LOS JUEGOS

Facilitador:..........................

Observador:..........................

Apoyo:................................

Tiempo: ....

JUNTOS: VARONES & MUJERES

OBJETIVOS

1. Presentación y análisis de los temas de cada juego
2. Llegar a acuerdos sobre las cosas mas preocupantes para los jóvenes en la comunidad.

Resumiendo los temas que se tratarán en este paso
Tiempo: 70 minutos

1. Presentación y evaluación de los juegos lúdicos Tiempo: 30 m.
2. Priorización final de las Preocipaciones Tiempo: 40 m.

El procedimiento en este paso es el siguiente:

En Plenaria

1. **TEMA: Presentación y análisis de los juegos**
   Tiempo: 30 minutos

   ✓ El facilitador invitará a los representantes de cada grupo varones y mujeres para presentar su juego lúdico y hacer la explicación respectiva.

   Análisis
   ✓ El facilitador revisa cada juego para guiar los jóvenes a identificar lo siguiente:
   ¿ Cuál es la meta final del juego ?
   ¿ Es una meta que ellos realmente quieren lograr ?
   ¿ Qué obstáculos surgen en el camino hacia la meta ?
   En cada momento que enfrenta un problema en el juego,
   ¿ Cuáles son las causas del problema?
   ¿ Hay varias consecuencias que pueden occurrir ? ¿Cuáles son ?
   ¿ Hay opciones de que hacer frente la situación ?
   Los situaciones y posibilidades de que hacer,
   ¿ Refleja la realidad de la vida los jóvenes?
   ¿ Habría otras posibilidades de qué podría occurrir como consecuencia del problema?
   ¿ Habría otras alternativas de qué podría hacer frente el problema?

   Materiales: Papelógrafo, plumones gruesos y delgados, maskintey

2. TEMA: Priorización final de las preocupaciones

Tiempo: 40 minutos

Trabajo individual

Identificar las preocupaciones de los jóvenes sobre sexualidad y salud reproductiva

- El Facilitador deberá entregar a cada persona 3 tarjetas (rosada, amarilla, verde)
- Orientar a los jóvenes que deberán indicar las 3 preocupaciones mas importantes en orden de gravedad (en base a todas las preocupaciones presentadas durante el taller)
- Luego se deberá invitar a los jóvenes a colocar sus 3 preocupaciones en el papelógrafo que corresponde: Mayor / Mediana / Menor Preocupación

Plenaria

Presentar sus priorizaciones mas sobresaliente o identificados ya durante el Taller. Después se desarrollará la discusión analítica

Discusión analítica

El facilitador deberá hacer la pregunta: ¿Cuáles salen más preocupante?
Y analizar el problema sobre lo siguiente:

Causas: ¿ Por qué ocurre ?
¿ Quiénes están involucrados ?
¿ A quiénes mas ocurre?, por qué ?
¿ A nosotros podría ocurrir ?

Efectos: ¿ Qué pasa si ocurre ?
¿ Cómo afecta la vida del joven ?
¿ Cómo afecta la vida de otras ?

Alternativas: ¿ Es posible evitar el problema ?
¿ Qué puede hacer para reducir la posibilidad que el problema ocurre ?

Materiales: Papelógrafo, plumones gruesos, maskintey

CONCLUSIONES

Facilitador:...........................

Observador:..........................

Apoyo:................................

Hora: ....

OBJETIVOS:
Tiempo: 50 minutos

1. Resumen del Taller — Tiempo: 10 m.
2. Conclusiones sobre las cosas mas preocupantes para los jóvenes de la comunidad — Tiempo: 40 m.

Evaluación participativa del taller

Procedimiento:
<u>En plenaría</u>

- ✓ El facilitador procederá hacer la evaluación del taller de Autodiagnóstico con los jóvenes varones y mujeres, para ello es necesario plantear la pregunta:
  - ❑ ¿Qué hemos aprendido de los jóvenes en la comunidad con respecto a la sexualidad y salud reproductiva ?
  - ❑ ¿Cuáles son las preocupaciones?
  - ❑ ¿Quiénes son la gente influyente – en conseguir información: en tomar decisiones?
  - ❑ ¿Cuáles son nuestras acciones frente a nuestros problemas de salud sexual y reproductiva?
- ✓ Es necesario también que se haga la siguiente pregunta:
  - ❑ Ahora: ¿ Qué queremos hacer con lo que hemos aprendido?
- ✓ El Facilitador deberá precisar al grupo de jóvenes que es necesario que en este momento se vuelvan a encontrar las parejas que se formaron el primer día de la presentación. Es necesario que vean si sus expectativas se cumplió o no. Se dará 5 minutos para este intercambio de ideas
- ✓ Luego se les pedirá a las parejas que hagan una presentación del intercambio de expectativas si se cumplieron o no. Cada una de las parejas deberá hacer la presentación hasta concluir con todos los y las jóvenes.

NOTA:
Al concluir con el Autodiagnóstico es necesario puntualizar el agradecimiento a todos los jóvenes que han participado de esta actividad, resaltar el aporte valioso por los conocimientos aprendidos de todos los participantes.

CLAUSURA (FIN DEL AUTODIAGNÓSTICO)

GUÍA PARA ELABORAR EL INFOME DEL AUTODIAGNÓSTICO

Paso 1 ENTREGAR a) Fichas
b) Cuestionarios

Responsable:

Paso 2 PASAR DE PAPELOGRAFO AL INFORME:

Responsable:

a) Características de ser NIÑO
b) Características de ser JOVEN
c c) Los CAMBIOS de crecer de niño a joven
d Indicar qué o cuáles aspectos fueron indicados en las tarjetas
Otros comentarios de los jóvenes
Observaciones

Paso 3 PASAR DE TARJETAS AL INFORME:

Responsable:

a) Cambios físicos
- Los más importantes son, ¿cuáles?
- ¿ Cómo hemos aprendido sobre esto?

b) Concepción humana (embarazarse)
- ¿ Qué es lo más importante?
- ¿ Cómo hemos aprendido sobre esto?

c) Prevenir el embarazo
- ¿ Qué sabemos sobre esto?
- ¿ Cómo hemos aprendido sobre esto?

d) Enfermedades sexuales o de los genitales
- ¿ Cómo nos contagia?
- ¿ Cómo podríamos prevenirlas?
- ¿ Cómo hemos aprendido sobre esto?

Otros comentarios de los jóvenes
Observaciones

Paso 4 a) ¿ Qué más recuerdan del día?
b) ¿ Qué actividad o tema han gustado más?
Otros comentarios de los jóvenes
Observaciones

Responsable:

Paso 1 ***ENTREGAR:***

Responsable:

a) ¿Qué más recuerdan de la sesión anterior?
b) El cuadro de los resultados de la tarea
Otros comentarios de los jóvenes
Observaciones

Paso 2 ***ENTREGAR:***

Responsable:

a) Mapas del cuerpo en polos: Describir todo lo que se observa en el polo
b) Explicaciones de procesos de
- ❐ La menstruación
- ❐ La concepción
- ❐ De la excitación sexual y eyaculación del varón
- ❐ Una enfermedad que se transmite sexualmente

c) Términos sexuales que ellos saben
Otros comentarios de los jóvenes:
Observaciones

Paso 3 PASAR DE PAPELOGRAFO AL INFORME

Responsable:

a) Lluvia de ideas sobre preocupaciones de jóvenes problemas asociados con:
- ❐ El enamoramiento
- ❐ El embarazo no deseado
- ❐ Violación sexual
- ❐ Violencia en la familia y comunidad
- ❐ Alcoholismo
- ❐ Desigualdad entre mujeres y varones

b) Priorización de las preocupaciones indicadas en tarjetas
Otros comentarios de los jóvenes:
Observaciones

Paso 4 a) ¿ Qué más recuerdan del día?
b) ¿ Qué actividad o tema han gustado más?
Otros comentarios de los jóvenes:
Observaciones

Responsable:

Paso 1 **ENTREGAR:** **Responsable:**

a) ¿ Qué más recuerdan de la sesión anterior?
b) El cuadro de los resultados de la tarea
Otros comentarios de los jóvenes
Observaciones

Paso 2 ENTREGAR: **Responsable:**

a) Mapas de rutas recorridas frente un problema
b) Presentaciones de los grupos sobre los problemas
c) Análisis de los problemas más grave
Otros comentarios de los jóvenes
Observaciones

Paso 3 ENTREGAR: **Responsable:**

a) Transcipción de las grabaciones de las sociodramas
b) Identificación de las preocupaciones y problemas que aparecen
c) La gente influyente en cada sociodrama
d) Análisis del proceso de la toma de decisiones representado en los sociodramas
Otros comentarios de los jóvenes
Observaciones

Paso 4 **Responsable:**

a) ¿ Qué más recuerdan del día?
b) ¿ Qué actividad o tema han gustado más?
Otros comentarios de los jóvenes:
Observaciones

Paso 1 ENTREGAR:

Responsable:

a) ¿ Qué más recuerdan de la sesi

b) El cuadro de los resultados de la tarea

Otros comentarios de los jóvenes
Observaciones

Paso 2 a) ¿ Qué o cuáles son los problemas que enfocan para el desarrollo de los juegos?

Responsable:

Otros comentarios de los jóvenes
Observaciones

Paso 3 a) Presentación de los juegos - transcripción

Responsable:

Otros comentarios de los jóvenes
Observaciones

Paso 4 a) ¿ Qué más recuerdan del día?

Responsable:

b) ¿ Qué más recuerdan de todo el taller?

c) ¿ Qué actividad o tema han gustado más?

c) Ahora, como han identificado y priorizado las preocupaciones de los jóvenes de la comunidad, ¿qué quieren hacer para disminuir los problemas?

Otros comentarios de los jóvenes
Observaciones

APPENDIX B: PROJECT PICTURES

(In hard copy version only)

APPENDIX C: Letter from Director of Integrated Preventive Programs, the Peruvian Ministry of Education

(In hardcopy version only)