

Adolescent Leader Training in Sexual and Reproductive Health

Annual Report

1. Executive Summary

The purpose of the project is to strengthen the leadership skills of the CARA Youth Teams for the outreach and promotion of sexual and reproductive health services for the adolescent population in rural communities through training offered in coordination with IMSS Oportunidades.

This report covers the period of January to December 2004 in which 1 Sensitization Workshop for Managers from Oaxaca, 16 training workshops - 8 for health personnel and 8 for adolescents in San Luis Potosí, Oaxaca and Michoacán - were implemented. Through them 185 health personnel members and 143 adolescents were trained. The most notable results are related on one hand to the strengthening of the relations between Thais s.c. and IMSS Oportunidades and on the other to the changes produced by the training process.

In relation to the first aspect stands out:

- The strengthening of the coordination with the central ranks of IMMS Oportunidades, as well as their commitment to the project enabled the satisfactory solution of the operative challenges of the training phase.
- The establishment of direct relations with health personnel and adolescents from the regions where the training workshops were held and who will continue participating in the project.

The most relevant results from the training workshops are:

- The significant changes in the attitude of health personnel towards adolescents and working with them.
- The significant changes in knowledge of health personnel regarding empowerment, leadership and life abilities.
- The significant changes in the attitude of the adolescent participants with respect to their age and the work they can accomplish with their partners.
- Adolescents' motivation to commit themselves to leadership roles in their communities and to use knowledge and tools acquired at the training workshops.

In the next phase of the project a training manual will be developed and service training visits¹ will be conducted in order to consolidate the achievements of the workshops carried out in 2004.

2. Original General Objective

To increase the demand for services and information on sexual and reproductive health in highly marginalized areas through training in the subjects of sexual and reproductive rights to the leaders of the CARA Youth Teams.

3. Specific Objectives

It is important to indicate that in addition to reviewing the originally established project objectives, it was necessary and useful to outline and define some of them more precisely to delineate the results to be attained in the different stages of the project implementation.

Objectives included in proposal	Outlined objectives
<p>1. To strengthen the leadership abilities of the CARA Youth Teams in order to promote self-care of sexual and reproductive health among adolescents of highly marginalized rural areas.</p>	<p>1.1. Increase the knowledge of IMSS Oportunidades health personnel in the following areas:</p> <ul style="list-style-type: none"> ○ Empowerment ○ Leadership ○ Life abilities ○ Sexual and Reproductive Health <p>1.2. Improve IMSS Oportunidades health personnel's attitudes towards adolescents, working with them and promoting youth leadership.</p> <p>1.3. Increase adolescents' knowledge in the following areas:</p> <ul style="list-style-type: none"> ○ Empowerment ○ Leadership ○ Life abilities ○ Sexual and Reproductive Health <p>1.4. Increase adolescents' skills in using tools and strategies for promoting sexual and reproductive health.</p>
<p>2. Increase the participation of rural adolescent populations in promotion and outreach activities regarding sexual and reproductive health services.</p>	<p>2.1. Increase the participation of adolescent leaders in CARA promotion activities.</p> <p>2.2. Improve CARA promotion activities.</p> <p>2.3. Increase the completion of the activities designated to each CARA.</p> <p>2.4. Increase demand for the following sexual and reproductive health services offered by IMSS Oportunidades:</p> <ul style="list-style-type: none"> - Family planning - Pregnancy and birth care

¹ The service training visits allow us to observe how personnel have incorporated their knowledge, skills and attitude changes in their work with adolescents, as well as work with the difficulties that health personnel and adolescents have experienced in implementing what they learned in the workshops.

4. Context

The naming of Dr. Ledesma as the Director of the Department of Reproductive Health and Training, who in the previous year had served as Director of the Office of Reproductive Health, has been a very positive contribution for the implementation and follow-up of work agreements. Dr. Ledesma supports the project's objective and has the institutional mediums in order to accomplish the project's proposed tasks and to solve operative problems that presented themselves during this year.

It is important to point out that beginning in January 2004 IMSS Oportunidades workers acquired the rights and responsibilities detailed in the work contract of regular IMSS workers, a positive change that created improved and dependable labor conditions.

As part of this process, in May 2004 a new administrative system, called *Premilenium*, was established in order to have better control over budget spending. This system established an annual budget calculation, divided into 12 months, to determine monthly expenditures distributed among predefined specific items.

This system offers great advantages from the point of view of administrative control. However, it also creates complications in that any spending not included in the budgeted expenditures or specified items cannot be implemented.

In the daily operations in the regions there are often unplanned, and thus not previously budgeted, tasks whose costs fall on the assigned person at hand (materials costs, traveling expenses, etc.). These expenditures are reimbursed by IMSS after approximately three months, following a series of bureaucratic procedures and several authorization signatures. For this reason, the personnel prefer not to implement any extra activities. This is

added to the fact that some workers, once assured of their permanent positions, have lost their willingness to participate in activities not specifically outlined in their work contract.

This situation has negative repercussions, especially in the UMR where the daily dynamic necessitates that all health personnel have the willingness to help resolve complex health problems that present themselves in the communities.

This new administrative system, as stated by several medical supervisors, can create difficulties in repeating training of community leaders and adolescents. As a result we need to be extremely aware of this aspect in the next phase of the project.

5. Specific Objectives Report

For an adequate understanding of the obtained results in the training phase of the project, it is important to recount briefly the design and adaptation of the workshops for health personnel and adolescent leaders. The original training design² consisted of a 24-hour life-experience workshop carried out over three days for institutional personnel. This was followed by another life-experience workshop, of the same length, for adolescent leaders. The latter workshop was of demonstrative character for six health personnel, preferably medical assistants and supervisors, given that they are responsible for assisting in UMR activities. In this way, we sought a guaranty of repetition of the project.

The basic premises of the workshop for health personnel were as follows:

² Developed with the collaboration of Eugenia López Uribe, who, in addition to being an expert on sexual and reproductive health subjects, knows very well the CARA approach and the activities of IMSS Oportunidades.

- The health personnel had received continuous training and had an extensive variety of guides and manuals related to the subject matter.
- The health personnel knew the project, understood its objectives and its connection with the reactivation strategy of CARA.
- The health personnel displayed motivation and had institutional support for the improvement of their work with adolescents.

From this perspective, the training sought to focus its intervention by offering tools to strengthen the ability of health teams to facilitate youth leadership processes through a strategy of empowerment pertaining to sexual and reproductive health.

On the other hand, the basic premises of the demonstrative workshops for the adolescents were as follows:

- The adolescents invited to the training were youth group leaders, members of youth teams or at least leaders detected by their participation in CARA.
- They had a basic knowledge of sexual and reproductive subjects.
- They displayed motivation to work with other adolescents in their communities.
- They required specific training in order to participate in work with other adolescents.

However, these premises on which the original design was based were questioned in the pilot workshop in San Luis Potosi, where it was verified that the health personnel did not have information on the project, nor about its connection with the reactivation strategy of CARA. The health personnel also lacked important information related to sexual health. Furthermore, they used traditional pedagogical patterns and a hierarchical relationship

with youth, and displayed a mistrusting attitude regarding the knowledge and potential of adolescents.

At the same time, the premises for the adolescents did not hold in that the majority of the adolescents invited to participate were not members of youth groups. Furthermore several had never even participated in CARA activities.

Because of this, it was necessary to make some changes to the program in order for the health personnel to modify their paradigms concerning adolescents and from that point strengthen and/or develop their abilities to facilitate empowerment and participatory leadership processes. In the case of the adolescents, the program was refocused to offer them tools to discover their leadership potential and to motivate them to implement group work in their communities. However, the didactic techniques and proposals of the original design will be an important input in the training manual to be developed this year.

For the demonstrative workshop to be even more useful for the health personnel, several techniques were included that had been reviewed with basic guidelines in order to implement the use of un-authoritative discipline.

The new program for the health personnel was divided into three levels:

- 1) The first has the objective of demystifying the concept of adolescence. This point is elemental in sustaining the proposal for participatory leadership in adolescents. Furthermore, it makes accessible the idea of empowerment as a vital action process for youth to care for their health, in particular their sexual and reproductive health.

- 2) The second level is based on the World Health Organization (WHO) *Life Abilities* model, which proposes the development of fundamental abilities

for healthy behavior. This also makes reality the emergence of a transformative leadership based on empowerment, in this case with adolescents.

3) The third level of the workshop, on one hand seeks to observe and reflect on the manner in which health personnel work with adolescents in their communities. On the other hand it seeks to strengthen teamwork in which adolescents are fundamental players.

The new proposal for work with adolescents follows two different psychodynamic courses of action. The first focuses on the development of abilities to strengthen leadership and develop empowerment. The second course of action concentrates on the shaping of a "team spirit" in pairs, in which the adolescents organize and develop creative elements. It also involves observing the ability of the participants to organize among themselves.

For the workshop's first course of action the three-level structure, like that of the health personnel workshop, was proposed.

1) The first level focuses on demystifying the idea that an adolescent is an unintelligent rebel who doesn't know what he or she wants. The Pan American Health Organization (PAHO) considers this an important element in developing participatory leadership.

2) The second level is oriented towards the development of important abilities for empowerment and efficient leadership, such as self-awareness, identification and management of emotions, critical and creative thought and assertive communication.

3) The third level is oriented, on one hand, towards observing the manner in which the youth leaders relate to other adolescents in educational

activities. On the other hand it also promotes teamwork, since it is difficult to develop transformative leaders if the adolescents do not work together as a team.

In addition to the program changes detailed above, it was determined that in the case of Oaxaca, given its size, complexity and relevance in the project, it was important to conduct a *Sensitization Workshop for Managers*. The objective of this workshop was, in first place, to provide basic information on the project, its objectives and operative implications. Additionally, it was to help the participants learn through life experiences the participative strategies of the workshops. This would give them sufficient knowledge and awareness to guarantee adequate participation, share planning responsibility and follow up on the logistics of each regional event. Through an extremely positive training experience in Oaxaca, this object was successfully met.

The *sensitization workshop* lasted 16 hours over two days and included the participation of 33 health personnel employees. Among the participants were one central level employee, the head of the Medical Supervision Delegation, one training supervisor for the delegation, 20 medical supervisors, 4 nursing supervisors, a head of nursing, 2 hospital directors, a substitute employee and 2 teaching coordinators.

Throughout the different regions, 8 training workshops were held for health personnel and 8 demonstrative workshops for adolescents. Of these, 2 were held in Michoacan, 4 in San Luis Potosi and 10 in Oaxaca during the months of August to December 2004. (See attached training calendar.) Both types of workshops lasted a total of 24 hours, 8 hours a day.

The dates, locations, calling of the participants and logistical support for the training events were the responsibility of IMSS. Additionally, IMSS took responsibility for transportation and payment of the rooms when necessary.

Thais took responsibility for conducting the workshops, coordinating services for the adolescents (outside workshop hours), paying for housing and meals for all the participants and facilitators, and paying for facilitators' transportation.

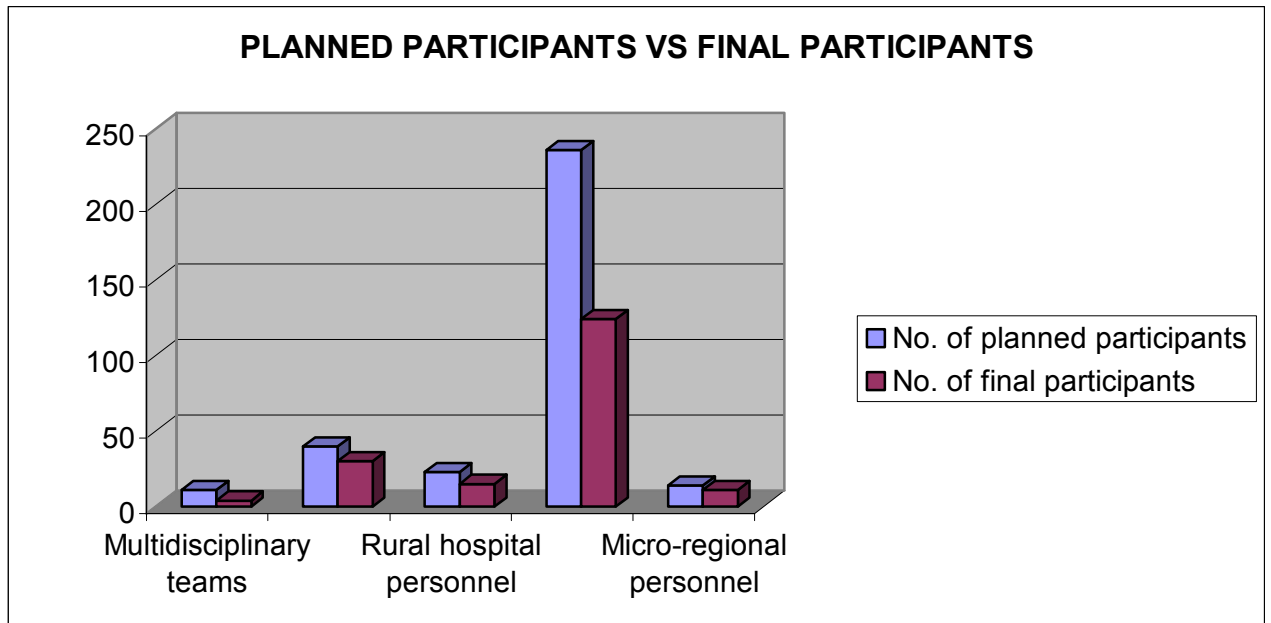
The original approved project proposal had declared as a goal to train 153 health personnel. However, upon implementation of the initial planning, this number was increased to 204, spread over different operating levels, as can be observed in Table 1.

Table 1. Number of health personnel participants

Levels	Planned	Implemented
Coordination, Multidisciplinary Teams	26	14
Heads of Nursing, Teaching Coordinators, Zonal Teams, Micro-regional nurses	158	68
Social workers, UMR ³ doctors	20	107
TOTAL	204	189

It is interesting to note the large difference between the number of proposed central level employees to be trained and those who ultimately participated. Originally, there was a clear intention to work with managers because of their permanence in the program and based on this assumption, guarantying the continuity of the project's activities. However, upon implementation, it can be seen that the majority of the people who were trained are from operative levels, from nurses and doctors to assistants from Rural Medical Units.

³ In the project, originally only social workers were considered in the level of UMR, omitting doctors who correspond to the same level, and those who did not establish a goal.



Even when central level employees were instructed to attend the training, their work assignments and supervising responsibilities prevented them from being able to attend.

Faced with this reality, the decision was made to increase the number of nurses and assistants, as well as non-resident doctors (being those who have direct contact with adolescents and who stay the longest working in IMSS). In this way the necessity to assure continuity for the project's activities would be covered.

In the workshops for health personnel there were a total of 185 participants. Of these, 180 answered a questionnaire at the beginning of the workshop, and 184 at the end. (See Attachment 2.) Of the participants, 67 were men, 111 women and the rest did not specify. With regards to work locations, 7 work at the regional level, 20 in hospitals, 16 in a micro-region, 41 in zonal areas, 91 in a locality and the rest did not specify.

In the workshops for adolescents there were a total of 143 participants,

demonstrating great ethnic diversity. The state displaying the most diversity was Oaxaca, where 6 different ethnic groups participated: the Amuzgos, Mazatecos, Zapotecos, Mixtecos, Chinantecos and Mixes. In San Luis Potosí 2 ethnic groups participated: the Huastecos and Nahuas. Finally, in Michoacan the ethnic group of the Purépechas was represented.

In the project planning a goal of training 96 adolescents was established. This goal was met and surpassed, as can be observed with the following table:

Table 2. Number of adolescent participants

	Planned	Implemented
No. of adolescents trained in the demonstrative workshops	90	143

Of these adolescents, 143 answered a questionnaire at the beginning of the workshop and 140 at the end. (See Attachment 3.) Of the participants, 51 were boys, 91 were girls and one did not specify. The average age was 15 years, 8 months old.

In conclusion, 17 workshops were conducted and 328 people were trained (adolescents and health personnel), indicating that our established goals of conducting 11 workshops and training 153 health personnel employees were met and surpassed.

It is fitting to point out that the results of the questionnaires were processed separately. The results obtained in the workshops in San Luis Potosí, were processed before modifications were made to the program and its evaluation tools and then the results from Oaxaca and Michoacan were

processed.

The evaluation tools have two components: the first recovers information about knowledge and the second about attitudes. The latter was not modified after the workshops in San Luis Potosí and because of this the corresponding analysis was not conducted separately.

The evaluation tool, for both the health personnel and the adolescents is divided into 4 areas: I) Adolescence, leadership and empowerment, II) Life abilities, III) Sexuality and rights and IV) Basic information. The health personnel questionnaire is made up of 31 responses, while that for the adolescents is made up of 28. However, some of the questions are of multiple character and divided into further questions.

The analysis of the results was carried out, grouping together the answers for the different sections into 3 scales for knowledge and 1 for attitude.

1) A scale for knowledge of empowerment (questions 7 and 8 of the health personnel questionnaire, and 6 and 7 of the adolescents' questionnaire).

2) A scale for knowledge of leadership (questions 2, 3, 4 and 19 of the health personnel questionnaire, and 2, 3, 13, and 17 for the adolescents' questionnaire).

3) A scale for knowledge of life abilities (questions 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 and 20 of the health personnel questionnaire, and 8, 9, 10, 11, 12, 14, 15, 16 and 18 for the adolescents' questionnaire).

4) A scale for attitude towards adolescence (questions 1.1, 1.2, 1.3, 1.4 and 1.5 for both the health personnel and adolescents' questionnaires). In the case of the health personnel, questions were also included on youth leadership to evaluate this scale (questions 5.1, 5.2, 5.3, 5.4, 5.5 and 5.6).

The results were processed with the computer program SPSS (Statistical Package for the Social Sciences) applying the T-Student test for independent samples. With this procedure we attempted to show two things: 1) any variation from the mean of correct answers given before and after the workshop and 2) if there exists an acceptable level of significance in these changes.⁴

5.1. Analysis of Results by Objective

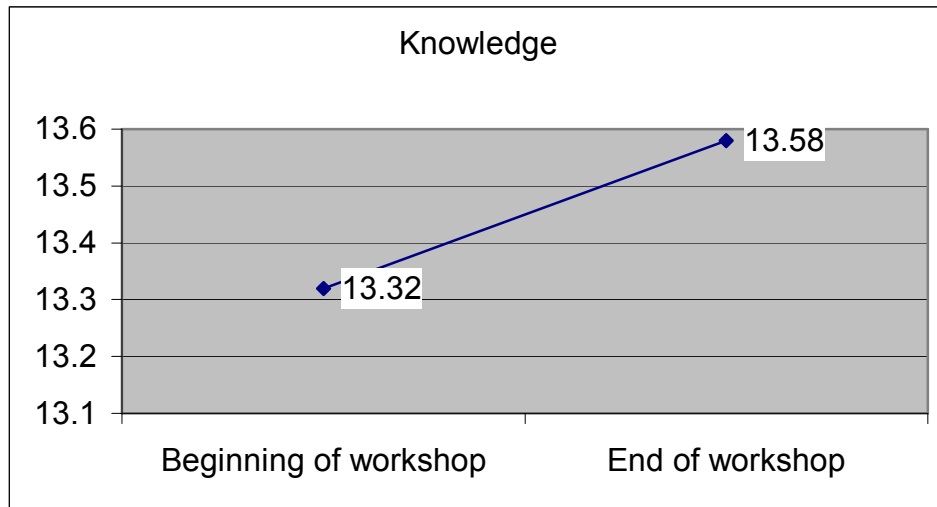
This year the central task of the project was the implementation of the training workshops. For this reason the stated objectives are related to the strengthening of leadership skills in youth teams, specifically those teams who demonstrate the knowledge, abilities and attitudes dealt with in the training workshops.

Objective 1.1. Increase the knowledge of IMSS Oportunidades health personnel regarding empowerment, leadership, life abilities and sexual and reproductive health.

After the workshops given in San Luis Potosi, there was a general change of little significance in the responses that measure knowledge. The pre-workshop results of the three knowledge scales for the health personnel of this state reached an average of 13.32, which corresponds to 70% of the people displaying correct answers. After the workshop the average was 13.58, 71.5% of the participants displaying correct answers. After applying the significance test, a value of .18 indicates that there were no statistically significant changes in the knowledge of the participants before and after the workshops. (Graph 1.)

⁴ The level of significance refers to the probability of rejecting the null hypothesis when in fact it is true. In this case, it would mean accepting that there is change in a variable when in fact there is not. In the social sciences this level of significance is less than or equal to .05.

Graph 1. Knowledge

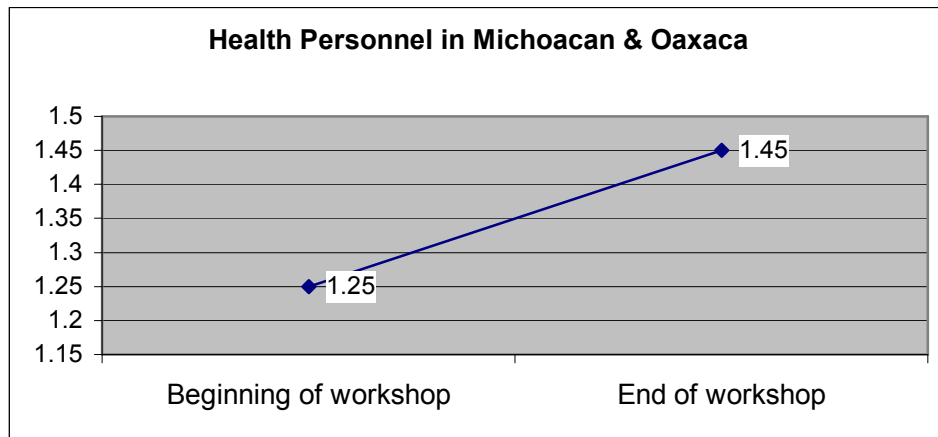


This first evaluation tool only took into account the knowledge scales of empowerment and leadership, and omitted the life abilities scale, since the original program did not emphasize this aspect. Because empowerment and leadership represent two areas of previous knowledge for the health personnel, the established goal for increasing knowledge loses relevance.

However, this workshop proved useful in that it provided the context to make modifications to the training program according to the specific needs of the participants, altering the perspective of the assumptions used in the planning and design of the educational strategy.

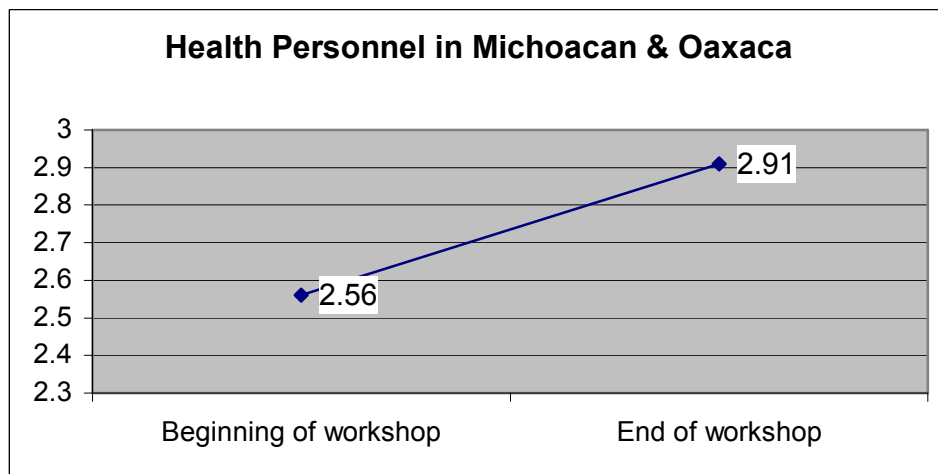
In the workshops in Michoacan and Oaxaca, the results for the knowledge scale of empowerment demonstrate an increase. At the beginning of the workshop the average for correct responses was 1.25, corresponding to 62.57% of the participants. At the end of the workshop the average reached 1.45, representing 72.63% of the participants. This represents a level of significance of .003. (Graph 2.)

Graph 2. Knowledge scale of empowerment



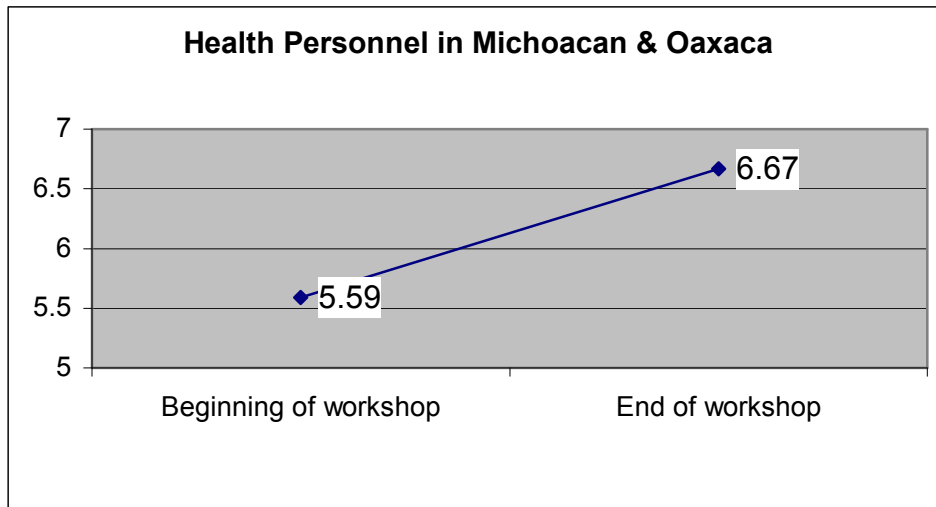
With regards to the knowledge scale of leadership, the results show a general increase from the pre-workshop average of 2.56 (64.10%) to the post-workshop average of 2.91 (72.77%). This represents a level of significance of .00. (Graph 3.)

Graph 3. Knowledge scale of leadership



On the other hand, the knowledge scale of life abilities shows a significant increase (.00) from the pre-workshop average of 5.59 (50.8%) to the post-workshop average of 6.7 (60.66%). (Graph 4.)

Graph 4. Knowledge scale of life abilities



In the evaluation criteria, a goal of 70% of the participants displaying adequate knowledge of empowerment, leadership and life abilities was proposed. As can be observed, the results surpassed the established goal in the cases of empowerment (72.63%) and leadership (72.77%). However, the goal was not attained in the case of life abilities (60.66%), despite the fact that it is the area where the most significant change from pre to post-workshop responses was registered. This is most likely due to the fact that health personnel had previous knowledge of the concepts of empowerment and leadership, which are presented in CARA manuals. They did not have previous knowledge of life abilities, a subject that was introduced for the first time in the workshop.

Knowledge of teaching strategies and sexuality subjects was appreciated through the teams' presentations. The following subjects were approached in the workshops:

1. HIV-AIDS
2. Emergency Birth Control
3. Relationships
4. Sexual and Reproductive Rights of Adolescents

5. Teen pregnancy

During the first day of the workshop, teams were formed and subjects were divided up. Each team was given 20 minutes to present a subject. Following this, there was time for the observers to give feedback for each team's work. The comments focused on three areas: a) Content, b) Didactic techniques and c) Implementation. From the group comments the following observations were made:

Content

- There are important information gaps regarding the subject areas. In many cases it is basic information. For example, on the subject of HIV-AIDS there was little clarity regarding the difference between safe sex and protected sex, as well as concerning the ways the virus is and is not transmitted. There was also confusion regarding Emergency Birth Control pills, how they work and their effects. There is a great lack of knowledge regarding sexual and reproductive rights of adolescents. Relationships are dealt with each person's particular beliefs, leaving to one side the participants' experiences and the socio-cultural context. Furthermore, there was a tendency to communicate imprecise or, in some cases, incorrect information when faced with lack of knowledge.

Didactic Techniques

- For the most part, the presentations utilized techniques that did not agree with the objectives of the subject matter. They did not promote skills development in adolescents. Rather they simply were used as tension-release activities.
- One common technique was the socio-drama. However, it did not produce reflection or dialogue concerning the presented material and did not address whether the message received was the one they wanted to give or if the participants had anything to add.

Implementation

- There was a lack of awareness on the part of the group leaders regarding their own beliefs and prejudices, which led to opinions, the fostering of prejudices and gender stereotypes.
- The teams worked mostly by exposing the material, without reviewing the participants' experiences. This in itself speaks of a traditionalist educational paradigm and all its pedagogical implications.

In addition to the evaluation of knowledge, a daily tool was implemented, as part of the process indicators, that measured the satisfaction level of the participants with regards to four aspects: 1) the usefulness of the concepts for the work they conduct with adolescents, 2) the usefulness of the workshop dynamic for understanding the concepts, 3) the usefulness of the facilitators' work for understanding the concepts and management of the group dynamic and 4) assessment of individual participation. This last aspect will be reviewed in the analysis of the following objective.

This tool utilized a scale of 1 to 4 and the results were processed through a simple average, every day, in every workshop, and finally through an average for each aspect of the workshops.

The first evaluated aspect, the usefulness of the concepts, on average had an increasing tendency throughout the course of the workshops: 3.6 - 3.7 - 3.8, demonstrating positive evaluations in all the workshops and never less than 3.4 (which on a scale of 1 to 10, corresponds with an 8.5).

With regards to the usefulness of the workshop dynamic for understanding the concepts, the averages of the workshops showed increasing rates over the three days: 2.97 - 3.1 - 3.38. In comparison with the previous aspect, this one displayed a greater range, from 2.9 to 3.9 (equivalent to a 9.75 on a scale of 1 to 10.)

With regards to the facilitators' work, the general average demonstrates

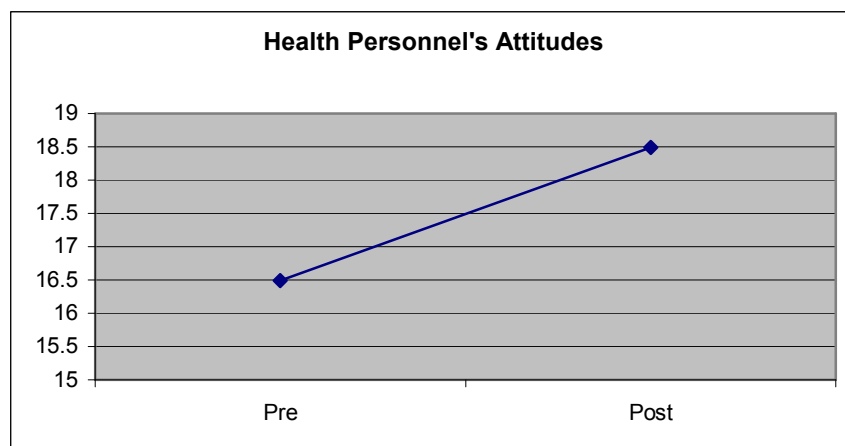
that according to the participants' perceptions this was always useful for understanding of the concepts and management of the group dynamic. This was the best evaluated aspect of all the workshops, demonstrating a rating of 4 in five of the workshops. The lowest rating given to this aspect was 3.7 (a 9.25 on a scale of 1 to 10). From these results, it is clear that the participants were satisfied with the work of the facilitators throughout the course of the workshops.

These three aspects confirm that from the health personnel's perspective, the training content was relevant and useful for their work with adolescents and the dynamic and implementation of the sessions was useful for understanding the concepts.

Objective 1.2. Improve the IMSS Oportunidades health personnel's attitudes towards adolescents, their work with adolescents and the promotion of youth leadership.

The results before and after the test demonstrate a significant statistical change in attitude of .00 from the averages obtained with the T-Student statistical test, as can be observed in the following graph:

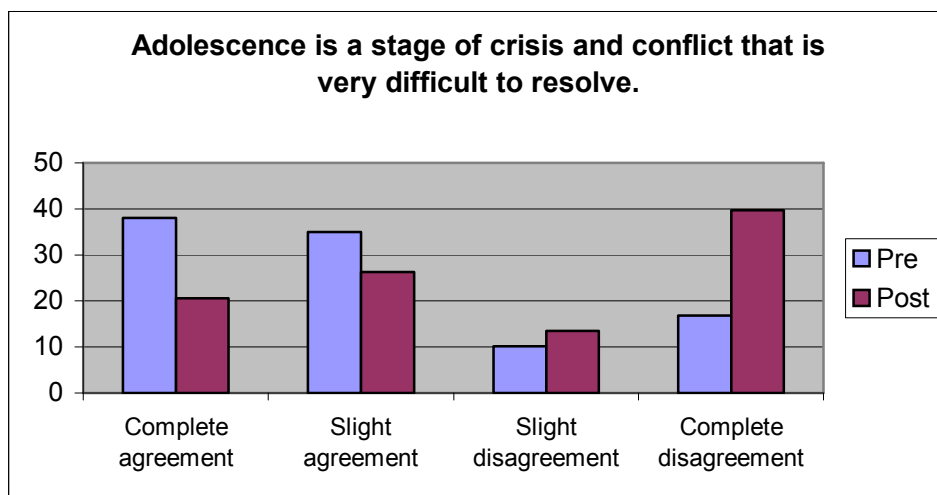
Graph 5. Series 1



At the beginning of the workshop the average in attitude was 19.66. In other words, 65.52% answered according to the project's desired attitude. At the end of the workshop the average registered at 22.34, corresponding to 74.45% having provided the correct answers.

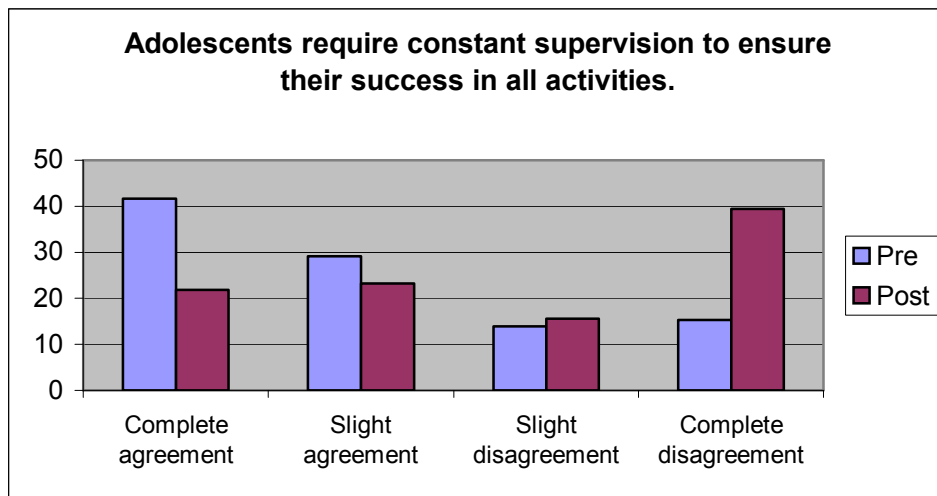
Upon analysis of the responses at the beginning of the workshop, 38% of the personnel agreed completely with the statement: *Adolescence is a stage of crisis and conflict that is very difficult to resolve*. At the end of the workshop, this percentage had dropped to 20.6%. This same change in attitude is reflected in the response of *Complete disagreement* with the statement, where the results increased from 16.8% pre-workshop to 39.7% post-workshop.

Graph 6



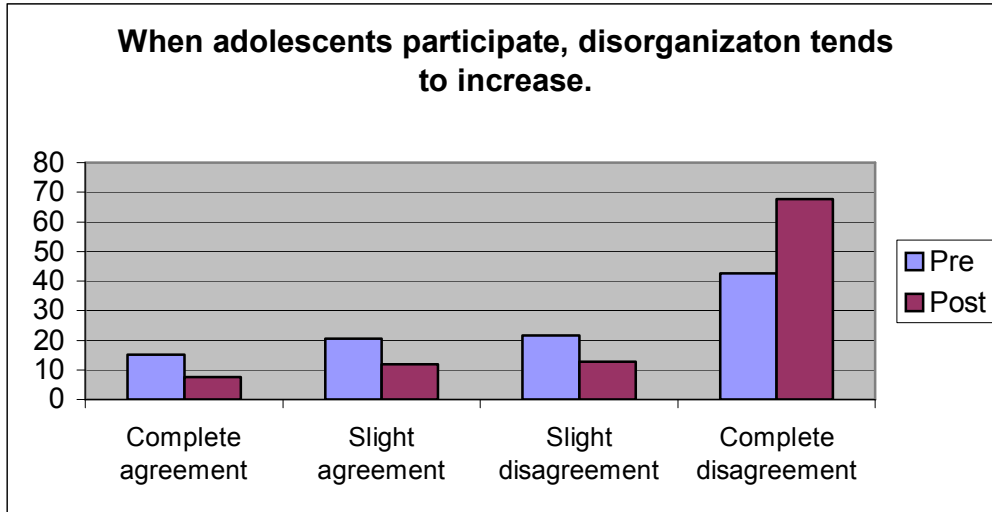
These results are very similar to those obtained from the following statement: *Adolescents require constant supervision to ensure their success in all activities*. Pre-workshop 41.6% of the participants were in *Complete agreement* with this statement, while post-workshop only 21.8% were. Those in *Complete disagreement* changed from 15.3% pre-workshop to 39.4% post-workshop. This indicates that upon receiving training, the health personnel had a more favorable perception about the abilities of adolescents to carry out planned activities without needing an adult to be constantly present.

Graph 7

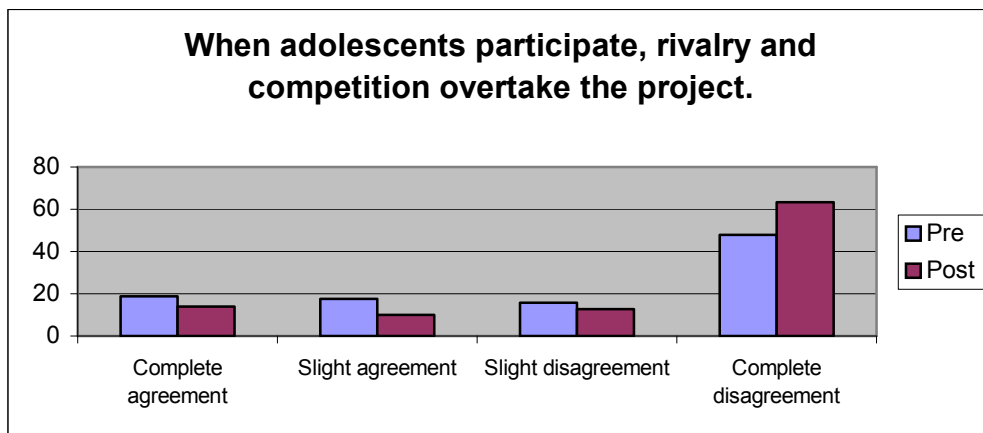


In the section on attitudes towards youth leadership an improvement can also be observed. This is displayed in the reactions to the following three statements: 1) *When adolescents participate, disorganization tends to increase.*, 2) *When adolescents participate, rivalry and competition overtake the project.* And 3) *When adolescents participate, the quality of the activities tends to decrease.* At the beginning of the workshop a large percentage of participants were in *Complete disagreement* and later this percentage rose even more. This indicates that increasingly people disagree radically with this negative conception of working with youth (42.7% pre-workshop and 67.7% post-workshop for statement 1; 48% pre-workshop and 63.3% post-workshop for statement 2; and 66.5% pre-workshop and 79.2% post-workshop for statement 3).

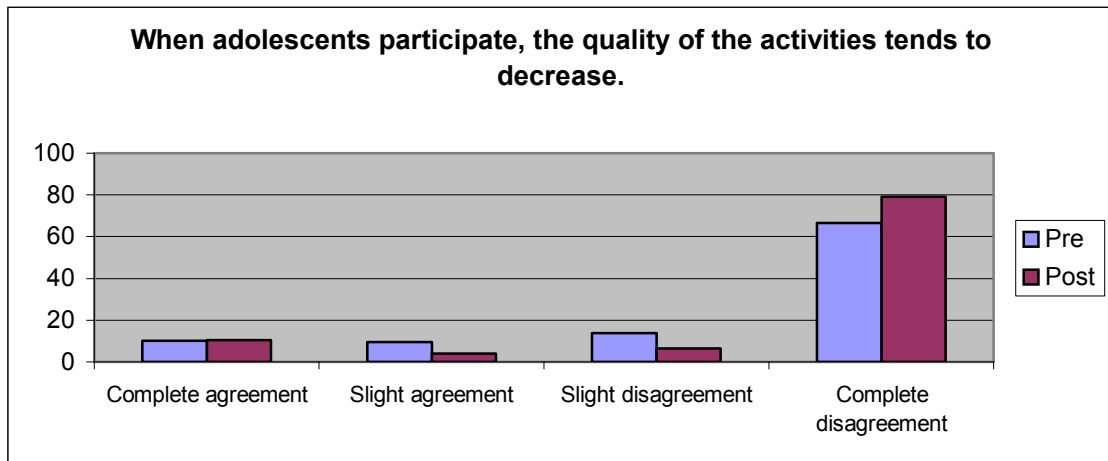
Graph 8



Graph 9

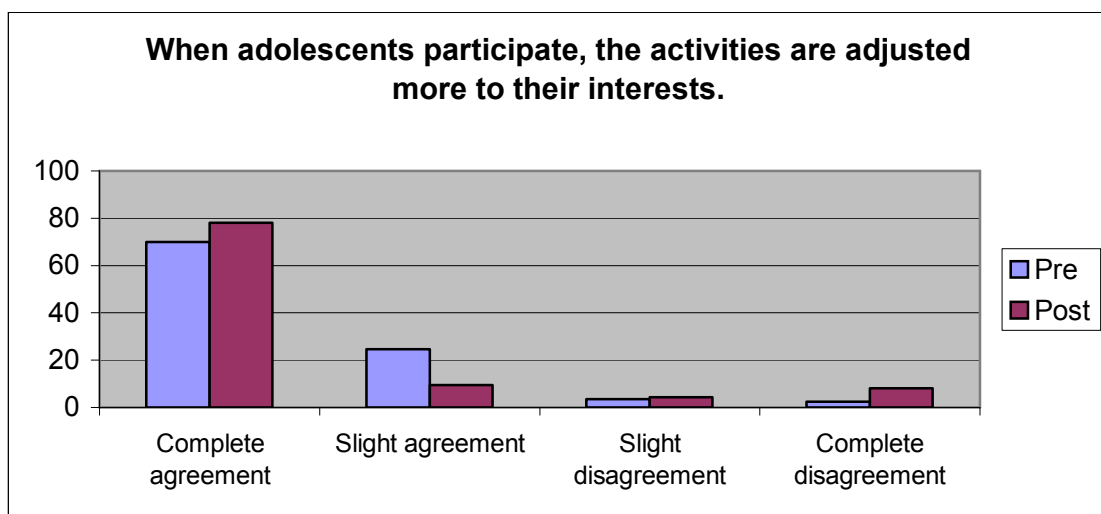


Graph 10



These results are congruous with the observations noted for the statement: *When adolescents participate, activities are adjusted more to their interests.* Reactions in *Complete disagreement* to this statement displayed an increase of 8.2% from pre-workshop to post-workshop (69.9% to 78.1% respectively). This corroborates the idea that after the workshop there is a more favorable perception towards adolescent leadership.

Graph 11



Objective 1.3. Increase the adolescents' knowledge of Empowerment, Leadership, Life abilities and Sexual Health.

It is important to indicate that although there was a pre and post-workshop measurement tool, as described above, the information processing was not conducted until the entire training cycle was completed. This was due to the tight calendar of workshops, and the logistical and administrative requirements for organizing the events. Furthermore, although the adolescents displayed a certain difficulty in answering the questions, the measurement tool continued to be applied throughout all the workshops.

In January, when the information was processed, there arose some results that were of little usefulness for understanding the learning and attitude changes made by the adolescents in the workshops. From our analysis, these results are attributed to the use of technical language and long phrases in the answer options, which displayed little sensitivity to the adolescents' ethnic origins and the cultural context.

For this reason, only the adolescents' opinions that were displayed in qualitative evaluations are presented in the following table. These qualitative evaluations were done in the workshops through murals on which the participants would write daily their learning, experiences, etc.

Evaluation of Group Dynamic	Evaluation of Learning
<ul style="list-style-type: none"> ▪ I like the dynamic and the way we got to know each other. I have learned a lot about the others. ▪ What I liked was all the dynamics that we had today because it was very fun and important for us to trust each other and get to know each other much better. Also, the way we were during the game and the subjects dealt with, I hope it stays the same during the days that we are going to be together here. ▪ Today, for me the activities we did together were really good. I had a lot of fun, I made new friends and I felt comfortable. ▪ I really liked participating with the others since I learned from some of them more about CARA and what they have experienced. ▪ The best part was the trust that was there. ▪ What I liked most today were the dynamics we did. Well, I also expressed a little bit of my own stuff and what we did in my team. ▪ I liked how many expressed their feelings and others reflected on it. 	<ul style="list-style-type: none"> ▪ Well I really liked all of it and I hope we continue being happy here. I take a little bit of everyone to be better every day. ▪ I liked today because I could express my best qualities. ▪ I liked today because I increased my knowledge and learned a lot about the others. ▪ I liked the day because I could express my opinions and I learned that society imposes itself on us, but I went past this and we forgot about being embarrassed. I really liked Mario Mapache. ▪ I am really happy because I am losing my fear. ▪ I liked sharing my experiences with others and this made me reflect and value what is around me. ▪ I learned to not be afraid and to share my feelings. I had a lot of fun and it's a lot better to be with different friends. ▪ I learned how to say no with out so many explanations. ▪ I learned how to listen to others and how to help if they ask me for help, and that it is always necessary to count on the help of others. ▪ I learned that when I find myself in a complicated situation to ask for help and never say that I know everything.

Knowledge of sexual and reproductive health

In the same way with the health personnel, the same sexual health matters were dealt with through presentations that the adolescents themselves gave in teams.

Subject matter

- As with the health personnel, important information gaps were found. In many cases it was extremely basic information. For example, with regards to HIV-AIDS there is confusion about the concept of HIV and its difference with AIDS, its transmission and prevention. There is great lack of knowledge regarding Emergency Birth Control pills and adolescents' sexual and reproductive rights.

Furthermore, in discussion of these subjects the adolescents repeatedly expressed their opinions about what should be. However, upon being questioned more about the subject matter or why they argued the points they did, their different misgivings, as a result of their youth, surfaced. One example is the subject of relationships where at first they mentioned that "it isn't good to have a boyfriend/girlfriend if he/she is young." However, many of the adolescents already had had relationships and later did not see any problem with it.

From this it can be observed that it is important to work in sex educations from an approximation of skills and empowerment with the goal of facilitating free and responsible decision making, and not in a way utilizing indoctrination where the adolescents only repeat the subject matter.

- Some of the adolescents had the skills to work in Internet and use macromedia in presenting some of their subjects.

Techniques

- The adolescents basically worked through presentations, which demonstrated the influence of the educational models used in their schools and health centers. However, in a few cases they were able to link games and other creative strategies in approaching the subject matter.

Implementation

- It is evident that many of the adolescents need to strengthen some of their skills in order to promote and accompany learning among their peers. However, this could be a minor detail if the initiative and commitment with which they presented their subjects is taken into account.

Added to these results are the observations made during the talent nights where the adolescents presented numbers according to their personal skills and preferences. It was very enriching being in the presence of their work because great individual and group diversity was demonstrated

Many adolescents displayed an ease and initiative that had not surfaced in the work on sexual health, taking a role in the leadership, the organization and development of the activities.

There was also a great display of creativity in the work presented by the adolescents: regional dances, personally choreographed pieces, short plays, musical numbers, personal verse and poetry readings, and presentations of popular knowledge and jokes.

6. Conclusions

The modification made to the workshops helped to guaranty attainment of the proposed objectives, even when the original assumptions regarding knowledge, attitude and the participants were not able to be completely verified in fact.

Since we were faced with reevaluating the operative conditions when implementing the workshops in Michoacan and Oaxaca, the original training design will have great value in the creation of an independent manual

The sensitization strategy used in Oaxaca to achieve the planning and implementation of the workshops was very positive and also contributed in an important way to achieving the objectives.

Even when a significant number of the adolescents were not CARA youth leaders, the training process still allowed for beginning the process of motivating and building potential youth leaders.

Through the workshop activities, it was possible to verify the adolescents' important potential and commitment for work in their communities. However, it will be fundamental that the health personnel continue to play a role in this process as trainers in the second phase of the project.

For both the adolescents and the health personnel strengthening the empowerment and leadership process begun in the training will be an important aspect.

Additionally, It will be necessary to compile systematic data on the effect that the training has had on the adolescents, as well as the health personnel, through service training visits.

The communication and coordination strategies also helped in facing the challenges of the complex IMSS Oportunidades structure and it was very positive to establish direct contact with local level project colleagues.

Since the training phase is finished, a training manual is being written, integrating the didactic elements that reinforce the skills and knowledge gained in the workshops.

Furthermore, service training visits to the Rural Medical Units have been made by the trainers to begin observing the activities of health personnel and adolescents with other adolescents.

This next phase of the project will provide the opportunity to know the impact the training had on the daily lives of the CARA youth leaders, as well as to reinforce the skills, knowledge and attitudes dealt with in the workshops.