

Title:

Youth-to-Youth Education: Learning From You to Live My Life Safely

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References:

Ntata, P., Mvula, P., & Adamson, S. M. (2012). "Condoms make you lose both the child and pleasure": perceptions on contraceptives use in Malawi. *Tanzania Journal of Health Research*, 15 (1).

Appiah, N. N., & Kayl, E. A. (2012). Students' Perceptions of Contraceptives in University of Ghana. *Journal of Family and Reproductive Health*; 7 (1).

Abstract Summary:

During the presentation brochures will be provided. In this brochure the most important information will be presented for the audience. This strategy will support the presentation and understanding.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to know the nursing activities for improve the health in students	Sudents nursing developed a health program and implemented nursing activities for to improve the health outcomes in young people, based on relevant literature.
The learner will be able to describe the process for to design the health program	This program was developed for nursing students for to teach to other student to learn their life safely. The learn was very significative for the students, the staff and supported the change in the school.

Abstract Text:

Introduction

Young people are a vulnerable population, since they are in a stage of important changes in their life from the physical, psychological and emotional ones that lead them to conduct behaviors to reach the expectations that the society has attributed to them, based on the culture that it rules. It is estimated that 30% of the world population is between 10 and 24 years of age, which represents a high percentage of sufferings typical of this stage of life. Likewise in recent decades, new causes of mortality among young people have been reported, such as accidents due to alcohol consumption and suicides. Although youth is a stage of greater maturity and personal growth, there are situations such as transitions of authority and changes in lifestyle that promote unhealthy practices.

A significant number of young people suffer from diseases that reduce their ability to grow and develop fully by adopting behaviors that endanger their health. A high percentage of premature deaths and the total burden of adult morbidity are associated with diseases or behaviors that began in their youth; that includes smoking, lack of physical activity, unprotected sex, exposure to violence and self-injury.

According to reports from the World Health Organization, more than 2.6 million young people aged 10 to 24 die each year from preventable causes. Likewise, approximately 16 million adolescent women between the ages of 15 and 19 give birth each year; in a one-year period, approximately 20% of adolescents suffer from a mental health problem, such as depression or anxiety leading to suicidal behavior. With regard to other risky behaviors, an estimated 150 million young people use tobacco and approximately 430 young people aged 10 to 24 die each day from interpersonal violence, and it is estimated that road traffic injuries result in the death of about 700 young people every day, many of them are from consuming alcohol or other drugs.

The promotion of healthy practices and the adoption of measures to fully protect young people against the health risks are fundamental for the future of the health and social infrastructure of the countries and to prevent the appearance of health problems in the adult age. Similarly, peer education has a greater impact on young people by learning the experiences of people their own age, the social and cultural status that allows them to identify with other young people and have a positive development in their lives.

Objective

To implement a youth-to-youth health program to prevent risky behaviors in young people aged 18-24.

Methods

An uncontrolled trial was performed. The population was youth from 18 to 24 years of age, from a higher level institution in central Mexico. The sampling was for convenience, that is to say all the students who wanted to participate in the study.

Procedure for the design of the program

The program was conducted in three phases, it should be noted that all contents were provided by young nursing students from 19 to 21 years of age in consultation with the researcher.

1. Preparation, this phase consisted of a theoretical review of the elements of the program. Subsequently, the scope of these objectives, priorities and schedules of the activities were presented in each session.
2. Design process, involved determining the guidelines to be followed to develop each module with their respective sessions.
3. Design evaluation, the program plan and its components were revised. In this phase it was necessary to carry out a thorough review and make the necessary modifications.

Study procedure.

Authorization was requested from the educational institution from which the participants were recruited. Recruitment was carried out through convocations; once they accepted to participate we had their informed consent. They were also given the date of the sessions. Participants were summoned one day to apply the measuring instruments; these were applied together in a single moment.

One hour long session was conducted per week over a period of five weeks. Youth to Youth Education: Learning from you to live my life safely, addresses three themes, responsible use of contraceptive methods, prevention of addictions and prevention of suicidal behavior. After each session and during the following week, the knowledge provided through an electronic repository of information was reaffirmed on a website created exclusively for this purpose. The repository was modified weekly according to the theme of each session.

In order to have a greater impact, health care modules were installed, where dynamic, fun and educational activities were carried out.

Activities

Educational sessions prevention of suicidal behavior

1. The truth about suicide
2. Your motivations, my motivations
3. Yes, suicide catches up to me.
4. Our support networks

The suicide prevention module:

1. Relaxation massages and hugs give-away.
2. Game of the Darts; every balloon had a question related to suicide. Jenga with suicide questions. Box with suicide questions. Bury your fears. Portfolio of emotions.
3. "Game of sacks and chairs", "do not get angry" board game
4. "Twister". "Memory game". "Jenga." "Coping with tolerance and what you like and do not like".

Educational sessions promoting contraceptive methods:

1. Your menstrual cycle, my menstrual cycle.
2. Explain Contraceptive Methods
3. Our assertive communication and toxic relationships.
4. Designing our life plan.

Health module:

1. Ovarian cycle, menstrual cycle, fetal development and pregnancy posters. Teaching condom placement. Calendar for menstrual cycle control.
2. Proper placement of the condom on penis models.
3. Lottery of contraceptive methods. 100 engineers said to discuss myths and realities. Sexual health kits (condoms, information leaflets, lubricant). Truth or dare Jenga.
4. Guess who about methods and characteristics of each. Snakes and Ladders. Board with hypothetical cases where they answered what they would do if they had to live the situation presented.

Addiction Prevention:

1. Watch out for addictions
2. Drugs and I
3. " Knowing how to say NO (We want, we can).
4. Our life without addictions

Health module:

1. Images related to the consequences of drug use.
2. Lottery, balloon game, dart game
3. Free expression posters. Memory game.
4. Balloon game.
5. Liver with alcohol, inject alcohol into a piece of liver to observe direct damage.

Results

The results show that of the 73 participants, 52.1% are women and 47.9% are men, ranging from 18 to 27 years old, with a higher percentage who report having 20 years representing 26%; Of whom 94.5% are single and 5.5% are married. Of these it was found that 91.8% of the students mentioned they did not have children and while 8.2% reported having a child. With regard to tobacco consumption, it was found that 63% have tried cigarettes in their lifetime and only 39.7% smoke tobacco habitually. The age of onset of consumption was 16 and 18 years. The results show that 93.2% report that they have tried intoxicating drinks at least once, 30.1% of the students say they usually consume alcohol. Regarding the age of onset of consumption it goes between the 12 and 16 years of age.

It is observed that 93% are at serious risk of suicide, which means that they have had one or several suicide attempts and the remaining 7% is at a moderate risk. In regards to contraceptive methods, 98% of the participants did not know how to place the condom correctly. 35% were sexually active and 28% did not use any type of contraceptive method. Regarding the results obtained from the previous knowledge in the students, 54.2% had regular knowledge, 37.5% high knowledge, 6.3% had poor knowledge and 2.1% had very poor knowledge. After applying the program it was found that 62.5% improved their knowledge, 33.3%, obtained very high knowledge and 4.2% gained regular knowledge.

Conclusion

The young people are in an age that is full of changes and discoveries, where they are in search of the formation which puts them in a situation of vulnerability in front of different situations; making it necessary to develop health programs that include peer learning so that they can learn from the experiences of people of similar characteristics and have an impact on their lives. Thus nursing generates effective health programs that help improve the quality of life and prevent risk situations in this population group. The learn was significative for students, staff, and supported the change in the degree program, now are included training for teachers and divers activities for detect risky situations. This kind of strategies are very useful and allow interaction between the people who teach and who learn.